STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Daniel Hapaianu
Sunny Hill Home Care B
16029 E Shore Dr
Lynnwood, WA 98087

RE: Sunny Hill Home Care B License # 753942

Dear Provider:

This letter addresses Compliance Determination(s) 76479 (Completion Date 04/27/2026) and 76260 (Completion Date 04/23/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/27/2026 and found that you have corrected the violations listed in the Full report dated 04/23/2026. Your home is back in compliance as of 04/21/2026 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10485-3, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c

The Department staff who did the off-site verification:
Hang Lu, Licensor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

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 the unannounced on-site full inspection on 04/21/2026 of:

Sunny Hill Home Care B
16029 E Shore Dr
Lynnwood, WA 98087

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hang Lu, Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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.

Renee' Bourque
Residential Care Services

04/24/2026
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)

4/24/2026
Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to keep the refrigerated medications for 2 of 2 sampled residents (Residents 1 and 2) locked in a secured medication storage. This failure placed residents at potential risk of harm if they accessed and inappropriately took medications not properly secured in locked storage.

Findings included..

Observation and interview, on 04/21/2026 at 2:50 PM, showed two packages containing Resident 1's Insulin pens (a medication used to treat high blood sugar) and three small boxes containing Resident 2's prescribed eye drops kept on the top shelf of the refrigerator door. Staff C, Caregiver, stated that they had been keeping the refrigerated medications unlocked in the refrigerator.

Observation and interview, on 04/21/2026 at 3:03 PM, showed Staff F, Back-up Person, getting a lock box from the closet in the hallway. Observation showed Staff F and Staff C putting the Insulin pens and eye drops inside the lock box. Observation showed Staff F instructing Staff C to make room in the refrigerator for the lock box. Staff F stated that they would make sure all refrigerated medications were kept in the lock box from now on.

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.

Renee' Bourque
Residential Care Services

04/24/2026
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)

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Statement of Deficiencies	License #: 753942	Compliance Determination # 76260
Plan of Correction	Sunny Hill Home Care B	Completion Date
Page 3 of 4	Licensee: Daniel Hapaianu	04/23/2026

This deficiency was corrected on site at the time of visit.

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, Sunny Hill Home Care B is or will be in compliance with this law and / or regulation on (Date) 4/21/2026 .

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

Provider (or Representative) [signature] Date 4/21/2026

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have all required documentation (informed consent, safety assessment, and negotiated care plan [NCP]) for 1 of 4 residents (Resident 2) to use a medical device ([redacted]). This failure placed Resident 2 at risk of injury from improper use of the [redacted].

Findings included...

Observation and interview, on 04/21/2026 at 10:14 AM, showed Resident 2 had two half-length[redacted]. Both [redacted] were down. Resident 2 stated that they did not use the [redacted] at all. Staff C, Caregiver, stated that Resident 2 was forgetful. Staff C stated that Resident 2's family requested the [redacted].

Review of resident record showed the AFH admitted Resident 2 on [redacted]/2026. Review

This deficiency was corrected on site at the time of visit.

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, Sunny Hill Home Care B 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

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Findings included...

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Review of resident record showed the AFH admitted Resident 2 on [redacted]/2026. Review

of Resident 2's record showed Resident 2 had a Resident Representative (RR) who advocated and signed for them. Review of Resident 2's record showed there was no documentation to indicate the AFH had provided Resident 2's RR with information regarding the safety risks, obtained a safety assessment from a qualified assessor, and addressed the use of the [redacted] in Resident 2's NCP.

In an interview, on 04/21/2026 at 12:05 PM, Staff F, Back-up Person, stated that they would look for the informed consent and safety assessment to show the Regulator. Staff F stated that they would add documentation regarding the [redacted] in Resident 2's NCP right away.

Observation, on 04/21/2026 at 1:32 PM, showed Staff F presenting to the Regulator the informed consent (signed by Resident 2's RR and dated 04/21/2026), a safety assessment (signed by the physical therapist and dated 04/15/2026), and new documentation (regarding the use of [redacted]), dated 04/21/2026, in Resident 2's NCP.

This deficiency was corrected on site at the time of visit.

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, Sunny Hill Home Care B is or will be in compliance with this law and / or regulation on (Date) 4/21/2026 .

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

Provider (or Representative) [signature] Date 4/21/2026

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This deficiency was corrected on site at the time of visit.

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, Sunny Hill Home Care B 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
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

04/24/2026

Daniel Hapaianu
Sunny Hill Home Care B
16029 E Shore Dr
Lynnwood, WA 98087

RE: Sunny Hill Home Care B # 753942

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 04/23/2026 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 many 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 Return the Plan/Attestation Statement and report with signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:

eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

- Complete correction(s) within 45 calendar days of Last Date of Data Collection (04/23/2026), no later than 06/07/2026 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 388-76-10375 Negotiated care plan Signatures Required. The adult family home must ensure that the negotiated care plan is agreed to and signed and dated by the:

(1) Resident; and

The Adult Family Home did not have Resident 2's Resident Representative (RR) review, sign, and date the Negotiated Care Plan (NCP), dated 02/06/2026. Staff F, Back-up Person, promptly had the RR review, sign, and date (04/21/2026) Resident 2's NCP. This deficiency was corrected on site at the time of visit.

WAC 388-76-10320 Resident record—Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

The Adult Family Home did not have current, signed, and dated Personal Belongings Inventory (PBI) for Residents 1, 3, and 4. Staff F, Back-up Person, reviewed the PBI forms and obtained the required signatures. This deficiency was corrected on site at the time of visit.

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 (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
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:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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 make an IDR request and find directions on the IDR 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 supporting documents to:

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