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

Sunrise Senior Home LLC

Sunrise Senior Home LLC
1820 224th St SW
Bothell, WA 98021

RE: Sunrise Senior Home LLC License # 754607

Dear Provider:

This letter addresses Compliance Determination(s) 65606 (Completion Date 09/15/2025) and 63043 (Completion Date 07/31/2025).

The Department completed a follow-up inspection of your Adult Family Home on 09/15/2025 and found that you have corrected the violations listed in the Follow up report dated 07/31/2025. Your home is back in compliance as of 09/14/2025 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 388-76-10146-3, WAC 388-76-10146-3-a, WAC 246-980-020-1-e, WAC 246-980-050-2, WAC 388-112A-0105-1, WAC 388-76-10191-1, WAC 388-76-10191-1-a, WAC 388-76-10191-1-b, WAC 388-76-10191-3, WAC 388-76-10191-4, WAC 388-76-10475-1, WAC 388-76-10475-2-b, WAC 388-76-10475-3-c-i, WAC 388-76-10475-3-c-ii, WAC 388-76-10475-3-c-iv, WAC 388-76-10475-3-c-iii, WAC 388-76-10475-3-c, WAC 388-76-10485, WAC 388-76-10485-1, WAC 388-76-10485-2, WAC 388-76-10485-3

The Department staff who did the on-site verification:
Farrah Sirous, Long Term Care Surveyor

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

Sincerely,

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 an unannounced on-site follow-up on 07/24/2025 of:
Sunrise Senior Home LLC
1820 224th St SW
Bothell, WA 98021

This document references the following SOD dated: 07/31/2025

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:

Farrah Sirous, Long Term Care Surveyor

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 | 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 246-980-020 Who must be certified as a home care aide?

(1) Any person who is hired on or after January 7, 2012, as a long-term care worker for the elderly or persons with disabilities, regardless of the employment title, must obtain certification as a home care aide. This includes, but is not limited to:

(e) A direct care worker in a state licensed adult family home;

WAC 246-980-050 How long does a nonexempt long-term care worker have to complete the home care aide training and certification requirements?

(2) Certification: A long-term care worker who has not been issued a home care aide certification within two hundred calendar days of the date of hire must stop providing care until the certification has been granted.

WAC 388-112A-0105 Who is required to obtain home care aide certification and by when?

(1) All long-term care workers must obtain home care aide certification as provided in chapter 246-980 WAC.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 5 staff (Staff D, Caregiver) obtained the Home Care Aid Certification (HCAC) as required. This failure placed Residents 1, 2, 3, 4, 5 and 6 at risk of being cared for by staff who were not fully qualified.

Findings included…

Review of staff records showed the AFH hired Staff D on 10/11/2024. Record reviews showed Staff D had documentation of the 70-hour Long-Term Care Worker (LTCW). Record review showed Staff D had not obtained the HCAC by 04/29/2025 (within 200 days of hire).

In an interview, on 07/24/2025 at 10:40 AM, Staff F, Caregiver, stated that they were new and they were unaware of Staff D's HCAC.

In a telephonic interview, on 07/25/2025 at 4:14 PM, the department staff attempted to contact Staff A, Entity Representative, to ask about the missing records. The department staff left a message requesting Staff A to call back.

The department licensor requested Staff A on 07/24/2025 to send missing records to the department on the next business day (07/25/2025) by 12:00 PM.

Review of an email received by the department on 07/28/2025 from Staff A showed a copy of Staff D's Continued Education (CE) records. Staff A had not sent the required HCAC.

This is an uncorrected deficiency previously cited on 06/03/2025.

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, Sunrise Senior Home 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

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

(3) Have evidence of liability insurance coverage available if requested by the department.

(4) Notify the department's complaint resolution unit if there is any lapse in required liability insurance coverage.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to provide evidence that their liability and professional insurance was paid and active. This failure placed 6 of 6 residents (1, 2, 3, 4, 5 and 6) at risk of not being covered in the event of personal injury, or property damage or loss.

Findings included…

Observation, on 07/24/2025 at 9:45 AM, showed Residents 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation further showed Staffs F and G, Caregivers, were lived in the AFH.

Records review showed the AFH’s available liability and professional insurance had expired in 2020. There was no current liability and professional insurance policy found during the inspection and a follow-up visit.

