STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Center Care Homes LLC
Sunnyside Adult Family Home
PO Box 12087
Mill Creek, WA 98082

RE: Sunnyside Adult Family Home License # 754941

Dear Provider:

This letter addresses Compliance Determination(s) 76654 (Completion Date 04/29/2026) and 74317 (Completion Date 04/07/2026).

The Department completed a follow-up inspection of your Adult Family Home on 04/29/2026 and found that you have corrected the violations listed in the Full report dated 04/07/2026. Your home is back in compliance as of 04/20/2026 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 388-76-10201-1, WAC 388-76-10506-1, WAC 388-76-10506-2-a, WAC 388-76-10506-2-b, WAC 388-76-10506-4-a, WAC 388-76-10506-4-b, WAC 388-76-10506-4, WAC 388-76-10506-5, WAC 388-76-10506-5-a, WAC 388-76-10506-5-b, WAC 388-76-10506-5-c, WAC 388-76-10506-5-d, WAC 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10380-2, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d, WAC 388-76-10430-3

The Department staff who did the on-site verification:
Rivi Stella Perez

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn

Nicholette Flynn, AFH Field Manager

Region 2, Unit B
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 03/16/2026 of:
Sunnyside Adult Family Home
13406 CASCADIAN WAY
EVERETT, WA 98208

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

The department staff that inspected the Adult Family Home:

Rivi Stella Perez

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

Statement of Deficiencies	License #: 754941	Compliance Determination #74317
Plan of Correction	Sunnyside Adult Family Home	Completion Date
Page 2 of 12	Licensee: Center Care Homes LLC	04/07/2026

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.

Nicholette Flynn
Residential Care Services

04/17/2026
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.

Jocelyn Jim Guerra
Provider (or Representative)

4/20/26
Date

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a written succession plan in place that addressed how they would continue to meet the requirements of the business, and care and services of the residents if the AFH Provider was unable to fulfill their duties. This failure placed 2 of 2 residents (Resident 1 and Resident 2) at risk for unmet care needs and supervision.

Findings included...

Record review of the AFH personal data sheet showed the AFH admitted Resident 1 on [redacted]/2026 with multiple diagnoses including [redacted]. The AFH admitted Resident 2 on [redacted]2021 with multiple diagnoses including [redacted].

During an interview on 03/16/2026 at 9:38 AM, Staff B, Caregiver, stated that they have no written succession plan. Staff B stated that there were only 2 staff for the AFH and they will be the successor if anything happens to Staff A, Provider.

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 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to have a written succession plan in place that addressed how they would continue to meet the requirements of the business, and care and services of the residents if the AFH Provider was unable to fulfill their duties. This failure placed 2 of 2 residents (Resident 1 and Resident 2) at risk for unmet care needs and supervision.

Findings included…

Record review of the AFH personal data sheet showed the AFH admitted Resident 1 on [redacted]/2026 with multiple diagnoses including [redacted]. The AFH admitted Resident 2 on [redacted]/2021 with multiple diagnoses includin [redacted].

During an interview on 03/16/2026 at 9:38 AM, Staff B, Caregiver, stated that they have no written succession plan. Staff B stated that there were only 2 staff for the AFH and they will be the successor if anything happens to Staff A, Provider.

During an interview on 03/16/2026 at 1:11 PM, Staff A stated that they had discussed the succession plan but did not get to write a plan.

During an interview on 04/02/286 at 3:51 PM, Staff A stated that they did not have a written plan [during the inspection] but had fixed it now.

Record review of the AFH succession plan, submitted on 04/02/2026, showed a written plan that was signed by Staff A and their successors. The plan was signed on 03/19/2026, 3 days after the onsite inspection visit on 03/16/2026.

This deficiency was corrected before the exit conference.

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, Sunnyside Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 4/20/26.

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

Jocelyn Jim Sunnew
Provider (or Representative)

4/20/26
Date

(1) For the purposes of this section "residency agreement" means a legally enforceable written document prepared by the adult family home that contains the rights and responsibilities of the facility and the resident specific to transfer and discharge and is signed by both parties.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

(5) The residency agreement must be in substantially the following form: Residency agreement residents with medicaid as a payor.

