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

Sunray Adult Family Home LLC

Sunray Adult Family Home LLC
21611 16TH PLACE W
LYNNWOOD, WA 98036

RE: Sunray Adult Family Home LLC License # 755220

Dear Provider:

This letter addresses Compliance Determination(s) 61068 (Completion Date 06/12/2025) and 57847 (Completion Date 04/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 06/12/2025 and found that you have corrected the violations listed in the Full report dated 04/17/2025. Your home is back in compliance as of 06/01/2025 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 388-76-10750-1, WAC 388-76-10750-7, WAC 388-76-10650-2-a

The Department staff who did the on-site verification:
Katherine Randall, Nursing Care Consultant, NCC

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

Sincerely,

Renee' Bourque

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 04/11/2025 of:

Sunray Adult Family Home LLC
21611 16TH PLACE W
LYNNWOOD, WA 98036

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:

Katherine Randall, Nursing Care Consultant, NCC

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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Statement of Deficiencies	License #: 755220	Compliance Determination # 57847
Plan of Correction	Sunray Adult Family Home LLC	Completion Date
Page 2 of 5	Licensee: Sunray Adult Family Home LLC	04/17/2025

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Renee' Bourque
Residential Care Services

04/28/2025
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Rahel Bekele
Provider (or Representative)

5/3/2025
Date

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(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 all toxic substances and hazardous materials were kept in locked storage areas. In addition, the AFH failed to ensure the external front and back ramps were safe and in good repair and the back egress door was accessible and usable for all residents in an emergency evacuation. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of exposure to hazardous materials and at risk of injury or delayed egress during an emergency evacuation.

Findings included...

HAZARDOUS MATERIALS:
Observation, on 04/11/2025 at 11:30 AM, the laundry room door was observed to be unlocked and able to open. The laundry room door was in the main resident hallway. A lock was present on the laundry room door, but the door was unlocked. At that time no staff had the key for the laundry room door.

In an unlocked cabinet in the laundry room multiple cleaning supplies were present including bleach, floor cleaner, laundry detergent, all purpose cleaners and drain cleaner.

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Renee' Bourgue
Residential Care Services

04/28/2025
Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

Date

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

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(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 all toxic substances and hazardous materials were kept in locked storage areas. In addition, the AFH failed to ensure the external front and back ramps were safe and in good repair and the back egress door was accessible and usable for all residents in an emergency evacuation. This failure placed 5 of 5 residents (Residents 1, 2, 3, 4 and 5) at risk of exposure to hazardous materials and at risk of injury or delayed egress during an emergency evacuation.

Findings included...

HAZARDOUS MATERIALS:
Observation, on 04/11/2025 at 11:30 AM, the laundry room door was observed to be unlocked and able to open. The laundry room door was in the main resident hallway. A lock was present on the laundry room door, but the door was unlocked. At that time no staff had the key for the laundry room door.

In an unlocked cabinet in the laundry room multiple cleaning supplies were present including bleach, floor cleaner, laundry detergent, all purpose cleaners and drain cleaner.

Observation, on 04/11/2025 at 1:45 PM, Staff B (Caregiver) was observed in the kitchen reaching into the unlocked cabinet under the kitchen sink for liquid dishwashing detergent. Staff B placed some detergent into the adjacent dishwasher, replaced the detergent under the sink and closed the cabinet door. The cabinet door was not locked.

In an interview, on 04/11/2025 at 3:30 PM, Staff A (Entity Representative) stated they had found the key to the laundry room door. Staff A stated that a central, locked location, for all the hazardous materials would be made.

RAMP CONDITIONS:
Observation, on 04/11/2025 at 10:10 AM, of the front door ramp showed a concrete ramp with a sturdy metal railing. The floor of the ramp appeared to be a wet carpet with a green substance covering the ramp floor. When the ramp was walked on, the floor squished with moisture and was slippery during the steps.

Observation, on 04/11/2025 at 11:35 AM, of the back door ramp showed a ramp the length of the house from the back patio, approximately 40 feet. The ramp was constructed of wood and felt study when walked on. The wooded railing on the ramp felt study. The back door of the AFH had an adjacent wooded lot a foot away from the ramp. The ramp had many pine needles and broken pine branches present all the way down the ramp. The end of the ramp, at the 90 degree turn to the right, the area had a small pile of dirt and debris

The AFH had three exits, including the front door/ramp, the back door/ramp, and a door to the garage in the laundry room which had four wooden stairs down into the garage leading to the exit.

The ramp had a tall, approximately six-foot, wooden fence on the left side which had partially collapsed onto the ramp. Two sections of the fence were leaning on the railing of the ramp. Towards the end of the ramp, there was approximately six feet of thorned blackberry bushes growing over the railing and onto the ramp.

In an interview, on 04/11/2025 at 3:30 PM, Staff A stated they would repair and clean both ramps to ensure safe passage.