In an interview, on 07/24/2025 at 10:45 AM, Staff F, Caregiver, stated that they were new and they did not know about AFH’s current insurance policies.

The AFH had no records of current liability/professional insurance available to review during a visit on 07/24/2025.

In a telephonic interview, on 07/25/2025 at 4:14 PM, the department staff attempted to contact Staff A, Entity Representative, to ask about the missing records. The department staff left a message requesting Staff A to call back.

The department licensor requested Staff A on 07/24/2025 to send missing records to the department on the next business day (07/25/2025) by 12:00 PM.

Review of an email received by the department on 07/28/2025 from Staff A showed a copy of the insurance application.

In a telephonic interview, on 07/31/2025 at 9:08 AM, Staff A stated that they were waiting for an insurance approval.

This is an uncorrected deficiency previously cited on 06/03/2025.

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, Sunrise Senior Home 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

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(b) Name of all prescribed and over-the-counter medications;

(3) Ensure the medication log includes:

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

(ii) The date of the change;

(iii) A logged call requesting written verification of the change; and

(iv) A copy of written verification of the change from the practitioner received by the home by mail, facsimile, or other electronic means, or on new original labeled container from the pharmacy.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to have a system in place to ensure they had all medications available at home for 1 of

6 residents (Resident 2). This failure placed Resident 2 at risk of harm and unmet care.

Findings included…

In an interview, on 07/24/2025 at 9:50 AM, Staff F, Caregiver, stated that the AFH staff managed residents' medications. Staff F further stated that the AFH used "Syncwise" (electronic record) to keep resident's records, including Medication Log (ML).

Record review showed Resident 2 was admitted by the AFH, on [redacted]/2024, with multiple medical diagnoses. Resident 2's assessment, dated 04/02/2025, showed medication management was needed.

Record review of Resident 2's July 2025 ML showed the order for the Albuterol Inhaler (used for wheezing/shortness of breath), inhale two puffs every six hours as needed (PRN). The order entry for the Citrucel caplet (used for constipation), take one tablet every morning (family supply). The order entry for the Magnesium Oxide tablet (a supplement used for constipation), take one tablet every morning (family supply).

Observation, on 07/24/2025 at 10:25 AM, showed the AFH did not have supplies of Albuterol inhaler, Citrucel caplet and Magnesium oxide for Resident 2 at home to use.

In an interview, on 07/24/2025 at 10:30 AM, Staff F stated that they did not have Albuterol inhaler, Citrucel and Magnesium in the medication cabinet. Staff F stated that they had to ask Resident 2 if they kept the inhaler in their room. Staff F further stated that Resident 2 was looking to see if they had the medication in their room.

In an interview, on 07/24/2025 at 10:35 AM, Resident 2 stated that they did not have Albuterol inhaler in their room.

In a telephonic interview, on 07/25/2025 at 4:14 PM, the department staff attempted to contact Staff A, Entity Representative, to ask about Resident 2's medications. The department staff left a message requesting Staff A to call back.

The department staff requested Staff A on 07/24/2025 to send supportive records to the department on the next business day (07/25/2025) by 12:00 PM.

Review of an email received by the department on 07/28/2025 from Staff A showed a copy of pharmacy refill request for the Albuterol inhaler on 07/27/2025.

This is an uncorrected deficiency previously cited on 06/03/2025.

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, Sunrise Senior Home 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

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

(1) In locked storage;

(2) In the original container with legible and original labels; and

(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 ensure the medications and the medication box in the fridge were kept locked. These failures placed 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6) at risk of harm or injury if they accessed and inappropriately took unlocked medications.

Findings included...

Observation, on 07/24/2025 at 9:45 AM, showed Resident 1, 2, 3, 4, 5 and 6 lived in and received care from the AFH. Observation further showed Resident 2 ambulated independently, Resident 3 ambulated with the medical device independently and Residents 1, 4, 5 and 6 ambulated with staff assistance in the AFH.

In an interview, on 07/24/2025 at 9:50 AM, Staff F, Caregiver, stated that the AFH staff managed residents' medications.

Observation, on 07/24/2025 at 10:10 AM, showed a medication box in the fridge. Observation of the medication box in the fridge showed the box was unlocked.

Observation further showed Resident 3's suppositories (used for constipation) and Resident 6's insulin pens (used to balance blood sugar level) unlocked in the medication box in the fridge.