During an interview on 03/16/2026 at 1:11 PM, Staff A stated that they had discussed the succession plan but did not get to write a plan.

During an interview on 04/02/206 at 3:51 PM, Staff A stated that they did not have a written plan [during the inspection] but had fixed it now.

Record review of the AFH succession plan, submitted on 04/02/2026, showed a written plan that was signed by Staff A and their successors. The plan was signed on 03/19/2026, 3 days after the onsite inspection visit on 03/16/2026.

This deficiency was corrected before the exit conference.

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, Sunnyside Adult Family Home 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

(1) For the purposes of this section "residency agreement" means a legally enforceable written document prepared by the adult family home that contains the rights and responsibilities of the facility and the resident specific to transfer and discharge and is signed by both parties.

(2) For residents with medicaid as a payor the facility must complete a signed written residency agreement with each resident that:

(a) Is signed by the resident or their legal representative and the facility upon admission of the resident to the facility;

(b) Requires the facility to agree to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129; and

(4) A copy of the residency agreement that is signed and dated by both parties must be:

(a) Kept in the resident record; and

(b) Provided to the resident or their representative.

(5) The residency agreement must be in substantially the following form: Residency agreement residents with medicaid as a payor.

(a) [facility name] agrees to comply with the long-term care residents rights statute transfer and discharge requirements pursuant to RCW 70.129.

(b) Subject to legislative appropriation [resident name] has a right to a free lawyer to help them in response to a notice of transfer or discharge. If they want a free lawyer to help them, they must call the long-term care discharge defense screening line at [phone number].

(c) [Signature of resident/legal representative and date].

(d) [Signature of facility and date].

WAC 388-76-10506 Written residency agreement—Residents with medicaid as a payor.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to provide a written copy of the residency agreement form to 2 of 2 residents (Resident 1 and Resident 2) who have [redacted] as a payor. This failure placed both residents at risk of not knowing their right to a free lawyer when given a notice of transfer or discharge.

Findings included…

Record review of the AFH personal data sheet showed the AFH admitted Resident 1 on [redacted]/2026 and Resident 2 on [redacted]/2021.

Record review of the AFH binders for Resident 1 and Resident 2 showed no copy of the Residency Agreement form.

During an interview on 03/16/2026 at 9:35 AM, Staff B, Caregiver, stated that they had not heard about the requirement for the Residency Agreement form for residents with [redacted] as a payor.

During an interview on 03/16/2026 at 12:39 PM, Staff A, Provider, stated that both Resident 1 and Resident 2 had state pay.

During an interview on 04/02/2026 at 3:58 PM, Staff A stated that there was no copy of the form for Resident 1 and Resident 2 during the inspection. Staff A stated that Staff B had worked on getting the forms the next day.

Record review of the Residency Agreement forms, submitted on 04/02/2026, showed a copy of the form for Resident 1 and for Resident 2. Each of the forms were signed and

dated by Staff A and each of the Resident's Representative on 03/25/2026, 9 days after the inspection visit on 03/16/2026.

This deficiency was corrected before the exit conference.

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, Sunnyside Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 4/20/26 .

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

Provider (or Representative) Date 4/20/26

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to provide a valid copy of the Washington Name and Date of Birth (WNDOB) Background Check Inquiry (BGI) report for 1 of 2 affiliated individuals (Affiliated Individual 1). This failure placed the residents at risk of living in an AFH where an individual affiliated with the business has an unknown background check result.

Findings included...

Record review of the AFH record in Department's Secure Tracking and Reporting System, on 03/16/2026, showed Affiliated Individual 1 listed as 1 of the individuals affiliated with the AFH business.

dated by Staff A and each of the Resident's Representative on 03/25/2026, 9 days after the inspection visit on 03/16/2026.

This deficiency was corrected before the exit conference.

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, Sunnyside Adult Family Home 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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(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to provide a valid copy of the Washington Name and Date of Birth (WNDOB) Background Check Inquiry (BGI) report for 1 of 2 affiliated individuals (Affiliated Individual 1). This failure placed the residents at risk of living in an AFH where an individual affiliated with the business has an unknown background check result.

Findings included…

Record review of the AFH record in Department's Secure Tracking and Reporting System, on 03/16/2026, showed Affiliated Individual 1 listed as 1 of the individuals affiliated with the AFH business.

