STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Care+ LLC
Sunrise Senior Care
826 226th St SE
Bothell, WA 98021

RE: Sunrise Senior Care License # 753959

Dear Provider:

This letter addresses Compliance Determination(s) 65261 (Completion Date 09/08/2025) and 64193 (Completion Date 08/19/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/08/2025 and found that you have corrected the violations listed in the Full report dated 08/19/2025. Your home is back in compliance as of 08/25/2025 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 388-76-10430-2-c, WAC 388-76-10015-1, WAC 388-76-10522-6, WAC 388-76-10522-5

The Department staff who did the on-site verification:
Chrissy Exe, Long-Term Care 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

AGING AND LONG-TERM SUPPORT 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 08/14/2025 of:

Sunrise Senior Care
826 226th St SE
Bothell, WA 98021

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Chrissy Exe, Long-Term Care Licensor

From:
DSHS, Aging and Long-Term Support 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.

Residential Care Services 08/21/2025
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) 8-25-2025
Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure the medication log (ML) was accurate and up-to-date for 1 of 2 sampled residents (Resident 2). This failure placed Resident 2 at risk for medication errors.

Findings included...

Record review showed the AFH admitted Resident 2 on [redacted]/2024. Further review showed Resident 2 was prescribed multiple medications.

Record review, of Resident 2's August 2025 ML, showed an entry for vitamin D3 1000 International Units (IU) tablets, which read, "take 2 tablets (2000IU) by mouth every morning (family supply)." Further review showed an entry for amlodipine besylate (used to treat high blood pressure) 5 milligram (mg) tablets, which read, "take 1 tablet by mouth every morning."

Observation, on 08/14/2025 at 1:23 PM, of Resident 2's medication supply, showed a bottle of vitamin D3 2000IU gel capsules. There were handwritten instructions on the vitamin D3 bottle which read, "take 2 tab my mouth every morning." Further observation showed a bubble pack (pharmacy packaging that organizes multiple medications) which contained amlodipine besylate 5 mg tablets. The instructions on the

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

08/21/2025
Date

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Provider (or Representative)

Date

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Observation, on 08/14/2025 at 1:23 PM, of Resident 2's medication supply, showed a bottle of vitamin D3 2000IU gel capsules. There were handwritten instructions on the vitamin D3 bottle which read, "take 2 tab my mouth every morning." Further observation showed a bubble pack (pharmacy packaging that organizes multiple medications) which contained amlodipine besylate 5 mg tablets. The instructions on the

bubble pack read, "take ½ tablet (2.5 mg) by mouth every morning."

In an interview, on 08/14/2025 at 1:46 PM, Staff A, Entity Representative, agreed that the dosage of vitamin D3 per the written instructions on the bottle was inconsistent with the instructions on the August 2025 ML. Staff A stated that Resident 2's family purchases the vitamin D3. Staff A agreed that the dosage of the amlodipine besylate on the bubble pack was different than the August 2025 ML.

In an interview, on 08/14/2025 at 1:58 PM, Staff F, Caregiver, stated that Resident 2's amlodipine besylate prescription was decreased from 5 mg to 2.5 mg on 07/25/2025. At 3:58 PM, Staff F stated that they reached out to Resident 2's representative to request a new bottle of vitamin D3 with the correct dosage.

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, Sunrise Senior Care is or will be in compliance with this law and / or regulation on (Date) 8-15-2025

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

Rahula Shrestha
Provider (or Representative)

8-25-25
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to obtain a Medical Test Site Waiver (MTSW) license, as required. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk of infection or illness due to unsafe medical testing.

Findings included...

Observation, on 08/14/2025 at 8:48 AM, showed five residents were admitted to the AFH.

bubble pack read, “take ½ tablet (2.5 mg) by mouth every morning.”

In an interview, on 08/14/2025 at 1:46 PM, Staff A, Entity Representative, agreed that the dosage of vitamin D3 per the written instructions on the bottle was inconsistent with the instructions on the August 2025 ML. Staff A stated that Resident 2’s family purchases the vitamin D3. Staff A agreed that the dosage of the amlodipine besylate on the bubble pack was different than the August 2025 ML.

In an interview, on 08/14/2025 at 1:58 PM, Staff F, Caregiver, stated that Resident 2’s amlodipine besylate prescription was decreased from 5 mg to 2.5 mg on 07/25/2025. At 3:58 PM, Staff F stated that they reached out to Resident 2’s representative to request a new bottle of vitamin D3 with the correct dosage.

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Provider (or Representative) _____ Date _____

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Findings included...

Observation, on 08/14/2025 at 8:48 AM, showed five residents were admitted to the AFH.