ACCESSABLE EGRESS:
Observation, on 04/11/2025 at 11:35 AM, of the back door to the evacuation ramp showed a hallway, approximately 10 feet in length, leading to the egress door, approximately 40 inches wide. On the left side of the hallway was a kitchen counter and on the right side of the hallway was a wall. There was a 90 degree turn to enter the hallway from the kitchen. Along the right side of the hallway were two six-foot-tall metal cabinets, approximately two feet wide, each holding supplies and records. To the left of those cabinets, towards the egress door, were several five-gallon water bottles and various stacked items. To the left of the door, under the kitchen counter overhang,

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items were also stacked. Items had to be removed to open the egress door, which opened inwards, to go out onto the patio. the egress door could not open fully.

In an interview, on 04/11/2025, Staff A stated the hallway would be cleared to ensure a walker or a wheelchair could be used in an emergency evacuation.

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, Sunray Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 06/05/2025

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

Provider (or Representative) Rahel Bekele Date 5/3/2025

06/01/2025
5/15/2025 - Spoke with provider & let her know the POC date has to be 6/1 or prior. She gave verbal authorization to change it. SB

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;

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 residents requiring [redacted] (Resident's 3 and 4) had the required safety assessment for safe use. This failure placed Resident's 3 and 4 at risk for injury.

Findings included...

RESIDENT 3:
Resident 3 was admitted to the AFH on [redacted] 2021 with multiple diagnoses including [redacted].

Resident 3's bed was observed, on 04/11/2025 at 10:45 AM, to have ½ length [redacted] on the right side of the bed.

In an interview, on 04/11/2025 at 11:10 AM, Staff A (Entity Representative) stated the [redacted] on Resident 3's bed was placed in the up position when Resident 3 was in

items were also stacked. Items had to be removed to open the egress door, which opened inwards, to go out onto the patio. the egress door could not open fully.

In an interview, on 04/11/2025, Staff A stated the hallway would be cleared to ensure a walker or a wheelchair could be used in an emergency evacuation.

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, Sunray Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

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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;

This requirement was not met as evidenced by:

Based on interview, observation and record review, the Adult Family Home (AFH) failed to ensure 2 of 2 residents requiring [redacted] (Resident's 3 and 4) had the required safety assessment for safe use. This failure placed Resident's 3 and 4 at risk for injury.

Findings included...

RESIDENT 3:
Resident 3 was admitted to the AFH on [redacted]/2021 with multiple diagnoses including [redacted].

Resident 3's bed was observed, on 04/11/2025 at 10:45 AM, to have ½ length [redacted] on the right side of the bed.

In an interview, on 04/11/2025 at 11:10 AM, Staff A (Entity Representative) stated the [redacted] on Resident 3's bed was placed in the up position when Resident 3 was in

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Page 5 of 5	Licensee: Sunray Adult Family Home LLC	04/17/2025

bed.

Review of Resident 3's record showed a [redacted] consent form outlining the risks and benefits, signed on 03/19/2025, by Resident 3's representative. Resident 3's record did not contain the required [redacted] safety assessment.

In an interview, on 04/11/2025 at 3:30 PM, Staff A stated that Resident 2 would get the required safety assessment completed.

RESIDENT 4:
Resident 4 was admitted to the AFH on [redacted]/2023 with multiple diagnoses including [redacted]

Resident 4's bed was observed, on 04/11/2025 at 10:50 AM, to have ½ length [redacted] on the left side of the bed.

In an interview, on 04/11/2025 at 11:15 AM, Staff A stated that the [redacted] on Resident 4's bed was placed in the up position when Resident 4 was in bed.

Review of Resident 4's record showed a [redacted] consent form outlining the risks and benefits, signed on 04/08/2025, by Resident 4's representative. Resident 4's record did not contain the required [redacted] safety assessment.

In an interview, on 04/11/2025 at 3:30 PM, Staff A stated that Resident 4 would complete the required safety assessment.

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, Sunray Adult Family Home LLC is or will be in compliance with this law and / or regulation on (Date) 06/05/2025

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

Rahel Bekele
Provider (or Representative)

5/3/2025
Date

06/01/2025
5/15/2025 - Spoke with provider and let her know POC date has to be 6/1 or prior. She gave verbal authorization to sign. TB

bed.

Review of Resident 3's record showed a [redacted] consent form outlining the risks and benefits, signed on 03/19/2025, by Resident 3's representative. Resident 3's record did not contain the required [redacted] safety assessment.

In an interview, on 04/11/2025 at 3:30 PM, Staff A stated that Resident 2 would get the required safety assessment completed.

RESIDENT 4:
Resident 4 was admitted to the AFH on [redacted]/2023 with multiple diagnoses including [redacted].

Resident 4's bed was observed, on 04/11/2025 at 10:50 AM, to have ½ length [redacted] on the left side of the bed.

In an interview, on 04/11/2025 at 11:15 AM, Staff A stated that the [redacted] on Resident 4's bed was placed in the up position when Resident 4 was in bed.

Review of Resident 4's record showed a [redacted] consent form outlining the risks and benefits, signed on 04/08/2025, by Resident 4's representative. Resident 4's record did not contain the required [redacted] safety assessment.

In an interview, on 04/11/2025 at 3:30 PM, Staff A stated that Resident 4 would complete the required safety assessment.

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, Sunray Adult Family 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 _____