Record review of Affiliated Individual 1's WNDOB BGI report showed it was done in 2018 and had expired in 2020.

During an interview on 03/16/2026 at 9:33 AM, Staff B, Caregiver, stated that Affiliated Individual 1 had never been in the AFH and had lived in California. Staff B stated that they did a WNDOB BGI for Affiliated Individual 1 in 2020. Staff B stated that they will do a new WNDOB BGI when informed that WNDOB BGI reports were only valid for 2 years and had to be renewed.

During an interview on 04/07/2026 at 1:52 PM, Staff A stated that Affiliated Individual 1's prior WNDOB BGI was an interim fingerprint report dated for 10/02/2020.

Record review of Affiliated Individual 1's current WNDOB BGI showed it was done on 03/17/2026, the day after the inspection visit. The report showed no record and will expire on 3/17/2029. Affiliated Individual 1 did not have a valid WNDOB BGI report from 10/02/2022 to 03/16/2026.

This failed practice was corrected before the exit conference.

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, Sunnyside Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 4/20/26.

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

Jocelyn Lee Summers — Provider (or Representative)

4/20/26 — Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home failed to ensure the Negotiated Care Plan (NCP) had accurate information related to use of psychopharmacologic (type of medications to manage mood, sensation, thinking,

Record review of Affiliated Individual 1's WNDOB BGI report showed it was done in 2018 and had expired in 2020.

During an interview on 03/16/2026 at 9:33 AM, Staff B, Caregiver, stated that Affiliated Individual 1 had never been in the AFH and had lived in California. Staff B stated that they did a WNDOB BGI for Affiliated Individual 1 in 2020. Staff B stated that they will do a new WNDOB BGI when informed that WNDOB BGI reports were only valid for 2 years and had to be renewed.

During an interview on 04/07/2026 at 1:52 PM, Staff A stated that Affiliated Individual 1's prior WNDOB BGI was an interim fingerprint report dated for 10/02/2020.

Record review of Affiliated Individual 1's current WNDOB BGI showed it was done on 03/17/2026, the day after the inspection visit. The report showed no record and will expire on 3/17/2028. Affiliated Individual 1 did not have a valid WNDOB BGI report from 10/02/2022 to 03/16/2026.

This failed practice was corrected before the exit conference.

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, Sunnyside Adult Family Home 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 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and preferences;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home failed to ensure the Negotiated Care Plan (NCP) had accurate information related to use of psychopharmacologic (type of medications to manage mood, sensation, thinking,

behavior, judgment and memory) medications for 2 of 2 residents (Resident 1 and Resident 2). This failure placed both residents at risk of unrecognized care needs related to use of psychopharmacological medications.

Findings included…

RESIDENT 1
Record review of the AFH personal data sheet showed the AFH admitted Resident 1 on [redacted]/2026 with multiple diagnoses including [redacted] and [redacted].

Record review of Resident 1's March 2026 Medication Log (ML) showed orders for Escitalopram (an antidepressant or medication to treat depression) and Sertraline (an antidepressant).

Record review of Resident 1's NCP, dated 02/02/2026, showed the AFH marked page 6 of the NCP with a "No" if the resident "requires psychopharmacological medications".

During an interview on 03/16/2026 at 4:35 PM, Staff B, Caregiver, stated that the NCP was marked "no" if Resident 1 requires psychopharmacological medications, after reviewing page 6 of the NCP. Staff A, Provider, stated that they did not know that Escitalopram and Sertraline were psychopharmacological medications. Staff A stated that it was easy to fix and will mark it "yes".

RESIDENT 2
Record review of the AFH personal data sheet showed the AFH admitted Resident 2 on [redacted]/2021 with multiple diagnoses including [redacted] and [redacted].

Record review of Resident 2's March 2026 ML showed orders for Buspirone (anti-anxiety medication), Divalproex (mood stabilizer) and Sertraline.

Record review of Resident 2's NCP, dated 05/30/2025, showed the AFH marked page 10 of the NCP with a "No" if the resident "requires psychopharmacological medications".

