STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Home and Community Living Administration
PO Box 45600, Olympia, WA 98504-5600

December 10, 2025

ELECTRONIC-FACSIMILE

Licensee, 1 Sunnyside Dr LLC
1 SUNNYSIDE DR LLC
122 Sunnyside Dr
Centralia, WA 98531

Adult Family Home License # **757622**
Entity Representative: Mariama Jargu

IMPOSITION OF CONDITIONS ON A LICENSE AND STOP PLACEMENT ORDER PROHIBITING ADMISSIONS

Dear Licensee:

On November 25, 2025, the Department of Social and Health Services (DSHS), Residential Care Services completed a follow-up visit at your facility. This letter is formal notice of the imposition of conditions on a license and stop placement order prohibiting admissions on the license of your adult family home, located at **122 Sunnyside Dr, Centralia**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and 70.128.306; and Washington Administrative Code (WAC) 388-76-10940.

The conditions on a license and stop placement order prohibiting admissions are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **November 25, 2025**.

Stop Placement Order Prohibiting Admissions

WAC 388-76-10430 (1)(2)(c)(d) (3) Medication Systems

The licensee failed to ensure medication systems were in place to meet medication needs and medication logs were kept accurate for five residents. This failure resulted in the five residents not having current and up to date medication logs and records and not receiving medications as prescribed.

This is an uncorrected deficiency previously cited on July 24, 2025, and a repeated deficiency previously cited on November 8, 2024.

WAC 388-76-10160 (1)(a)(b)(2)(3) Background checks—General.

The licensee failed to show documentation of a completed Washington state name and date of birth background check for one former staff and failed to ensure a completed national fingerprint check was pending for four current staff. This failure placed five residents at risk for harm from receiving care from individuals whose criminal backgrounds were unknown.

This is an uncorrected deficiency previously cited on July 24, 2025.

The stop placement order prohibiting admissions to your adult family home is effective immediately upon **verbal** notice to you on **December 9, 2025,** and electronic facsimile receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 70.128.160(5). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your adult family home. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Jennifer LeMaster, Field Manager, at (360) 746-4675.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement order prohibiting admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

Conditions on License

WAC 388-76-10430 (1)(2)(c)(d) (3) Medication Systems

The licensee failed to ensure medication systems were in place to meet medication needs and medication logs were kept accurate for five residents. This failure resulted in the five residents not having current and up to date medication logs and records and not receiving medications as prescribed.

This is an uncorrected deficiency previously cited on July 24, 2025, and a repeated deficiency previously cited on November 8, 2024.

WAC 388-76-10160 (1)(a)(b)(2)(3) Background checks—General.

The licensee failed to show documentation of a completed Washington state name and date of birth background check for one former staff and failed to ensure a completed national fingerprint check was pending for four current staff. This failure placed five residents at risk for harm from receiving care from individuals whose criminal backgrounds were unknown.

This is an uncorrected deficiency previously cited on July 24, 2025.

WAC 388-76-10360 Negotiated care plan—Timing of development—Required.

The licensee failed to ensure the Negotiated Care Plan (NCP) was developed and completed within thirty days of the resident's admission for two residents. This failure placed the residents at risk for unmet care needs and injury from improper care.

This is an uncorrected deficiency previously cited on July 24, 2025.

WAC 388-76-10375 (1)(2) Negotiated care plan—Signatures—Required.

The licensee failed to ensure that the Negotiated Care Plan (NCP) was agreed to and signed and dated by the Resident and the adult family home (AFH) for two residents. This failure placed the residents at risk for not understanding and agreeing to the care and services provided to them by the AFH.

This is an uncorrected deficiency previously cited on July 24, 2025.

WAC 388-76-10265 (1)(d)(e)(f)(2) Tuberculosis—Testing—Required.

The licensee failed to develop and implement a system to ensure staff had tuberculosis (TB, an infectious respiratory disease) testing within three days of employment for two former staff and three current staff. This failure placed all residents at risk for exposure to communicable disease.

This is an uncorrected deficiency previously cited on July 24, 2025.

WAC 388-76-10129 (1)(a)(b)(c)(d)(e) Qualifications—Adult family home personnel.

The licensee failed to ensure that any person employed or used by the adult family home (AFH) directly or by contract was qualified and met all the requirements for five staff. This failure placed all residents at risk for harm from care and services provided by unqualified staff.

This is an uncorrected deficiency previously cited on July 24, 2025.

WAC 388-76-10201 (1) Succession plan.

The licensee failed to ensure the home had a written succession plan available. This failure placed all residents at risk of harm in the event the Provider was unable to fulfill their short- or long-term duties in the home.

This is an uncorrected deficiency previously cited on July 24, 2025.

