STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

12/15/2025

Sunnyside Care LLC
Sunnyside Care
907 Ida Belle St
Sunnyside, WA 98944

RE: Sunnyside Care # 2754

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 70074 (Completion Date 12/15/2025) and 66759 (Completion Date 10/28/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/15/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
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

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

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

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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 an unannounced on-site follow-up on 10/13/2025 and 10/08/2025 of:

Sunnyside Care
907 Ida Belle St
Sunnyside, WA 98944

This document references the following SOD dated: 10/28/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 66 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jessica Clapp, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

Statement of Deficiencies	License #: 2754	Compliance Determination # 66759
Plan of Correction	Sunnyside Care	Completion Date
Page 2 of 3	Licensee: Sunnyside Care LLC	10/28/2025

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.

Laura Williams-Davis
Residential Care Services

11/05/2025
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.

Maribel Rojo
Administrator (or Representative)

11/21/25
Date

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

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a valid Washington state name and date of birth background check was submitted every two years for 5 of 5 staff (Staff A, B, C, D and E). This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

Staff records were reviewed on 10/13/2025 at 2:04 PM, with Staff H, Administrator.

Review of the personnel file for Staff A, Medication Technician (MT)/Caregiver, showed that they started working at the facility on 06/01/2018. Staff A's file showed that they had a Washington state name and date of birth background check completed on 12/07/2002. Staff A's file did not show a 2 year Washington state name and date of birth background check had been completed.

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

11/05/2025
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)

Date

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

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a valid Washington state name and date of birth background check was submitted every two years for 5 of 5 staff (Staff A, B, C, D and E). This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

Staff records were reviewed on 10/13/2025 at 2:04 PM, with Staff H, Administrator.

Review of the personnel file for Staff A, Medication Technician (MT)/Caregiver, showed that they started working at the facility on 06/01/2018. Staff A's file showed that they had a Washington state name and date of birth background check completed on 12/07/2002. Staff A's file did not show a 2 year Washington state name and date of birth background check had been completed.

Review of the personnel file for Staff B, MT/Caregiver, showed that they started working at the facility on 05/09/2022. Staff B's file did not show a 2 year Washington state name and date of birth background had been completed.

Review of the personnel file for Staff C, Caregiver, showed that they started working at the facility on 05/15/2017. Staff C's file showed that they had a Washington state name and date of birth background check completed on 05/09/2022. Staff C's file did not show a 2 year Washington state name and date of birth background check had been completed.

Review of the personnel file for Staff D, MT/Caregiver, showed that they started working at the facility on 02/24/2022. Staff D's file did not show a 2 year Washington state name and date of birth background check had been completed.

Review of the personnel file for Staff E, Caregiver, showed that they started working at the facility on 01/20/2011. Staff E's file showed that they had a Washington state name and date of birth background check completed on 12/26/2018. Staff E's file did not show a 2 year Washington state name and date of birth background check had been completed.

In an interview on 10/13/2025 at 2:19 PM, Staff H acknowledged that Washington state name and date of birth background checks were not completed for Staff A, Staff B, Staff C, Staff D and Staff E every two years as required.

This is an uncorrected deficiency previously cited on 08/14/2025 for 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, Sunnyside Care is or will be in compliance with this law and / or regulation on (Date) 11/30/25 .

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

Administrator (or Representative) 11/21/25 Date

Review of the personnel file for Staff B, MT/Caregiver, showed that they started working at the facility on 05/09/2022. Staff B's file did not show a 2 year Washington state name and date of birth background had been completed.

Review of the personnel file for Staff C, Caregiver, showed that they started working at the facility on 05/15/2017. Staff C's file showed that they had a Washington state name and date of birth background check completed on 05/09/2022. Staff C's file did not show a 2 year Washington state name and date of birth background check had been completed.

Review of the personnel file for Staff D, MT/Caregiver, showed that they started working at the facility on 02/24/2022. Staff D's file did not show a 2 year Washington state name and date of birth background check had been completed.

Review of the personnel file for Staff E, Caregiver, showed that they started working at the facility on 01/20/2011. Staff E's file showed that they had a Washington state name and date of birth background check completed on 12/26/2018. Staff E's file did not show a 2 year Washington state name and date of birth background check had been completed.

In an interview on 10/13/2025 at 2:19 PM, Staff H acknowledged that Washington state name and date of birth background checks were not completed for Staff A, Staff B, Staff C, Staff D and Staff E every two years as required.

This is an uncorrected deficiency previously cited on 08/14/2025 for 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, Sunnyside Care 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.

