



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) 48332 (Completion Date 10/07/2024) and 48755 (Completion Date 09/23/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/07/2024 and found that you have corrected the violations listed in the Complaint report dated 09/23/2024. Your home is back in compliance as of 09/25/2024 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 388-76-10150-1-c

The Department staff who did the on-site verification:
Spomenka Hadzic, NCI

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

This document was prepared by Residential Care Services for the Locator website.



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RE: Sunray Adult Family Home LLC License # 755220

Dear Provider:

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The Department completed a follow-up inspection of your Adult Family Home on 10/07/2024 and found that you have corrected the violations listed in the Complaint report dated 09/23/2024. Your home is back in compliance as of 09/25/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

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Sincerely,

Renee Bourque, Field Manager
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Statement of Deficiencies	License #: 755220	Compliance Determination # 46755
Plan of Correction	Sunray Adult Family Home LLC	Completion Date
Page 1 of 3	Licensee: Sunray Adult Family Home LLC	09/23/2024

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 complaint investigation on 09/05/2024 and 09/05/2024 of:

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

This document references the following complaint number(s): 141977

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 investigated the Adult Family Home:

Spomenka Hodzic, NCI

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.

Renee Bourque
Residential Care Services

09/25/2024
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.

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Provider (or Representative)

Date

WAC 388-76-10150 Qualifications Assessor.

(1) The adult family home must ensure that an assessor, except for an authorized department case manager, performing an assessment for any resident meets the following qualifications:

(c) Have a valid Washington state license to practice as a nurse under chapter 18.79 RCW and three years of clinical nursing experience; or

This requirement was not met as evidenced by:

Based on interview, and record review, the Adult Family Home (AFH) failed to ensure that a qualified assessor had met requirements to practice as a nurse under chapter 18.79 RCW, before completing an assessment for 1 of 5 residents (Resident 4). This failure resulted in an incomplete assessment and placed Resident 4 at risk for unmet care and needs.

Findings included...

RCW 18.79.020 Definitions. (6) "Nurse" or "nursing," unless otherwise specified as a practical nurse or practical nursing, means a registered nurse or registered nursing.

RCW 18.79.040 "Registered nursing practice" (a) The observation, assessment, diagnosis, care or counsel, and health teaching of individuals with illnesses, injuries, or disabilities, or in the maintenance of health or prevention of illness of others;

RCW 18.79.060 "Licensed practical nursing practice" "Licensed practical nursing practice" means the performance of services requiring the knowledge, skill, and judgment necessary for carrying out selected aspects of the designated nursing regimen under the direction and supervision of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, physician assistant, podiatric physician and surgeon, advanced registered nurse practitioner, registered nurse, or midwife.

In a written email correspondence, on 09/19/2024, Staff A, Provider, identified Staff E as their nurse assessor, who provided an assessment for Resident 4 on 01/13/2024.

Record review of Staff E Department of Health credential records showed Staff E

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obtained their licensed practical nurse (LPN) license on 02/04/1999. Record review showed that Staff E would not be considered qualified assessor due to RCW 18.79.060 "Licensed practical nursing practice" scope of practice does not include the ability of an LPN to perform assessments without direct supervision of a licensed physician and surgeon, dentist, osteopathic physician and surgeon, physician assistant, podiatric physician and surgeon, advanced registered nurse practitioner, registered nurse, or midwife.

Review of the Resident 4's assessment dated, 01/13/2024, showed only one signature that identified Staff E as an assessor. There were no other assessor signatures that indicated Staff E was directly supervised by as per RCW 18.79.060 requirement.

In an interview, on 09/19/2024 at 10:37 AM, Staff A stated that Resident 4's family member chose the assessor for Resident 4. Staff A stated that they had not known that an assessor must be a registered nurse, and that that they should have checked the assessors 'credentials to ensure they met the assessment requirements for Resident 4.

Attestation Statement

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