STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Community Pride Sunnyside LLC

Community Pride Sunnyside LLC
906 North Ave
Sunnyside, WA 98944

RE: Community Pride Sunnyside LLC License # 2632

Dear Administrator:

This letter addresses Compliance Determination(s) 74131 (Completion Date 03/11/2026) and 71743 (Completion Date 01/23/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/11/2026 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2240, WAC 388-78A-2466-1-a, WAC 388-78A-2468-1, WAC 388-78A-2483-2, WAC 388-78A-2490, WAC 388-112A-0460-2

The Department staff who did the on-site verification:
Jessica Clapp, Assisted Living Facility Licensor

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2632	Compliance Determination # 71743
Plan of Correction	Community Pride Sunnyside LLC	Completion Date
Page 1 of 9	Licensee: Community Pride Sunnyside LLC	01/23/2026

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 01/20/2026, 01/21/2026 and 01/22/2026 of:
Community Pride Sunnyside LLC
906 North Ave
Sunnyside, WA 98944

The following sample was selected for review during the unannounced on-site visit: 4 of 10 current residents and 2 former residents.

The department staff that inspected the Assisted Living Facility:

Robin Barnes, Assisted Living Facility Licensor
Jessica Clapp, Assisted Living Facility Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

Statement of Deficiencies	License #: 2632	Compliance Determination # 71743
Plan of Correction	Community Pride Sunnyside LLC	Completion Date
Page 2 of 9	Licensee: Community Pride Sunnyside LLC	01/23/2026

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.

Laura Williams-Davis
Residential Care Services

02/052026
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

2/12/26
Date

WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that residents' medications were obtained when staff were responsible for ordering medications, for 2 of 4 residents (Residents 2 and 4). This failure placed the residents at risk for complications of their chronic health conditions.

Findings included...

<Resident 2>

Review of Resident 2's Negotiated Service Agreement (NSA), dated 09/11/2025, showed that the resident had significant [redacted] diagnoses and mood disorders. The NSA showed that Resident 2 required interventions for numerous behaviors related to their [redacted] diagnoses including delusions, paranoia, and disruptive behaviors. The NSA showed that Resident 2 required medication assistance from the staff which included ordering of medications.

Review of Resident 2's physician orders, dated 11/20/2025, showed that the resident was prescribed lithium (to stabilize moods), folic acid (supplement to help with blood cell formation) and Varenicline (to help quit smoking cigarettes).

Review of Resident 2's November 2025 and December 2025 Medication Administration Record (MAR) exception notes showed that the resident was not given their lithium on 11/26/2025. The notes showed that the reason Resident 2 was not given their medication was due to it being out of supply. The MAR exception notes showed that Resident 2 was not given their folic acid from 11/29/2025 through 12/03/2025. The notes showed that the reason Resident 2 was not given their supplement was due to it being out of supply. Resident 2's MAR exception notes showed that the resident was not given their Varenicline from 12/01/2025 through 12/03/2025. The notes showed that the reason Resident 2 was not given their medication was due to it being out of supply.

Review of Resident 2's progress note dated 11/26/2025 showed that the resident's lithium was not available due to the pharmacy not delivering the medication. There were no progress notes in Resident 2's record regarding the missed doses of folic acid and Varenicline.

In an interview on 01/21/2026 at 2:48 PM, Staff B, Registered Nurse, stated that if a resident runs out of a medication it is usually due to insurance authorization. Staff B stated that they typically reordered medication five days before running out.

<Resident 4>

Review of Resident 4's NSA, dated 04/25/2025, showed that the resident had significant [redacted] diagnoses and mood disorders. The NSA showed that Resident 4 required interventions for numerous behaviors related to their [redacted] diagnoses including delusions and anxiety. The NSA showed that Resident 4 required medication assistance from the staff which included ordering of medications.

Review of Resident 4's MAR for October 2025 showed that the resident received Clozapine (medication to stabilize moods) twice a day.