_____ _____

Administrator (or Representative) Date

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

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 and complaint investigation on 08/04/2025, 08/05/2025, 08/06/2025 and 08/07/2025 of:

Sunnyside Care
907 Ida Belle St
Sunnyside, WA 98944

This document references the following complaint numbers: 187838, 186786.

The following sample was selected for review during the unannounced on-site visit: 10 of 58 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Jessica Clapp, Assisted Living Facility Licensor
Elaine Lopez, Licensor
Tracy Ramirez, Assisted Living Facility Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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

08/21/2025
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.

Julie Santiago
Administrator (or Representative)

09/02/2025
Date

WAC 388-78A-2450 Staff.

(2) The assisted living facility must:

(h) Provide staff orientation and appropriate training for expected duties, including:

(i) Organization of the assisted living facility;

(ii) Physical assisted living facility layout;

(iii) Specific duties and responsibilities;

(iv) How to report resident abuse and neglect consistent with chapter 74.34 RCW and assisted living facility policies and procedures;

(v) Policies, procedures, and equipment necessary to perform duties;

(vi) Needs and service preferences identified in the negotiated service agreements of residents with whom the staff persons will be working; and

(vii) Resident rights, including without limitation, those specified in chapter 70.129 RCW.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to provide staff orientation for 4 of 4 staff (Staff A, B, C and D). This failure placed residents at risk of receiving care and services from untrained staff.

Findings Included...

Staff record review was completed on 08/06/2025 with Staff A, Administrator.

Review of Staff A's personnel file showed that they started working at the facility on 01/02/2023. Staff A's file did not show that they had completed facility orientation training.

Review of Staff B's, Housekeeper, personnel file showed that they started working at the facility on 06/09/2025. Staff B's file did not show that they had completed facility orientation training.

Review of Staff C's, Caregiver, personnel file showed that they started working at the facility on 07/05/2025. Staff C's file did not show that they had completed facility orientation training.

Review of Staff D's, Director of Nursing, personnel file showed that they started working at the facility on 06/14/2025. Staff D's file did not show that they had completed facility orientation training.

In an interview on 08/06/2025 at 1:46 PM, Staff A acknowledged that the facility orientation training had not been completed for Staff A, Staff B, Staff C and Staff D.

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, Sunnyside Care is or will be in compliance with this law and / or regulation on (Date) 09/28/2025 .

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

Julie Santiago
Administrator (or Representative)

09/02/2025
Date

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

(b) There is a valid Washington state name and date of birth background check for all administrators, caregivers, staff persons, volunteers and students.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a valid Washington state name and date of birth background check was submitted every two years for staff who had worked in the facility for more than two years for 2 of 2 staff (Staff E and F). This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

Staff record review was completed on 08/06/2025 with Staff A, Administrator.

Review of Staff E's, Resident Care Coordinator, personnel file showed that they started working at the facility on 06/16/2018. Staff E's file showed that the most current Washington state name and date of birth background check result was on 02/13/2019. Staff E's file did not show that any other Washington state name and date of birth background checks had been completed.

Review of Staff F's, Caregiver, personnel file showed that they started working at the facility on 12/23/2014. Staff F's file showed that the most current Washington state name and date of birth background check was completed on 01/06/2022. Staff F's file did not show that any other Washington state name and date of birth background checks had been completed.

In an interview on 08/07/2025 at 9:13 AM, Staff A stated they were responsible for ensuring that background checks were completed. Staff A acknowledged that the two-year background checks were not completed for Staff E and Staff F.

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, Sunnyside Care is or will be in compliance with this law and / or regulation on (Date) 09/28/2025 .

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

Julie Santiago — Administrator (or Representative)

09/02/2025 — 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;

(3) Has received three positive references for the person;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a Washington state name and date of birth background check within one day of hire and did not complete references for 1 of 3 staff (Staff C). This failure placed residents at risk of being cared for by disqualified staff.

Findings included...

Staff record review was completed on 08/06/2025 with Staff A, Administrator.

Review of Staff C's, Caregiver, personnel file showed that they started working at the facility on 07/05/2025. Staff C's file showed that the Washington state name and date of birth background check was not completed until 08/06/2025, 32 days after they started working at the facility.

Review of the facility's staff schedule for July 2025 and August 2025, showed that Staff C worked 20 shifts between their start date and when Staff C's record was reviewed on 08/06/2025.

In an interview on 08/07/2025 at 11:08 AM Staff A, Administrator, stated they were responsible for completing the background checks. Staff A stated that Staff C did not have an identification document to submit a Washington state name and date of birth background check. Staff A stated that they forgot to submit the background check when Staff C obtained their identification card 10 days after they started working at the facility.