In an interview, on 08/14/2025 at 9:37 AM, Staff A, Entity Representative, stated that the AFH conducts nasal swab COVID tests as needed for the residents. Staff A did not know what a MTSW was. Staff A believed a copy of a MTSW may be in the provider binder or COVID binder.

Record review, of the AFH's provider binder and COVID binder, showed no evidence that a MTSW had been obtained.

In an interview, on 08/14/2025 at 3:51 PM, Staff A stated that they do not have a MTSW.

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, Sunrise Senior Care is or will be in compliance with this law and / or regulation on (Date) 8-15-2025

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

[signature] Provider (or Representative) | 8-25-25 Date

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to keep a Policy ... Accepting Medicaid as a Payment Source (Medicaid Policy) in the resident record for 5 of 5 residents (Residents 1, 2, 3, 4, and 5). This failure placed Residents 1, 2, 3, 4, and 5 at risk of not being fully informed of their rights including understanding the home's policy on accepting public funds as a payment source.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2025. Further review

In an interview, on 08/14/2025 at 9:37 AM, Staff A, Entity Representative, stated that the AFH conducts nasal swab COVID tests as needed for the residents. Staff A did not know what a MTSW was. Staff A believed a copy of a MTSW may be in the provider binder or COVID binder.

Record review, of the AFH's provider binder and COVID binder, showed no evidence that a MTSW had been obtained.

In an interview, on 08/14/2025 at 3:51 PM, Staff A stated that they do not have a MTSW.

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Provider (or Representative) _____ Date _____

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(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to keep a Policy on Accepting Medicaid as a Payment Source (Medicaid Policy) in the resident record for 5 of 5 residents (Residents 1, 2, 3, 4, and 5). This failure placed Residents 1, 2, 3, 4, and 5 at risk of not being fully informed of their rights including understanding the home's policy on accepting public funds as a payment source.

Findings included...

Record review showed the AFH admitted Resident 1 on [redacted]/2025. Further review

Statement of Deficiencies	License #: 753959	Compliance Determination # 64193
Plan of Correction	Sunrise Senior Care	Completion Date
Page 5 of 5	Licensee: Care+ LLC	08/19/2025

showed there was no copy of a Medicaid Policy that had been signed by Resident 1 or their representative in Resident 1's records.

Record review showed the AFH admitted Resident 2 on [redacted]/2024. Further review showed there was no copy of a Medicaid Policy that had been signed by Resident 2 or their representative in Resident 2's records.

Record review showed the AFH admitted Resident 3 on [redacted]/2023. Further review showed there was no copy of a Medicaid Policy that had been signed by Resident 3 or their representative in Resident 3's records.

Record review showed the AFH admitted Resident 4 on [redacted]/2024. Further review showed there was no copy of a Medicaid Policy that had been signed by Resident 4 or their representative in Resident 4's records.

Record review showed the AFH admitted Resident 5 on [redacted]/2025. Further review showed there was no copy of a Medicaid Policy that had been signed by Resident 5 or their representative in Resident 5's records.

In an interview, on 08/14/2025 at 12:01 PM, Staff A, Entity Representative, stated that the home's Medicaid Policy was contained within the Admission Agreements. At 1:01 PM, Staff A located an old copy of a Medicaid Policy for a former resident. Staff A stated that this form was likely missed for the current residents. Staff A stated they would have the resident representatives complete the Medicaid Policies.

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, Sunrise Senior Care is or will be in compliance with this law and / or regulation on (Date) 8-25-25.

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Provider (or Representative) Date

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Record review showed the AFH admitted Resident 2 on [redacted]/2024. Further review showed there was no copy of a Medicaid Policy that had been signed by Resident 2 or their representative in Resident 2's records.

Record review showed the AFH admitted Resident 3 on [redacted]/2023. Further review showed there was no copy of a Medicaid Policy that had been signed by Resident 3 or their representative in Resident 3's records.

Record review showed the AFH admitted Resident 4 on [redacted]/2024. Further review showed there was no copy of a Medicaid Policy that had been signed by Resident 4 or their representative in Resident 4's records.

Record review showed the AFH admitted Resident 5 on [redacted]/2025. Further review showed there was no copy of a Medicaid Policy that had been signed by Resident 5 or their representative in Resident 5's records.

In an interview, on 08/14/2025 at 12:01 PM, Staff A, Entity Representative, stated that the home's Medicaid Policy was contained within the Admission Agreements. At 1:01 PM, Staff A located an old copy of a Medicaid Policy for a former resident. Staff A stated that this form was likely missed for the current residents. Staff A stated they would have the resident representatives complete the Medicaid Policies.

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Provider (or Representative) Date