In an interview, on 07/24/2025 at 10:15 AM, Staff F stated that they were unaware the medication box was unlocked. Staff F locked the medication box before placing it back in the fridge.

<Bedroom [redacted]>
Observation, on 07/24/2025 at 10:17 AM, showed Residents 1 and 3 resided in bedroom [redacted]. Observation showed Resident 1 was sitting in bed and Resident 3 was sitting in the recliner chair watching TV. Observation of bedroom [redacted] showed open shelves between residents' closets. Observation of the middle shelf showed a container of Micro-Guard antifungal powder (used to treat fungal infection), and an open container of vitamin A+D ointment (used for skin irritation).

In an interview, on 07/24/2025 at 10:20 AM, Staff F stated that they were unaware of the medications in residents' room. Staff F was observed to move the unlocked medications from the room to the locked storage cabinet.

This is an uncorrected deficiency previously cited on 06/03/2025.

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, Sunrise Senior Home 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

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 05/28/2025 of:
Sunrise Senior Home LLC
1820 224th St SW
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:

Farrah Sirous, Long Term Care Surveyor

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 | 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 388-76-10036 License requirements Multiple adult family home management. When there is more than one home licensed to a provider, the adult family home must ensure that:

(1) Each home has one person responsible for managing the overall delivery of care to all residents in the home;

(2) The designated responsible person is the provider, entity representative or a resident manager; and

(3) Each responsible person is designated to manage only one adult family home at a given time.

This requirement was not met as evidenced by:

Based on observations, records review and interview, Staff A, Entity Representative, failed to ensure there was an active resident manager for the Adult Family home (AFH) to manage the care needs for 5 of 5 residents (Residents 1, 2, 3, 4 and 5). This failure resulted in the AFH operating without an active manager and placed Residents 1, 2, 3, 4 and 5 at risk for unrecognized and unmet care needs.

Findings included….

Observation, on 05/28/2025 at 9:20 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH.

Review of the AFH records in the department database (STARS) showed Staff N listed as the AFH current Resident Manager (RM) since 05/15/2025. Review showed Staff A was a Provider and RM for the AFH from 11/20/2024-05/14/2025. There were no other listed RM for the AFH. Review showed Staff E was a Provider and RM for a different home (Lily Senior Home #757619) since 06/08/2024.

In an interview, on 05/28/2025 at 9:22 AM, Staff B, Caregiver, stated that Staff A and Staff E, Caregiver, managed the AFH. Staff B was not aware of Staff N.

In an interview, on 05/28/2025 at 10:00 AM, Staff E stated that Staff A was not feeling good, and they were not available. Staff E stated that they interviewed Staff K, they updated a new RM information with the department, and a new RM would be starting to work soon. Staff E stated that they were a temporary resident manager for the AFH until Staff N started in a few days. Staff E later stated that Staff N declined the position, and they needed to hire a new RM. Staff E stated they would help temporary until they hire a new RM.

In an interview, on 06/11/2025 at 12:14 PM, Staff A stated that they were currently managing the AFH with their wife (Staff E) and they were planning to hire a new RM.

This is a repeated deficiency previously cited on 09/25/2024.

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 Home 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

WAC 246-980-020 Who must be certified as a home care aide?

(1) Any person who is hired on or after January 7, 2012, as a long-term care worker for the elderly or persons with disabilities, regardless of the employment title, must obtain certification as a home care aide. This includes, but is not limited to:

(e) A direct care worker in a state licensed adult family home;

WAC 246-980-050 How long does a nonexempt long-term care worker have to complete the home care aide training and certification requirements?

(2) Certification: A long-term care worker who has not been issued a home care aide certification within two hundred calendar days of the date of hire must stop providing care until the certification has been granted.

WAC 388-112A-0105 Who is required to obtain home care aide certification and by when?

(1) All long-term care workers must obtain home care aide certification as provided in chapter 246-980 WAC.

WAC 388-76-10146 Qualifications Training and home care aide certification.

(3) All persons listed in subsection (2) of this section, must obtain the home-care aide certification if required by this section or chapters 246-980 or 388-112A WAC.