The department has determined that the following conditions shall be placed on your adult family home license:

- ***The Adult Family Home (AFH) Provider, at their own expense, must hire a Registered Nurse Consultant (RNC), not currently or previously affiliated with the AFH, and familiar with AFH regulations by, December 19, 2025.***

- ***The RNC must assist the AFH Provider in developing and implementing system to ensure:***
  - ***All residents have a developed and completed Negotiated Care Plan (NCP) within thirty days of resident's admission that are signed and agreed upon by the AFH and the resident.***
  - ***All staff, to include AFH Provider, know how to review and update a Negotiated Care Plan (NCP) to match residents' assessed needs.***

- ***The RNC must assist the AFH Provider in developing and implementing a medication system to ensure:***
  - ***Residents receive all medications as required.***
  - ***Medications are only prepared at the time of administration.***
  - ***Medication logs include all prescribed medications and are kept up to date.***
  - ***Medication logs accurately reflect which staff person administered medications.***

- ***The RNC must assist the AFH Provider in developing and implementing a system to ensure:***
  - ***All staff have a completed and current Washington name and date of birth background check.***
  - ***All staff have a completed national fingerprint/or a pending national fingerprint check available.***

- ***The RNC must assist the AFH Provider in developing and implementing a system to ensure:***
  - ***All staff meet and maintain the proper qualification needed to provide care in the home based on regulatory requirements.***
  - ***All staff personnel records are available in the home for both current and former staff.***
  - ***All staff have meet Tuberculosis requirements.***

- ***The RNC will assist the AFH Provider in developing a written Succession Plan.***

- ***The AFH Provider must provide the RNC with a copy of the Statement of Deficiencies dated November 25, 2025.***

- ***The AFH provider must provide the name and contact information of the RNC to the Department Field Manager upon hire.***

- ***The RNC must submit written documentation of staff training regarding standard medication administration practices to Department by Friday, January 9, 2026.***

- ***The AFH provider must post this Notice of Conditions, with the license, in a visible location in a common use area of the AFH, accessible to residents and visitors.***

These conditions are effective upon **verbal** notice to you on **December 9, 2025,** and remain in effect until lifted by formal Department of Social and Health Services notice.

NOTE: These are the violations, which resulted in the conditions on your license and stop placement order prohibiting admissions; see the attached Statement of Deficiencies for any additional violations.

Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Jennifer LeMaster, Field Manager
Region 3, Unit F
6639 Capitol Blvd SW Point Plaza West
Tumwater, WA 98501
Phone: (360) 746-4675 / Fax: (360) 664-8451
rcsregion3email@dshs.wa.gov

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

YOU MAY:

Request an Informal Dispute Resolution (IDR) meeting within **10 working** days after you receive this letter.

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 you receive this letter. For **Panel IDRs**, the IDR program will not consider any documents submitted after the **20 working day deadline.** For **Traditional IDR** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

You can make an IDR request and find directions on the IDR web page at: http://www.dshs.wa.gov/altsa/idr.

Formal Administrative Hearing

You may contest the conditions and stop placement by requesting a formal administrative hearing to challenge the deficiencies, which resulted in the conditions, and stop placement. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

NOTICE: State and federal law provide protections to defendants who are in military service, and to their dependents. Dependents of a service member are the service member's spouse, the service member's minor child, or and individual for whom the service member provided more than one-half of the individual's support for one hundred eight days immediately preceding an application for relief.

One protection provided is the protection against the entry of a default judgment in certain circumstances. This notice pertains only to a defendant who is a dependent of a member of the National Guard or a military reserve component under a call to active service, or a National Guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days. Other defendants in military service also have protections against default judgments not covered by this notice. If you are the dependent of a member of the national guard or a military reserve component under a call to active service, or a national guard member under a call to service authorized by the governor of the state of Washington, for a period of more than thirty consecutive days, you should notify the Department in writing of your status as such within twenty days of the receipt of this notice. If you fail to do so, then a court or an administrative tribunal may presume that you are not a dependent of an active duty member of the national guard or reserves, or a national guard member under a call to service authorized by the governor of the state of Washington, and proceed with the entry of an order of default and/or a default judgment without further proof of your status. Your response to the Department about your status does not constitute an appearance for jurisdictional purposes in any pending litigation nor a waiver of your rights.

If you have any questions, please contact Jennifer LeMaster, Field Manager, at (360) 746-4675.

Sincerely,

AlfredoBrown

Alfredo Brown
Compliance Specialist
Residential Care Services

Enclosure

cc: Field Manager, Region 3, Unit F
RCS Regional Administrator, Region 3
HCS Regional Administrator, Region 3
DDA Regional Administrator, Region 3
WA LTC Ombuds
HQ Central Files
DRW
HP

REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS

FACILITY: _____

ADDRESS: _____

_____

DATE REQUEST FAXED: _____ DATE MAILED: _____

TO: _____, Field Manager, Region ___ Unit ___

I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.

The following steps have been taken to ensure lasting correction.

1.

2.

3.

4.

5.

6.

7.

_____ _____

Licensee or Designee Signature **Date**