During an interview on 03/16/2026 at 4:35 PM, Staff B stated that the NCP was marked "no" if Resident 2 requires psychopharmacological medications, after reviewing page 10 of the NCP. Staff A stated that they did not know that the Buspirone, Divalproex and Sertraline were psychopharmacological medications. Staff A stated that it was easy to fix and will mark it "yes".

During an interview on 04/02/2026 at 4:06 PM, Staff A stated that they had updated the NCP for both Resident 1 and Resident 2.

Statement of Deficiencies	License #: 754941	Compliance Determination #74317
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Record review of the NCP for Resident 1 and Resident 2, submitted on 04/02/2026, showed that the NCP were corrected and updated. Resident 2's NCP was updated and marked "yes" for psychopharmacological medications on 03/18/2026, 2 days after the onsite visit on 03/16/2026. Resident 1's NCP was updated and marked 'yes' for psychopharmacological medications on 03/20/2026, 4 days after the onsite visit on 03/16/2026.

The failed practice was corrected before the exit conference.

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, Sunnyside Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 4/20/26 .

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

Jocelyn Lee Lucas — Provider (or Representative)

4/20/26 — Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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 ;

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a medication system in place to ensure the Medication Log (ML) is kept current, the medications were available and the medications were given as ordered for 1 of 2 residents (Resident 2). These failures resulted in a medication error for Resident 2 and placed Resident 2 at risk of not receiving the medication as ordered or when needed.

Record review of the NCP for Resident 1 and Resident 2, submitted on 04/02/2026, showed that the NCP were corrected and updated. Resident 2's NCP was updated and marked "yes" for psychopharmacological medications on 03/18/2026, 2 days after the onsite visit on 03/16/2026. Resident 1's NCP was updated and marked "yes" for psychopharmacological medications on 03/20/2026, 4 days after the onsite visit on 03/16/2026.

The failed practice was corrected before the exit conference.

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, Sunnyside Adult Family Home 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 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(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 ;

(d) Receives medications as required.

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to have a medication system in place to ensure the Medication Log (ML) is kept current, the medications were available and the medications were given as ordered for 1 of 2 residents (Resident 2). These failures resulted in a medication error for Resident 2 and placed Resident 2 at risk of not receiving the medication as ordered or when needed.

Findings included…

Record review of the AFH personal data sheet showed the AFH admitted Resident 2 on [redacted]/2021 with multiple diagnoses including [redacted] and [redacted]. Review of Resident 2's Negotiated Care plan, dated 05/30/2025, showed Resident 2 was able to put the medication to their mouth after the caregiver would prepare the medication and hand the medication cup to the resident.

VITAMIN D3 (nutritional supplement)
Record review of Resident 2's March 2026 ML, on 03/16/2026 at 11:45 AM, showed an order for "Vitamin D 1,000-unit tablet", take 1 capsule by mouth daily.

Observations and record reviews of the label for the medication supply, on 03/16/2026 at 11:45 AM and 3:12 PM, showed a bottle of Vitamin D3 1000 international units (iu).

During an interview on 03/16/2026 at 11:45 AM, Staff B, Caregiver, stated that the family supplies the medication. Staff B stated that they had called the pharmacy, and the pharmacy staff had stated that Vitamin D and Vitamin D3 were the same medications. Staff B stated that the pharmacy would usually put the "3" and was not sure what happened [why there was no "3" for the March 2026 ML]. Staff B stated the pharmacy will send an updated copy of the ML.

Record review of the doctor's order, dated 04/14/2025, showed an order to start Vitamin D3.

Record review of Resident 2's updated March 2026 ML, on 03/16/2026 at 2:00 PM and 3:13 PM, showed the order was changed to "Vitamin D3…".

BUSPIRONE (medication to treat anxiety disorder)
Observation of the Resident 2's medication supply, on 03/16/2026 at 3:17 PM, showed 2 bubble packs (a card that packages doses of medication within small, clear, or light-resistant, amber-colored plastic bubbles) of Buspirone: a "morning" bubble pack and a "bedtime" bubble pack. Some of the bubbles for the bedtime bubble pack had been punched open, an indication that it was administered to Resident 2.

Record review of the prescription label on the bedtime bubble pack showed that the medication was Buspirone 5 milligram (mg) tablet, filled on 03/10/2026 and an instruction to take 1 tablet by mouth twice daily. The bubble pack had a handwritten note of "8 pm/1 tab [tablet]".