(a) Until March 1, 2016, a provisional home-care aide certification may be issued by the department of health to a long-term care worker who is limited English proficient.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 3 of 5 staff (Staffs B, C and D, Caregivers) obtained the Home Care Aid Certification (HCAC) as required. This failure placed Residents 1, 2, 3, 4, and 5 at risk of being cared for by staff who were not fully qualified.

Findings included…

Review of staff records showed the AFH hired Staff B on 10/07/2024. Record review showed Staff B had documentation of the 70-hour Long-Term Care Worker (LTCW). Record review showed Staff B had not obtained the HCAC by 04/25/2025 (within 200 days of hire).

Review of staff records showed the AFH hired Staff C on 10/02/2024. Record review showed Staff C had documentation of the 70-hour Long-Term Care Worker (LTCW). Record review showed Staff C had not obtained the HCAC by 04/20/2025 (within 200 days of hire).

Review of staff records showed the AFH hired Staff D on 10/11/2024. Record review showed Staff C had documentation of the 70-hour Long-Term Care Worker (LTCW). Record review showed Staff D had not obtained the HCAC by 04/29/2025 (within 200 days of hire).

In an interview, on 05/28/2025 at 3:15 PM, Staff E, Caregiver, stated that staff B, C and D had Nursing Assistant Registration (NAR) and they were unaware of a HCAC. Staff E stated that Staff C was in the process of getting a Certified Nursing Assistant (CNA) and they would obtain HCAC for Staffs B and D.

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 Home 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

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(1) A list of the care and services to be provided;

(2) Identification of who will provide the care and services;

(3) When and how the care and services will be provided;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to include in the Negotiated Care Plans (NCP) for 2 of 5 residents (Residents 2 and 5) the care and services they received for their health condition. This failure placed Residents 2 and 5 at risk of unmet needs and worsening condition.

Findings included…

Observation, on 05/28/2025 at 9:20 AM, showed Residents 2 and 5 lived in and received care from the AFH. Observation further showed Resident 2 ambulated independently and Resident 5 ambulated with staff assistant.

<Resident 2>
Review of Resident 2 records showed the AFH admitted Resident 2 on [redacted]/2024. Review of Resident 2's assessment, dated, 04/02/2025, showed Resident 2 diagnosed with [redacted] Review of Resident 2's assessment under "Medication Management/caregiver instruction" documented "Does not record blood sugar." Further review under "Programs/Treatment/Therapies," documented "Blood Glucose Monitoring as needed (PRN)." Review of Resident 2's NCP, dated06/25/2024, showed Resident 2 had Type II diabetes (define). Review of Resident

2's NCP showed the AFH did not address blood sugar monitoring PRN .

<Resident 5>
Review of Resident 5 records showed the AFH admitted Resident 5 on [redacted]/2024. Review of Resident 5's assessment dated, 02/25/2025, showed Resident 5 diagnosed with [redacted]. Review of Resident 5's assessment under "Medication Management/caregiver instruction," documented "records blood sugar." Further review of Resident 5's assessment showed under "Programs/Treatment/Therapies" documented "Blood Glucose Monitoring weekly." Per Resident 5's assessment noted that "Client denies being diabetic and reported that they have never been formally diagnosed and were told that they were borderline." Review of Resident 5's NCP dated, 05/13/2024, showed Resident 5 was Type II diabetic. Review of Resident 5's NCP under "Medication Management" addressed required injection, and they did not identify types of injection (page 3). Review of Resident 5's NCP showed the AFH did not address blood sugar monitoring (weekly). The AFH had no records of blood sugar monitoring log.

In an interview, on 05/28/2025 at 10:05 AM, Staff E, Caregiver, stated that AFH staff were not required to check and record blood sugar level for any residents. Staff E stated that Resident 5 was diabetes. Staff E stated that Resident 5 did not require AFH Staff to check the blood sugar, and that Resident 5's diabetes was managed by the medication.

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 Home 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

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

(3) Have evidence of liability insurance coverage available if requested by the department.

(4) Notify the department's complaint resolution unit if there is any lapse in required liability insurance coverage.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to provide evidence that their liability and professional insurance was paid and active. This failure placed 5 out of 5 residents (1, 2, 3, 4 and 5) at risk of not being covered in the event of personal injury, or property damage or loss.

Findings included…

Observation, on 05/28/2025 at 9:20 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Staffs B and C, Caregivers, were lived in the AFH.