Review of Resident 4's progress note, dated 10/27/2025 (a Monday), showed that the resident had run out of their Clozapine medication over the prior weekend. The progress note showed that the pharmacy had been closed for the weekend and the medication could not be delivered.

In an interview on 01/22/2026 at 11:17 AM, Staff B stated that medication refills were requested five days before the medication ran out. Staff B stated they were aware that Resident 4's Clozapine ran out in October 2025 and stated that the medication could not be refilled because the pharmacy was closed. Staff B stated that the refill was not requested on time.

This is a recurring deficiency previously cited on the statement of deficiencies dated 06/27/2023, for Washington Administrative Code 388-78a-2240.

Statement of Deficiencies	License #: 2632	Compliance Determination # 71743
Plan of Correction	Community Pride Sunnyside LLC	Completion Date
Page 4 of 9	Licensee: Community Pride Sunnyside LLC	01/23/2026

Plan/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, Community Pride Sunnyside LLC is or will be in compliance with this law and / or regulation on (Date) 2/10/26 . 2/20/26

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

Administrator (or Representative) [signature] Date 2/12/26

WAC 388-78A-2466 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 assisted living facility must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for all administrators, caregivers, staff persons, volunteers and students; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that staff that had a valid Washington state name and date of birth background check completed every two years for 1 of 3 staff (Staff E). This failure placed residents at risk of being cared for by staff with an unknown background history.

Findings included...

Review of the personnel file for Staff E, Caregiver, showed that they had started working on 09/18/2023. Staff E's file showed that they had a Washington state name and date of birth background check completed on 09/13/2023 that had expired on 09/13/2025. Staff E's file showed that they did not have a valid Washington state name and date of birth background check for 130 days as of 01/21/2026.

Review of the facility's January 2026 work schedule showed that Staff E worked every Wednesday, Thursday and Friday, from 6:30 AM to 6:30 PM.

Statement of Deficiencies	License #: 2632	Compliance Determination # 71743
Plan of Correction	Community Pride Sunnyside LLC	Completion Date
Page 5 of 9	Licensee: Community Pride Sunnyside LLC	01/23/2026

In an interview on 01/22/2026 at 8:50 AM, Staff G, Manager, stated that they had forgotten to submit a new background check for Staff E when the previous background check had expired.

This is a recurring deficiency previously cited on the statement of deficiencies dated 01/11/2024, for Washington Administrative Code 388-78a-2466 subsections (1)(a).

Plan/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, Community Pride Sunnyside LLC is or will be in compliance with this law and / or regulation on (Date) 2/20/26 .

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

Ruth Nguyen — Administrator (or Representative)

2/12/26 — Date

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to submit a Washington state name and date of birth background check to the department within one business day after hire for 1 of 3 staff (Staff D). This failure placed the residents at risk of being cared for by staff with unknown background history.

Findings included...

Review of the personnel file for Staff D, Caregiver, showed that they were hired on 05/05/2025. Staff D's file showed that their Washington state name and date of birth background check was submitted on 05/08/2025 (three business days after their hire date).

In an interview on 01/21/2026 at 1:49 PM, Staff G, Manager, stated that they did not know why Staff D's background check was submitted late.

This is a recurring deficiency previously cited on the statement of deficiencies dated 01/11/2024, for Washington Administrative Code 388-78a-2468 subsection (1).

Plan/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, Community Pride Sunnyside LLC is or will be in compliance with this law and / or regulation on (Date) 2/20/26 .

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

Rafa Ngoan — Administrator (or Representative)

2/12/26 — Date

WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

(2) A documented negative result from one skin or blood test in the previous twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that a one-step tuberculosis test was completed for 1 of 3 staff (Staff D). This failure placed residents at risk of potential exposure to a communicable disease.

Findings included...

Review of the personnel file for Staff D, Caregiver, showed that they started working at the facility on 05/05/2025. Staff D's file showed that they had a negative result from a previous TB test completed on 04/15/2025. Staff D's file did not show that a one-step Tuberculosis (TB) test was completed when they started working.