Record review of Resident 2's March 2026 ML showed no order for Buspirone for the 8:

00PM dose or an order to give the medication twice daily at 8:00 AM and 8:00 PM. The only order for Buspirone was “5 mg 1 tab once daily” with an order date of 02/04/2026. The order was scheduled for 8:00 AM and was signed from 03/01/2026 through 03/15/2026.

During an interview with Staff B and Staff A on 03/16/2026 at 3:44 PM, Staff B stated that they gave Buspirone to Resident 2 and would follow the order on the ML. Staff A, Provider, stated that they would sign for Buspirone in the ML. Staff A stated that there was an increase in the dose last Wednesday (03/11/2026). Staff A stated that they thought that they had written the new order in the ML after Staff B had stated that the increase in the dose was not written on the March 2026 ML.

Observation for 03/16/2026 at 3:47 PM showed Staff B update the March 2026 ML with 8:00 PM dose for the Buspirone.

METOPROLOL SUCCINATE (medication to manage high blood pressure and regulate heart rate or rhythm)
Observation of Staff B on 03/16/2026 at 11:45 AM showed Staff B popped the medication out of the bubble pack for the 25 mg of Metoprolol to give to Resident 2.

Record review of Resident 2’s March 2026 ML showed a typewritten order, dated 02/10/2026, for Metoprolol Succinate Extended Release (ER) 50 mg tablet, take 1 tablet by mouth once daily with a parameter when to hold the medication. The medication was scheduled for “8AM” and was signed as given from 03/01/2026, 03/02/206, 03/03/2026, 03/04/2026, 03/07/2026, 03/08/2026, 03/11/2026, 03/13/2026, 03/14/202 and 03/15/2026.

Record review of the prescription label for the Metoprolol bubble pack showed it was filled on 02/09/2026. The label showed: Metoprolol Succinate ER 25 mg tablet, take 1 tablet by mouth once daily and an instruction when to hold the medication. The available supply was 25 mg lower than the written dose of 50 mg on the March 2026 ML.

During an interview with Staff B and Staff A, on 03/16/2026 at 4:01 PM, Staff B and Staff A stated that the order for Metoprolol was 50 mg with a parameter. Staff B stated that the supply for Metoprolol was 25 mg. Staff B stated that the dose (50 mg) on the ML did not match the dose (25 mg) in the bubble pack.

During an interview on 04/02/2026 at 4:02 PM, Staff A stated the dose for the Metoprolol was incorrect during the inspection.

ACETAMINOPHEN (medication to treat pain or fever)
Record review of Resident 2’s March 2026 ML showed an order for Acetaminophen 500 mg tablet, take 2 tablets twice daily PRN (as needed).

Observation of Resident 2's medication supply on 03/16/2026 at 3:55 PM showed no Acetaminophen available.

During an interview on 03/16/2026 at 3:55 PM, Staff B stated that Resident 2 had not used the Acetaminophen in a while. Staff B stated Resident 2's son was supposed to get the supply.

During an interview on 04/02/2026 at 4:03 PM, Staff A stated that they had requested a refill of the medication from the Pharmacy.

Record review of the prescription for the Acetaminophen, submitted on 04/02/2026, showed a "new Rx [prescription]" dated 03/20/2026. The prescription was for Acetaminophen 500 mg, take 2 tablets by mouth twice daily as needed.

During an interview on 4/7/2026 at 12:58 Pm, with Collateral Contact 1 (CC1), Pharmacy Technician stated that the last prescription order for the Acetaminophen was in 2023 and the order had expired. CC1 stated that the AFH had called for a refill of the medication on 03/16/2026. CC1 stated that they had to request a new order. CC1 stated that the doctor had given a new prescription on 03/20/2026 and the medication was filled and delivered.

LIDOCAINE (pain relieving patch)
Record review of Resident 2's March 2026 ML showed an order for Lidocaine Pain Relief 4% patch to the affected area once daily, with 12 hours on and 12 hours off, as needed.

During an interview on 03/16/2026 at 3:57 PM, Staff A stated that Resident 2 had not used the patch, and they would ask the doctor to discontinue the order.