Records review showed the AFH's available liability and professional insurance had expired in 2020. There was no current liability and professional insurance policy found during the inspection.

In an interview, on 05/28/2025 at 3:00 PM, Staff E, Caregiver, stated that they had current liability and professional insurance, and they would send them to the department next business day on 05/29/2025 by 4:00 PM.

Review of an email correspondence dated 05/29/2025, showed the department did not receive records of professional and liability insurance. In follow up emails on 05/29/2025 and 06/03/2025 requested a copy of the AFH current professional/liability insurance policy to send on 06/03/2025 by 1:00 PM. Review of follow up communication with Staff E stated that "looking into it."

The AFH had no records of current liability/professional insurance available to review during a visit on 05/28/2025, and they did not send a copy of current insurance on 06/03/2025 by 3:30 PM.

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 Home 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

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(2) Include in each medication log the:

(b) Name of all prescribed and over-the-counter medications;

(3) Ensure the medication log includes:

(c) Documentation of any changes or new prescribed medications including:

(i) The change;

(ii) The date of the change;

(iii) A logged call requesting written verification of the change; and

(iv) A copy of written verification of the change from the practitioner received by the home by mail, facsimile, or other electronic means, or on new original labeled container from the pharmacy.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to have a system in place to ensure Medication Logs (ML) were up-to-date and had all medications available at home for 2 of 5 residents (Residents 2 and 5). This failure placed Residents 2 and 5 at risk of harm from medication error.

Findings included…

In an interview, on 05/28/2025 at 10:20 AM, Staff E, Caregiver, stated that the AFH staff managed residents' medications. Staff E further stated that the AFH used "Syncwise" (electronic record) to keep resident's records, including ML.

Resident 5
Record review showed Resident 5 was admitted by the AFH, on [redacted]/2024, with multiple disabling diagnoses. Review of Resident 5's assessment, dated 02/06/2025, showed medication management was needed.

Record review of Resident 5's May 2025 ML showed orders for Clobetasol 0.05% ointment (used for eczema and psoriasis), apply topically once a day as needed (PRN), Magnesium Hydroxide (supplements), take one capsule every morning. Resident 5's May 2025 ML showed an order for Bisacodyl tablet (used for constipation), take 1 to 2 tablets PRN.

Observation, on 05/28/2025 at 1:50 PM, showed there were no supplies of Clobetasol ointment, Magnesium Oxide and the Bisacodyl tablets in Resident 5's medication storage bin. Observation further showed the AFH had no supplies of Clobetasol ointment, Magnesium Oxide and the Bisacodyl tablets at home for Resident 5 to use. Observation further showed a bottle of Milk of Magnesium (used for constipation) with no label/ name and a tube of Triamcinolone 5% ointment (used for rashes) in Resident 5's medication storage bin. Observation showed the Milk of Magnesium and Triamcinolone ointment were not listed in Resident 5's May 2025 ML.

In an interview, on 05/28/2025 at 1:55 PM, Staff E stated that Resident 5's insurance would not cover the Magnesium and Resident 5 would not pay out of pocket. Staff E stated that the medication needed to be discontinue. Staff E stated that they were not sure the reasons the Milk of Magnesium and Triamcinolone were not in May 2025 ML, and they might have been discontinued. Staff E stated that they were not sure if the Clobetasol ointment was discontinued.

Resident 2
Record review showed Resident 2 was admitted by the AFH, on [redacted]/2024, with multiple medical diagnoses. Resident 2's assessment, dated 04/02/2025, showed medication management was needed.

Record review of Resident 2's May 2025 ML showed the order for Albuterol Inhaler (used for wheezing/shortness of breath), inhale two puffs every six hours PRN. The order for Polyethylene Glycol (used for constipation), mix one cup in water/juice once daily PRN.

Observation, on 05/28/2025 at 2:15, showed the AFH did not have supplies of Albuterol inhaler and Polyethylene Glycol for Resident 2 at home to use.

In an interview, on 05/28/2025 at 2:20 PM, Staff E stated that these are PRN medications and Resident 2 did not use the PRN medications. Staff E stated that they would contact the doctor to discontinue the PRN medications.

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 Home 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

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

(iii) For discharged residents the facility must:

(A) Assist with the transfer of the resident's medications to the resident's new setting, when needed;

(B) End fulfillment, delivery, and receipt of prescription medications within 10 calendar days; and

(C) Safely dispose of any medications left at the adult family home after 90 calendar days.

