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 # 754607

Dear Provider:

This document references Compliance Determination 33999 (12/29/2023), which included complaint number(s) 108933, 110443.

The Department completed a complaint investigation of your Adult Family Home on 12/29/2023 and found that your home does not meet the Adult Family Home Licensing requirements.

The department staff who did the inspection and provided consultation:

Tekeste Demissie, Complaint Investigator

A licensor may consult with a provider when a violation of the Washington Administrative Code (WAC) or Revised Code of Washington (RCW) is found, but it is not cited in the Statement of Deficiencies. Violations may not be cited when it is a first-time violation of statute or rule with minimal or no harm to residents. A consult does not require a follow-up visit.

Consultation:

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:

(ii) To the department by calling the complaint toll-free hotline number; and

The Adult Family Home Provider (AFH) failed to have a system in place to ensure all appropriate parties, including Complaint Resolution Unit (CRU), were notified regarding a resident unwitnessed fall with injury, and a Resident-to-Resident altercation. The AFH Provider stated that they would correct their system. The AFH Provider stated that they would teach the AFH caregivers that notifications to residents' primary care physician, resident representatives, CRU, and case managers are required.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately; and
- Complete correction as soon as possible.

You Are Not:

- Required to submit a plan-of-correction for the deficiency or deficiencies found.

The Department May:

- Inspect the home to determine if you have corrected all deficiencies.

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

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 the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600

Residential Care Services
Investigation Summary Report

Provider/Facility: Sunrise Senior Home LLC **Provider Type:** Adult Family Home
License/Cert.#: 754607
Compliance Determination #: 33999 **Intake ID:** 108933
Investigator: Tekeste Demissie **Region/Unit #:** RCS Region 2 / Unit I
Investigation Date(s): 12/15/2023 through 12/29/2023
Complainant Contact Date(s): 12/29/2023

Allegation(s):
1. The Adult Family Home (AFH) failed to protect the Named Resident 1 (NR1) from physical abuse by Named Resident 2 (NR2) and the NR1 from assaulting the Caregiver.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size:
Observations:	Adult Family Home Environment, Resident Appearance, Resident to Staff Interaction, Direct Resident Care.
Interviews:	Residents Staff/Provider Resident Representatives Third Party Provider
Record Reviews:	Resident Records Incident/Progress Note Third Party Provider Notes The AFH Policy.

Investigation Summary:
1. Observation showed NR1 was not in the AFH and NR2 was in the common area using their computer. In an interview, the NR2 stated they got along with everybody, but had enough with NR1's behavior. NR2 stated they would avoid any interaction with NR1. In an interview, the NR1's Representative stated they were informed of the incident immediately. The Representative stated the AFH had been very responsive, great, and supportive of the NR1. In an interview, the AFH Staff A (Resident Manager) and Staff B (Caregiver) stated they took steps to ensure the safety of both residents. The AFH Staff A and B stated they notified all appropriate parties. The Staff stated their call to the sate hot line did not go through. The AFH provider stated that they would correct their system. The AFH Provider stated that they would teach the AFH caregivers that notifications to residents' primary care physician, resident representatives, CRU, and case managers are required. Record review showed the AFH called 911, notified Case manager, Resident's Representative, and document the incident, but did not notify the state. See Consult-SOD dated 12/29/2023.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: Sunrise Senior Home LLC **Provider Type:** Adult Family Home
License/Cert.#: 754607
Compliance Determination #: 33999 **Intake ID:** 110443
Investigator: Tekeste Demissie **Region/Unit #:** RCS Region 2 / Unit I
Investigation Date(s): 12/15/2023 through 12/29/2023
Complainant Contact Date(s): 12/29/2023

Allegation(s):
1. The Named Resident (NR) had an unwitnessed fall in the Adult Family Home (AFH) resulting in injury.

Investigation Methods:

Sample:	Total residents: 5 Resident sample size: 2 Closed records sample size:
Observations:	Adult Family Home Environment, Resident Appearance, Resident to Staff Interaction, Direct Resident Care.
Interviews:	Residents Staff/Provider Resident Representatives Third Party Provider
Record Reviews:	Resident Records Incident/Progress Note Third Party Provider Notes The AFH Policy.

Investigation Summary:
1. Observations showed the NR was not in the AFH. In an interview, the NR1's Representative stated they were informed of the incident immediately. The Representative stated the AFH had been very responsive, great, and supportive of the NR1. Observation showed the AFH had functioning call bell system. In an interview, sample residents stated they had no issues with the care provided to them and they felt their needs were met. In an interview, the AFH Staff A (Resident Manager) and Staff B (Caregiver) reported they had called 911 for evaluation and treatment and contacted all appropriate parties. The AFH Provider stated that they would correct their system. The AFH Provider stated that they would teach the AFH caregivers that notifications to residents' primary care physician, resident representatives, CRU, and case managers are required. Record review showed the fall was documented. Record review showed the AFH did not report to the State hotline. See consult SOD dated 12/29/2023.

Conclusion / Action:

☒ Failed Provider Practice Identified / Citation(s) Written

☐ Failed Provider Practice Not Identified / No Citation Written

☐ N/A