STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

09/09/2025

Sunset Adult Family LLC
Sunset Adult Family LLC
2009 E Alder Street
Walla Walla, WA 99362

RE: Sunset Adult Family LLC # 753410

Dear Provider:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 65326 (Completion Date 09/09/2025) and 63240 (Completion Date 07/22/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/09/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation, or abandonment of a resident:

(i) As required by chapter 74.34 RCW;

(ii) To the department by calling the complaint toll-free hotline number or completing an online report; and

(iii) To the local law enforcement agency when required by RCW 74.34.035 .

The Department staff who did the On Site verification:
Tamera Lapierre, Community Complaint Investigator

If you have any questions, please contact me at (509)572-7394.

Sincerely,

Michelle Ann Garbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site follow-up on 07/22/2025 of:
Sunset Adult Family LLC
2009 E Alder Street
Walla Walla, WA 99362

This document references the following SOD dated: 07/22/2025

The following sample was selected for review during the unannounced on-site visit: 1 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Tamera Lapierre, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

Statement of Deficiencies	License #: 753410	Compliance Determination # 83240
Plan of Correction	Sunset Adult Family LLC	Completion Date
Page 2 of 3	Licensee: Sunset Adult Family LLC	07/22/2025

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Michelle Ann Garbrough
Residential Care Services

07/31/2025
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Maria Soto
Provider (or Representative)

8-21-25
Date

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation, or abandonment of a resident:

(i) As required by chapter 74.34 RCW;

(ii) To the department by calling the complaint toll-free hotline number or completing an online report; and

(iii) To the local law enforcement agency when required by RCW 74.34.035 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to report an incident of alleged theft to the Complaint Resolution Unit (CRU) for 1 of 1 resident (Resident 1). This failure placed residents at risk of exploitation.

Findings included...

Review of progress notes showed that on 06/17/2025, Resident 1 accused Staff B, Caregiver, of stealing a package and then Resident 1 called the police. Staff C, House Manager, called Staff A, Provider to let them know of the alleged theft.

Review of the department tracking system on 07/22/2025, showed that local law enforcement had reported the alleged theft that occurred on 06/17/2025. There was no record of a report submitted by the AFH regarding the incident.

As a result of the on-site visit(s) the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Michelle Ann Yarbrough
Residential Care Services

07/31/2025
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

Date

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation, or abandonment of a resident:

(i) As required by chapter 74.34 RCW;

(ii) To the department by calling the complaint toll-free hotline number or completing an online report; and

(iii) To the local law enforcement agency when required by RCW 74.34.035 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to report an incident of alleged theft to the Complaint Resolution Unit (CRU) for 1 of 1 resident (Resident 1). This failure placed residents at risk of exploitation.

Findings Included...

Review of progress notes showed that on 06/17/2025, Resident 1 accused Staff B, Caregiver, of stealing a package and then Resident 1 called the police. Staff C, House Manager, called Staff A, Provider to let them know of the alleged theft.

Review of the department tracking system on 07/22/2025, showed that local law enforcement had reported the alleged theft that occurred on 06/17/2025. There was no record of a report submitted by the AFH regarding the incident.

Statement of Deficiencies	License #: 753410	Compliance Determination # 83240
Plan of Correction	Sunset Adult Family LLC	Completion Date
Page 3 of 3	Licensee: Sunset Adult Family LLC	07/22/2025

In an interview on 07/22/2025 at 2:00 PM, Staff A stated that they knew about the alleged theft reported by Resident 1. Staff A stated they had not reported this incident to CRU.

In an interview on 07/22/2025 at 2:30 PM, Resident 1 stated they had reported the alleged theft to Staff A.

This is an uncorrected deficiency previously cited on 06/06/2025.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Sunset Adult Family LLC is or will be in compliance with this law and / or regulation on (Date) 8-21-25

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) Maria Date 8-21-25

In an interview on 07/22/2025 at 2:00 PM, Staff A stated that they knew about the alleged theft reported by Resident 1. Staff A stated they had not reported this incident to CRU.