(c) Require that the safe disposal of the medication is recorded in a document that includes:

(i) Name of resident;

(ii) Name of medication;

(iii) Amount of medication;

(iv) Date of disposal or transfer; and

(v) Name of individual completing the task.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to implement their medication disposal policy to dispose of 2 of 5 residents (Residents 3 and 5) expired medications. Additionally, the AFH failed to dispose former resident's medications (Resident 6). This failure placed Residents 3 and 5 at risk of negative outcomes and worsening conditions if they took or used expired and discontinued medications.

Findings included…

Record review showed the AFH's undated Medication Disposal Policy stated the AFH would follow "procedure[s] to dispose unused/outdated/discontinued medication, left behind after a resident left or died" employing "the best methods are to destroy in drugs booster, return to a local law enforcement and the local pharmacy."

In an interview, on 05/28/2025 at 10:30 AM, Staff E, Caregiver, stated that the AFH staff managed resident's medications.

Observation of the medication box in the fridge, on 05/28/2025 at 11:10 AM, showed four boxes of insulin pens in the medication box. Observation of the pharmacy generated label showed insulin pens (used to balance blood sugar level) were for Resident 6 (former resident) who was no longer lived at the AFH and discharged from the AFH on [redacted]/2025. Further observation of the medications box in the fridge showed Bisacodyl suppositories (used for constipation). Observation of the pharmacy generated label showed the Bisacodyl suppositories was for Resident 3, and the expiration date was 02/22/2025.

<Resident 3>
Observation, on 05/28/2025 at 2:15 PM, showed a bottle of expired Milk of Magnesium (used for constipation), expired Trazadone tablets (used for sleep) and a tube of expired Ketoconazole cream (used for skin fungal infection) in Resident 3's medication bin. Observation of the pharmacy generated labels showed the expiration date for the Milk of Magnesium was 11/09/2024, the Trazadone was 11/09/2024, and the Ketoconazole cream expiration date was 07/10/2024.

<Resident 5>
Observation, on 05/28/2025 at 1:45 PM, showed expired Bisacodyl tablets (used for constipation) in Resident 5's medication storage bin. Observation of the pharmacy generated label showed the expiration date was 11/29/2024.

<Bathroom>
Observation, on 05/28/2025 at 11:42 AM, showed two bottles of Ketoconazole shampoos (used for scalp fungal infection) in the medicine cabinet in the main bathroom. Observation of the Ketoconazole shampoos pharmacy generated label were

unreadable. Observation of the factory expiration dates on the Ketoconazole shampoo bottles, were 06/2024.

In an interview, on 05/28/2025 at 2:30 PM, Staff E stated that they checked medications expiration date every Fridays. Staff E further stated that they might have missed to check expiration dates, and they forgot to dispose of the former residents' medications.

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 Home 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

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;

(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, interview and record review, the Adult Family Home (AFH) failed to ensure Residents 4 and 5 was assessed before using [redacted]. Additionally, the AFH failed to include medical device use in Residents 1, 4 and 5's Negotiated Care Plan (NCP). These failures placed Residents 1, 4 and 5 at risk of harm from injury if the [redacted] were not used properly or appropriately.

Findings included…

Observation, on 05/28/2025 at 9:20 AM, showed Residents 1, 4 and 5 lived in and received care from the AFH. Further observation showed Residents 1, 4 and 5 ambulated with staff assistant.

<Resident 1>
Observation of Resident 1's bedroom, on 05/28/2025 at 12:03 PM, showed Resident 1 had 1/2 length [redacted] on both sides of their bed in the up position.

Review of Resident 1's NCP, dated 10/17/2024, did not address Resident 1's [redacted] use information.

<Resident 4>
Observation of Resident 4's bedroom, on 05/28/2025 at 11:58 AM, showed Resident 4 had 1/4 length [redacted] on both sides of their bed in the up position.

Review of Resident 4's assessment dated 02/06/2025 did not address Resident 4's [redacted] use.
Review of Resident 4's NCP, dated 05/12/2024 did not address Resident 4's [redacted] use information.

<Resident 5>
Observation of Resident 5's bedroom, on 05/28/2025 at 11:53 AM, showed Resident 5 had 1/2 length [redacted] on both sides of their bed in the up position.

