STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Sunshine Elder Care Homes INC

Sunshine Elder Care Homes INC
11312 NE 147TH ST
KIRKLAND, WA 98034

RE: Sunshine Elder Care Homes INC License # 757825

Dear Provider:

This letter addresses Compliance Determination(s) 74612 (Completion Date 03/19/2026) and 72854 (Completion Date 02/19/2026).

The Department completed a follow-up inspection of your Adult Family Home on 03/19/2026 and found that you have corrected the violations listed in the Full report dated 02/19/2026. Your home is back in compliance as of 03/01/2026 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 388-76-10255-1, WAC 388-76-10650-2-a

The Department staff who did the on-site verification:
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6033.

Sincerely,

Cecile Leano, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 02/10/2026 of:

Sunshine Elder Care Homes INC
11312 NE 147TH ST
KIRKLAND, WA 98034

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 757825	Compliance Determination # 72654
Plan of Correction	Sunshine Elder Care Homes INC	Completion Date
Page 2 of 4	Licensee: Sunshine Elder Care Homes INC	02/19/2026

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.

Residential Care Services

2-26-2026
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.

Provider (or Representative)

2/27/26
Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that infection control procedure was followed by 1 of 2 caregivers (Staff B, Caregiver) when they changed the wound dressing for 1 of 2 sampled residents (Resident 4). This failure placed Resident 4 at risk of worsening conditions.

Findings included ..

Observation on 02/10/2026 at 10 14 AM showed Staff B and Staff D, Caregiver provided care and services to six residents (Residents 1, 2, 3, 4, 5, and 6).

In an interview on 02/10/2026 at 10:41 AM, Staff B stated that Resident 4 had a wound on their right lower leg.

In an interview on 02/10/2026 at 1:43 PM, Staff B stated that they would change Resident 4's wound dressing on their right lower leg.

Observation on 02/10/2026 at 1: 44 PM, showed Staff B had Resident 4's February 2026 pharmacy generated medication log at their bedside. There was an order to clean the wound on the right lower leg with wound cleanser, then apply Xeroform (sterile, non-adherent fine mesh gauze that provides moist healing environment) gauze tc wound bed, cover with non-adherent gauze and wrap with rolled gauze daily until healed.

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 _____

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Statement of Deficiencies	License #: 757825	Compliance Determination # 72854
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Observation on 02/10/2026 at 1:47 PM showed Staff B wore gloves to hold Resident 4's right leg. With their gloves on, Staff B removed the dressing from Resident 4's right lower leg. Staff B wore the same gloves to clean the wound as ordered. After cleansing the wound, Staff B with the same gloves picked up a Xeroform dressing package and opened it. Department staff stopped them.
Caregiver B expressed anxiety (being nervous) during dressing change while two Licensors were present in the room.

In an interview on 02/10/2026 at 1:48 PM, Staff B acknowledged they should have changed their gloves before getting the new Xeroform dressing to be applied to Resident 4's right lower leg.
1. The correct procedure for wound care and dressing change was reviewed with Caregiver B.
2. Provider went over Infection Control Policy with all caregivers, provided training focused on proper wound care and dressing change techniques.
3. Nurse Delegator retrained all caregivers in the home on wound care & infection control.

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, Sunshine Elder Care Homes INC is or will be in compliance with this law and / or regulation on
(Date) 3/1/26

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

Provider (or Representative) — Date: 2/27/26

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 observation, interview and record review, the Adult Family Home (AFH) failed to ensure there was an assessment for the need and safe use of [redacted] for 1 of 2 sampled residents (Resident 4). This failure placed Resident 4 at risk of harm from using medical device with known safety risks.

Findings included...

Observation on 02/10/2026 at 10:14 AM showed Staff B, Caregiver and Staff D, Caregiver provided care and services to six residents (Residents 1, 2, 3, 4, 5, and 6).