In an interview on 01/21/2026 at 1:41 PM, Staff G, Manager, stated that a TB test had been completed on 04/15/2025, before Staff D was hired at the facility. Staff G acknowledged that a one-step TB test had not been completed after Staff D started working at the facility.

Statement of Deficiencies	License #: 2632	Compliance Determination # 71743
Plan of Correction	Community Pride Sunnyside LLC	Completion Date
Page 7 of 9	Licensee: Community Pride Sunnyside LLC	01/23/2026

Plan/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, Community Pride Sunnyside LLC is or will be in compliance with this law and / or regulation on (Date) 2/20/26 .

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

Administrator (or Representative) Ralph Rojo Date 2/12/26

WAC 388-112A-0460 Who must complete competency testing for specialty training? The following individuals must pass the DSHS competency test as provided under this chapter for successful completion of the specialty training class:

(2) All assisted living facility administrators or designees, and long-term care workers; and

WAC 388-78A-2490 Specialized training for developmental disabilities. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with developmental disabilities, whenever at least one of the residents in the assisted living facility has a developmental disability as defined in WAC 388-823-0040 , that is the resident's primary special need.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the facility failed to ensure that specialty training for developmental disabilities was completed for 5 of 6 staff (Staff B, C, D, E, and F), who provided care to 1 of 1 resident (Resident 1) diagnosed with [redacted]. This failure placed the resident at risk of receiving care from untrained staff.

Findings included...

Review of Washington Administrative Code (WAC) 388-823-0015 showed that cerebral palsy (a neurological disorder that affects muscle tone, posture, and movement due to brain damage which involves jerky uncoordinated movements of the body) and epilepsy (neurological disorder characterized by recurrent, unprovoked seizures) were diagnoses recognized as Developmental Disabilities (DD).

In an interview on 01/20/2026 at 10:52 AM, Staff G, Manager, stated that the facility admitted residents with [redacted] diagnoses.

Observation on 01/20/2026 at 11:30 AM showed that Resident 1 walked to the dining table. Resident 1 had an uneven jerky gait, and their torso made atypical jerking movements from side to side.

Review of the facility's resident characteristic roster, undated, showed that Resident 1 was a person with a DD.

Review of Resident 1's Negotiated Service Plan (NSA), dated 04/16/2025, showed that the Resident's primary diagnoses were [redacted] and [redacted]. The NSA showed Resident 1 had a DD that was a "severe problem; requires intervention."

Review of the personnel file for Staff B, Registered Nurse, showed that they were hired on 02/28/2025. The personnel file showed that Staff B had not completed the DD specialty training.

In an interview on 01/21/2026 at 1:29 PM, Staff G stated that they would have to check to see if Staff B had received the DD training.

Review of the personnel file for Staff C, Activities Director, showed that they were hired on 11/22/2024. The personnel file showed that Staff C had not completed the DD specialty training.

In an interview on 01/21/2026 at 1:39 PM, Staff G stated that they would have to check to see if Staff C had received the DD training.

Review of the personnel file for Staff D, Caregiver, showed that they were hired on 05/05/2025. The personnel file showed that Staff D had not completed the DD specialty training.

In an interview on 01/21/2026 at 1:51 PM, Staff G stated that Staff D had not received the DD specialty training.

Review of the personnel file for Staff E, Caregiver, showed that they were hired on 09/18/2023. The personnel file showed that Staff E had not completed the DD specialty training.

In an interview on 01/21/2026 at 1:59 PM, Staff G stated that they would have to check to see if Staff E had received the DD training.

Statement of Deficiencies	License #: 2632	Compliance Determination # 71743
Plan of Correction	Community Pride Sunnyside LLC	Completion Date
Page 9 of 9	Licensee: Community Pride Sunnyside LLC	01/23/2026

Review of the personnel file for Staff F, Caregiver, showed that they were hired on 09/28/2023. The personnel file showed that Staff F had not completed the DD specialty training.

In an interview on 01/21/2026 at 2:02 PM, Staff G stated that Staff F had not received the DD specialty training.