Review of Resident 5's assessment, dated 02/06/2025, did not address Resident 5's [redacted] use.
Review of Resident 5's NCP, dated 05/13/2024, did not address Resident 5's [redacted] or how Resident 5 would use them safely.

In an interview, on 05/28/2025 at 12:07 PM, Staff E, Caregiver, stated that they had signed consent forms and that they forgot to update Residents 1, 4 and 5's NCP with [redacted] use information. Staff E stated that they needed to get [redacted] assessed for safety for Residents 4 and 5.

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 Home 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

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(6) Ensure hot water temperature is at least one hundred five degrees and does not exceed one hundred twenty degrees Fahrenheit at all fixtures used by or accessible to residents, such as:

(c) Sinks;

(7) Keep all toxic substances and hazardous materials in locked storage and in their original containers;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure the water temperature in resident's bathroom did not exceed 120 degrees Fahrenheit. Additionally, the AFH failed to ensure all toxic substances and hazardous materials were stored in locked storage. This failure placed 2 of 5 ambulatory residents (Residents 2 and 3) at risk of harm from exposure to toxic and hazardous materials and at risk from hot water burns.

Findings included…

Observation, on 05/28/2025 at 9:20 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Resident 2 ambulated independently, Resident 3 ambulated with the medical device independently and Residents 1, 4 and 5 ambulated with staff assistance in the AFH.

Observation, on 05/28/2025 at 11:00 AM, showed the cabinet underneath the kitchen sink had magnet locks. Observation showed the right cabinet door was locked and the left door was unlocked. Observation further showed the magnet lock was not working on the left side. Observation showed the AFH stored the following chemicals underneath the kitchen sink: an Easy-Off heavy duty cleaner spray, a Lysol disinfectant spray, a Clorox cleaner and bleach spray, a Brillo glass cleaner spray and a Weber grill cleaner

spray.

In an interview, on 05/28/2025 at 11:05 AM, Staff E, Caregiver, stated that they had locks on the cabinet and staff might have forgotten to lock the cabinet after cleaning. Staff E attempted to lock the cabinet left door underneath the sink and the lock was not working. Staff E stated that they would fix the lock underneath the cabinet sink.

<Water Temperature>
Observation, on 05/28/2025 at 11:20 AM, showed the water temperature in the sink of the main bathroom (located in the hallway) was 132.3 degrees Fahrenheit. Observation of the bathroom (located in the bedroom [redacted], used by Resident 2 was 126.4 degrees Fahrenheit.

In an interview, on 05/28/2025 at 11:25 AM, Staff E stated that they would adjust the water temperature.

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 Home 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

WAC 388-76-10805 Automatic smoke alarms.

(2) At a minimum, smoke alarms must be located in the following areas:

(b) In the immediate vicinity of resident bedroom(s), and if applicable, the sleeping areas used by the adult family home staff; and

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home failed to ensure a smoke detector was installed in the area where staff rest during their shift s. This failure placed Residents 1, 2, 3, 4, and 5 at risk for injury due to a delayed warning in the event of a fire emergency.

Findings included...

Observation during a tour, on 05/28/2025 at 10:55 AM, Staff E, Caregiver, showed a room located in the kitchen (close to the dining area). Observation of the room showed a twin bed with personal items on top, small table with personal items on top (creams, lotions, brushes), pair of women black shoes on the floor, two table lamps, a wheelchair and a few boxes on the right side of the room. Observation showed there was no smoke detector inside or near the room.

In an interview, on 05/28/2025 at 9:35 AM, Staff B, Caregiver, stated that the room was used for caregivers.

In an interview, on 05/28/2025 at 10:58 AM, Staff E stated that the room was a storage room, and no one sleeps there. Staff E stated that sometimes staff used the room during their breaks to rest.

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 Home 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

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

(1) In locked storage;

(2) In the original container with legible and original labels; and

(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 ensure the medications and the medications box in the fridge were kept locked. Additionally, the AFH failed to have 2 of 5 residents (Residents 2 and 3) medications with the original

packet and label. These failures placed Residents 1, 2, 3, 4 and 5 at risk of harm or injury if they accessed and inappropriately took unlocked medications and placed Residents 2 and 3 at risk of harm from using a medication with no expiration date and medication error .

Findings included...