Observation of Resident 2's medication supply on 03/16/2026 at 4:01 PM showed there was no Lidocaine patch available.

Record review an email sent by Staff A to the Department, received on 04/02/2026, showed a statement from Staff A that Resident 2 had refused to refill the Lidocaine patch for financial reasons. Staff A stated that they will ask the doctor to discontinue the medication.

Statement of Deficiencies	License #: 754941	Compliance Determination #74317
Plan of Correction	Sunnyside Adult Family Home	Completion Date
Page 12 of 12	Licensee: Center Care Homes LLC	04/07/2026

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, Sunnyside Adult Family Home is or will be in compliance with this law and / or regulation on (Date) 4/20/26.

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

Provider (or Representative) — Date 4/20/26

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, Sunnyside Adult Family Home 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

Center Care Homes LLC

Sunnyside Adult Family Home #754941

04/20/2026

TO: Nicholette Flynn, AFH Field Manager

Residential Care Services

Region 2, Unit B

Deficiencies #1: WAC 388-76-10201 Succession Plan.

POC Date: 03/19/2026

Sunnyside Adult Family Home will continue to meet the requirements of the business, and care and services of the residents by developing a Succession Plan. "I, Jocelyn C. Leon Guerrero, am the Provider of the above Adult Family Home. John B. Leon Guerrero with a cellular contact Phone number of 253-205-9613 and an email address of jlgjohnlg@gmail.com will take over the business if I am unable to work, take care of the business or die. If John B. Leon Guerrero is unable to work, take care of the business or die, ther[redacted] with a Cellular Contact Phone Number of [redacted] and an email address of [redacted]@gmail.com, will be the Named Individual succeeding John B. Leon Guerrero. It is posted on our Bulletin Board

Deficiencies #2: WAC 388-76-10506 Written residency agreement—Residents with Medicaid as a payor

POC Date: 03/19/2026

Sunnyside Adult Family Home will provide a written copy of the residency agreement form to the resident who has [redacted]. It will be signed by the residents or their legal representative and the facility upon admission of the residents to the facility. Sunnys Side Adult Family Home will comply with the long-term care resident's rights statute transfer and discharge requirement pursuant to RCW 70 129 and a copy of the residency agreement that is signed and dated by both parties kept in the resident's record and provided to the resident or their representative. The resident has the right to a free lawyer to help them in

response to a notice of transfer or discharge. If they want a free layer to help them, they must call the long-term care discharge defense screening line at 888-437-0017. A signature of resident /legal representative and date and Signature of Sunnyside Adult Family Home and date

Deficiencies #3: 388-76-10165 Background checks Washington State name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely

POC Date: 03/19/2026

Sunnyside Adult Family Home will provide a valid copy of the Washinton Name and Date of Birth Background Check inquiry report for Jeffrey Jastillana and will continue to renew the Name and Date of Birth Background Check every 2 years

Deficiencies #4: 388-76-10380 Negotiated Care Plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised ad follows.

POC Date: 03/19/2026

Sunnyside Adult Family Home will ensure that the Negotiated Care Plan has accurate information related to use of psychopharmacologic medication. Sunnyside AFH will mark page 6 of the NCP with a "Yes" for both residents and a List the medications that are psychopharmacologic and write down the symptoms of each medication in the Negotiated Care Plan. Gave resident/ Power of Attorney/ Guardian the information, had them signed and date that they received a copy of the type of medication and the symptoms of each

Deficiencies #5: WAC 388-76-10430 Medication System

POC Date: 03/19/2026

Sunnyside Adult Family Home will have a medication system in place to ensure the Medication Log is kept current, the medication are available and the medications are given as ordered for resident #2. Vitamin D has been corrected by the Pharmacy. It is now

labeled as Vitamin D3. Buspirone 8pm has been added to the Medication Administrative Record and Pharmacy will include that order on a monthly MARs. Metoprolol 50 mg has been corrected. AFH will be more careful in the medication system and will keep the medication log current and available. If medication is not available, AFH will contact pharmacy to refill or POA to purchase over the counter meds. If residents is refusing to purchase meds like Lidocaine Patch, AFH will contact PCP to get a discontinued order on meds otherwise POA will have to provide.