Observation on 02/10/2026 at 1:47 PM showed Staff B wore gloves to hold Resident 4's right leg. With their gloves on, Staff B removed the dressing from Resident 4's right lower leg. Staff B wore the same gloves to clean the wound as ordered. After cleansing the wound, Staff B with the same gloves picked up a Xeroform dressing package and opened it. Department staff stopped them.

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

_____ _____
Provider (or Representative) Date

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This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure there was an assessment for the need and safe use of [redacted] for 1 of 2 sampled residents (Resident 4). This failure placed Resident 4 at risk of harm from using medical device with known safety risks.

Findings included…

Observation on 02/10/2026 at 10:14 AM showed Staff B, Caregiver and Staff D, Caregiver provided care and services to six residents (Residents 1, 2, 3, 4, 5, and 6).

Statement of Deficiencies	License #. 757825	Compliance Determination # 72854
Plan of Correction	Sunshine Elder Care Homes INC	Completion Date
Page 4 of 4	Licensee: Sunshine Elder Care Homes INC	02/19/2026

Observation during a bedroom tour on 02/10/2026 at 11:22 AM, showed Bedroom [redacted] occupied by Resident 4 had a [redacted]. The bed had two metal one half [redacted] bolted to the bilateral upper part of the bed frame. There was foam covered inverted u-shaped [redacted] at right side lower part of the bed.

Review of Resident 4's AFH records showed the AFH admitted Resident 4 on [redacted]/2024. Resident 4's 09/12/2025 annual assessment showed resident used [redacted] for positioning. Resident 4's 09/12/2025 Negotiated Care Plan (NCP) showed resident used the [redacted] for positioning and transfers. There was no documentation showing a qualified assessor completed an assessment for Resident 4's need and ability to safely use the [redacted]
Nurse practitioner had given order to use [redacted] on 11/12/24.

In an interview on 02/10/2026 at 1:12 PM Staff A, Entity Representative/Resident Manager stated that Resident 4's [redacted] assessment was completed by a licensed nurse. Staff A then presented a document with a title "Monitors and Other Safety Equipment Consent Form." Department staff pointed out that the document was a consent form for the [redacted], the signature part was blank and was not signed. Consent Form that was signed by 11/11/25 by resident's representative was found in resident file; faxed to Licensor.

Observation on 02/10/2026 at 1:29 PM showed Staff B placed Resident 4's bilateral hands and gave verbal instructions for Resident 4 to hold on to the metal [redacted] Resident 4 held on to the metal [redacted] while turned to their side during peri care.

The AFH sent an email on 02/11/2026 with the [redacted] consent form signed by Resident 4's representative on 10/17/2025. Staff A stated that they were working on getting Resident 4's [redacted] assessment.
Nurse Practitioner came out; assessed the resident for [redacted] use. 2/25/26

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, Sunshine Elder Care Homes INC is or will be in compliance with this law and / or regulation on (Date) 2/25/26.

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

Provider (or Representative) — Date: 2/27/26

Observation during a bedroom tour on 02/10/2026 at 11:22 AM, showed Bedroom [redacted] occupied by Resident 4 had a [redacted]. The bed had two metal one half [redacted] bolted to the bilateral upper part of the bed frame. There was foam covered inverted u-shaped [redacted] at right side lower part of the bed.

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In an interview on 02/10/2026 at 1:12 PM Staff A, Entity Representative/Resident Manager stated that Resident 4's [redacted] assessment was completed by a licensed nurse. Staff A then presented a document with a title "Monitors and Other Safety Equipment Consent Form." Department staff pointed out that the document was a consent form for the [redacted], the signature part was blank and was not signed.

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The AFH sent an email on 02/11/2026 with the [redacted] consent form signed by Resident 4's representative on 10/17/2025. Staff A stated that they were working on getting Resident 4's [redacted] 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, Sunshine Elder Care Homes INC 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.

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Provider (or Representative) Date