Observation, on 05/28/2025 at 9:20 AM, showed Residents 1, 2, 3, 4 and 5 lived in and received care from the AFH. Observation further showed Resident 2 ambulated independently, Resident 3 ambulated with the medical device independently and Residents 1, 4 and 5 ambulated with staff assistance in the AFH.

In an interview, on 05/28/2025 at 10:20 AM, Staff E, Caregiver, stated that the AFH staff managed residents' medications.

Observation on 05/28/2025 at 11:10 AM, showed a medication box in the fridge. Observation of the medication box in the fridge showed the box was unlocked. Observation further showed Resident 3's suppositories (used for constipation) and the former resident insulin pens (used to balance blood sugar level) unlocked in the medication box in the fridge.

In an interview, on 05/28/2025 at 11:15 AM, Staff E stated that they were unaware the medication box was unlocked. Staff E locked the medication box before placing back in the fridge.

<Bathroom>
Observation, on 05/28/2025 at 11:40 AM, showed a three doors wall mounted mirror medicine cabinet in the main bathroom (located in the hallway). Observation of the medicine cabinet in the bathroom showed an open tube of Ketoconazole cream (used for skin fungal infection) in the middle door. Observation of the Ketoconazole cream showed the pharmacy generated label was unreadable. Observation further showed an unlocked bottle of Nystatin powder (used for skin fungal infection). Observation of the Nystatin powder pharmacy generated label was unreadable. Observation showed two bottles of Ketoconazole shampoos (used for scalp fungal infection) in the right side of the medicine cabinet in the bathroom. Observation of the Ketoconazole shampoo pharmacy generated labels showed the medications' label were unreadable.

<Bedroom [redacted]>
Observation, on 05/28/2025 at 11:45 AM, showed Resident 2 resided in bedroom [redacted] and had no roommate. Observation showed bedroom [redacted] had a private bathroom. Observation of the bathroom in bedroom [redacted] showed an open box of Salonpas patch (used for pain) next to the bathroom sink.

<Bedroom [redacted]>

Observation, on 05/28/2025 at 11:50 AM, showed Resident 5 resided in bedroom [redacted] and had no roommate. Observation of bedroom [redacted] showed open closet doors. Observation of the closet showed an open container of Vitamin A+D ointment (used to treat/prevent skin irritation) and a tube of ILEX skin protectant paste (used for skin irritation) in the closet on the shelf next to the wound care supplies.

<Bedroom [redacted]>
Observation, on 05/28/2025 at 12:00 PM, showed Residents 1 and 3 resided in bedroom [redacted]. Observation showed Resident 1 was sitting in bed doing an activity and Resident 3 was sitting in the recliner chair watching TV. Observation of bedroom [redacted] showed open shelves between resident's closets. Observation of the middle shelf showed a bottle of Nystatin powder, a container of Micro-Guard antifungal powder (used to treat fungal infection), and an open container of Zinc Oxide ointment (used for skin irritation). Observation of the pharmacy generated label showed the Nystatin powder was for Resident 1.

In an interview, on 05/28/2025 at 12:05 PM, Staff E stated that they were unaware of the medications in Resident's room. Staff E stated that they were unaware to lock over the counter (OTC) medications. Staff E was observed to move the unlocked medications from Resident's room and bathroom to the locked storage cabinet.

<Resident 2>
A review of Resident 2's May 2025 Medication Log (ML) showed they were prescribed, Fluticasone Prop 50 micrograms (mcg) spray, instill two sprays into each nostril daily as needed (PRN) for congestion.

Observation, on 05/28/2025 at 2:00 PM, showed the Fluticasone spray was not in the original package and had no medication label in Resident 2's medication storage bin.

<Resident 3>
A review of Resident 3's May 2025 ML showed they were prescribed, Banophen 25 milligrams (mg), take one capsule at bedtime PRN for allergy.

Observation, on 05/28/2025 at 2:05 PM, showed unknown pink, white and red color capsules in a blister pack in Resident 3's medication storage bin. Observation further showed a handwritten "Lesa PRN Banophen." Observation showed the original medication pharmacy generated label was removed.

In an interview, on 05/28/2025 at 2:10 PM, Staff E stated that they were not sure why the medication labels removed. Staff E stated that Residents 2 and 3 did not take their PRN medications and they would request to discontinue these medications.

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 Home 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