In an interview on 1/22/2026 at 9:52 AM, Staff B stated that they had not completed the DD specialty training.

In an interview on 01/22/2026 at 1:29 PM, Staff G acknowledged that Staff B, Staff C, Staff D, Staff E and Staff F had not completed the DD specialty training.

Plan/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, Community Pride Sunnyside LLC is or will be in compliance with this law and / or regulation on (Date) 2/20/26 .

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

Raquel Nguyen — Administrator (or Representative)

2/12/26 — Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Community Pride Sunnyside LLC
Community Pride Sunnyside LLC
906 North Ave
Sunnyside, WA 98944

RE: Community Pride Sunnyside LLC # 2632

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 01/23/2026 and found that your facility does not meet the Assisted Living Facility requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Return the Plan/Attestation Statement and report with signatures to:

Laura Williams-Davis, ALF Field Manager
Residential Care Services
Region 1, Unit G
Preferred methods:

eFax: (509) 454-4160
Email: rcsregion1email@dshs.wa.gov
Optional method:
1200 Alder Street
Union Gap, WA 98903

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (01/23/2026), no later than 03/09/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

The facility failed to have a Clinical Laboratory Improvement Amendments (CLIA) waiver in place for medical testing completed at the facility. The facility corrected this error by submitting an application for a CLIA waiver.

WAC 388-112A-0460 Who must complete competency testing for specialty training? The following individuals must pass the DSHS competency test as provided under this chapter for successful completion of the specialty training class:

(2) All assisted living facility administrators or designees, and long-term care workers; and

WAC 388-78A-2500 Specialized training for mental illness. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with mental illness, whenever at least one of the residents in the assisted living facility has a mental illness that is the resident's primary special need and is a person who has been diagnosed with or treated for an Axis I or Axis II diagnosis, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision, and:

(1) Who has received the diagnosis or treatment within the previous two years; and

The facility failed to ensure that a staff member completed the required specialty training for mental health. The facility corrected the error by having the staff member complete the required training.

WAC 388-112A-0460 Who must complete competency testing for specialty training? The following individuals must pass the DSHS competency test as provided under this chapter for successful completion of the specialty training class:

(2) All assisted living facility administrators or designees, and long-term care workers; and

WAC 388-78A-2510 Specialized training for dementia. The assisted living facility must ensure completion of specialized training, consistent with chapter 388-112A WAC, to serve residents with dementia, whenever at least one of the residents in the assisted living facility has a dementia that is the resident's primary special need and has symptoms consistent with dementia as assessed per WAC 388-78A-2090 (7).

The facility failed to ensure that a staff member completed the required specialty training for dementia. The facility corrected the error by having the staff member complete the required training.

WAC 388-78A-2700 Emergency and disaster preparedness.

(1) The assisted living facility must:

(g) Develop and maintain a current disaster plan describing measures to take in the event of internal or external disasters, including, but not limited to:

(i) On-duty staff persons' responsibilities;

(ii) Provisions for summoning emergency assistance;

(iii) Coordination with first responders regarding plans for evacuating residents from area or building;

(v) Provisions for essential resident needs, supplies and equipment including water, food, and medications; and

(vi) Emergency communication plan.

The facility failed to maintain a current plan to use in the event of a disaster. The facility corrected the error by updating their disaster plan with the required information.

WAC 388-78A-2730 Licensee's responsibilities.

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(iii) A copy of the report, including the cover letter, and plan of correction of the most recent full inspection conducted by the department; and

The facility failed to maintain and post a copy of the report from the most recent full inspection by the department. The facility corrected the error and had a plan to ensure that the most recent copy would be posted in the facility.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Contact me for clarification of the deficiency or deficiencies found.

In Addition, You May:

• Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:

- o What specific deficiency or deficiencies you disagree with:
- o Why you disagree with each deficiency; and
- o Whether you want an IDR to occur in-person, by telephone or as a paper review.
- o You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

If You Have Any Questions:

• Please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

Enclosure