In an interview on 07/22/2025 at 2:30 PM, Resident 1 stated they had reported the alleged theft to Staff A.

This is an uncorrected deficiency previously cited on 06/06/2025.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Sunset Adult Family LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 753410	Compliance Determination # 58584
Plan of Correction	Sunset Adult Family LLC	Completion Date
Page 1 of 3	Licensee: Sunset Adult Family LLC	06/06/2025

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for an unannounced on-site complaint investigation on 04/25/2025 of:

Sunset Adult Family LLC
2009 E Alder Street
Walla Walla, WA 99362

This document references the following complaint number(s): 176674, 176678

The following sample was selected for review during the unannounced on-site visit: 6 of 6 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Tamera Lapierre, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit C
1200 Alder Street
Union Gap, WA 98903

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Michelle Ann Garbrough
Residential Care Services

07/282025
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

Date

WAC 388-76-10225 Reporting requirement.

(1) The adult family home must ensure all staff:

(a) Report suspected abuse, neglect, exploitation, or abandonment of a resident:

(i) As required by chapter 74.34 RCW;

(ii) To the department by calling the complaint toll-free hotline number or completing an online report; and

(iii) To the local law enforcement agency when required by RCW 74.34.035 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to report an allegation of sexual abuse to the Department Hotline for 1 of 6 residents (Resident 1). This placed residents at risk for not having the allegation of sexual abuse investigated.

Findings included...

Review of Department's Secure Tracking System (STARS) on 04/24/2025 showed report was made by Collateral Contact 1, Case Manager, on 04/23/2025 at 2:23 PM, after Resident 2 reported the incident regarding Resident 1 to them. There was no other report in the Department STARS system regarding the allegation.

On 04/25/2025 at 11:15 AM, Staff A, Provider stated, Staff B, Caregiver, reported that Resident 2 told them they had observed an incident of sexual abuse of Resident 1 in the AFH. Staff A then stated they had not reported it due to knowing the allegation was not

true. Staff A was unable to recall the date they were made aware.

On 04/25/2025 at 11:25 AM, Staff B, Caregiver, stated that they informed Staff A about the abuse allegation towards Resident 1 and did not make a report themselves due to thinking Provider would do that if necessary. Staff B was unable to recall the date they were made aware.

On 04/25/2025 at 2:30 PM, Staff C, Caregiver, stated that they were made aware of the sexual abuse allegation reported by Resident 21 regarding Resident 1 and had not reported it due to knowing the allegation was not true. Staff C was unable to recall date when they were made aware.

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Sunset Adult Family LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

AMENDED
06/20/2025

Sunset Adult Family LLC
Sunset Adult Family LLC
2009 E Alder Street
Walla Walla, WA 99362

RE: Sunset Adult Family LLC # 753410

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on 06/06/2025 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:
• Wrote the enclosed report; and
• May take licensing enforcement action based on any deficiency listed on the enclosed report; and
• May inspect the home to determine if you have corrected all deficiencies; and
• Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:
• Begin the process of correcting the deficiency or deficiencies immediately;
• Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

• Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  o Sign and date the enclosed report;
  o For each deficiency, indicate the date you have or will correct each deficiency;
  o Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  o Return the Plan/Attestation Statement and report with signatures to:

Michelle Yarbrough, Adult Family Home Field Manager
Residential Care Services

Region 1, Unit C
Preferred methods:
eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
1200 Alder Street
Union Gap, WA 98903

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

Provider unable to send the requested documentation via fax in a timely manner.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (509)572-7394.

Sincerely,

Michelle Ann Yarbrough

Michelle Yarbrough, Adult Family Home Field Manager
Region 1, Unit C
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Michelle Yarbrough, Adult Family Home Field Manager
Residential Care Services
Region 1, Unit C
Preferred methods:
eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
1200 Alder Street
Union Gap, WA 98903

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225