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, Sunnyside Care is or will be in compliance with this law and / or regulation on (Date) 09/28/2025 .

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

Julie Santiago — Administrator (or Representative)

09/2/2025 — Date

WAC 388-112A-0611 Who in an assisted living facility is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in assisted living facilities are described below.

(a) The following long-term care workers must complete twelve hours of continuing education by their birthday each year:

(iii) A certified nursing assistant;

(v) An assisted living facility or the administrator designee as provided under WAC 388-112A-0060 .

WAC 388-78A-2474 Training and home care aide certification requirements.

(2) The assisted living facility must ensure all assisted living facility administrators, or their designees, and caregivers hired on or after January 7, 2012 meet the long-term care worker training requirements of chapter 388-112A WAC, including but not limited to:

(e) Continuing education.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure their staff met the long-term care training requirement of continuing education for 3 of 3 staff (Staff A, E

and F). This failure placed residents at risk of being cared for by untrained staff.

Findings included...

Staff record review was completed on 08/06/2025 with Staff A, Administrator.

Review of Staff A's personnel file showed that they started working at the facility on 01/02/2023. Staff A's file showed they had not completed the required 12-hour continuing education training from their birthdate in 2023 to their birthdate in 2024 as required.

Review of Staff E's, Resident Care Coordinator/Caregiver, personnel file showed that they started working at the facility on 04/16/2018. Staff E's file showed they had not completed the 12-hour continuing education training from their birthdate in 2023 to their birthdate in 2024 as required.

Review of Staff F's, Caregiver, personnel file showed that they started working at the facility on 12/23/2014. Staff F's file showed they completed seven and a half continuing education hours out of the 12 required from birthday to birthday.

In an interview on 08/06/2025 at 1:46 PM, Staff A, Administrator, acknowledged that Staff A, Staff E and Staff F did not meet the 12-hour continuing education training requirements.

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, Sunnyside Care is or will be in compliance with this law and / or regulation on (Date) 09/28/2025 .

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

Julie Santiago — Administrator (or Representative)

09/02/2025 — Date

WAC 388-78A-3000 Ventilation. The assisted living facility must meet the ventilation requirements of the mechanical code as adopted and amended by the Washington state building council; and

(3) Provide intact sixteen mesh screens on operable windows and openings used for ventilation; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to provide and maintain intact sixteen mesh screens on operable windows in the facility's cottages for 2 of 2 Cottages (Cottage H and I). This failure resulted in 26 windows not having screens and placed residents at risk of having pests and bugs entering their living space.

Findings included...

Review of the facility's undated characteristic roster provided on 08/04/2025 showed that two residents resided in Cottage H and two residents resided in Cottage I.

On 08/04/2025 at 11:38 AM, the environmental tour of the outside of the facility was completed with Staff A, Administrator, and Staff G, Maintenance Director.

Observation on 08/04/2025 at 12:03 PM, showed Cottage H and Cottage I had a total of 26 resident apartment windows and that they were all missing screens.

In an interview on 08/04/2025 at 12:02 PM, Staff A stated that a resident was moving into Cottage I that day and another resident was moving into the cottage later that week.

In an interview on 08/04/2025 at 12:25 PM, Staff G acknowledged that the windows in the cottages did not have screens.

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, Sunnyside Care is or will be in compliance with this law and / or regulation on (Date) 09/28/2025 .

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

Julie Santiago — Administrator (or Representative)

09/02/2025 — Date

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

This requirement was not met as evidenced by:

Based on observation and interview, the facility failed to maintain and provide the facility structure and environment in a sanitary manner and in good repair for 2 of 2 areas (main building and cottages) impacting 5 of 10 Residents (Resident 1, 3, 5, 9 and 10). This failure placed residents at risk for decreased quality of life.

Findings included...

<Main building>

On 08/04/2025 at 10:35 AM observations during the environmental tour with Staff G, Maintenance supervisor, and Staff A, Administrator, showed the following:

- A large round-sized carpet stain in front of room 123
- The library room had four carpet stains scattered throughout the room, five inches to 12 inches in size.
- A large round-sized hallway carpet stain in front of room 221
- The hallway carpet had stains in front of rooms 214, 216, and 221.
- The enclosed courtyard's four soffits (underside of a part of building, east, west, north, and south) showed that the paint was peeling and the soffit was hanging down and disconnected from the adjoining soffit. The northwest corner soffit had exposed, damaged wood that was dark in color and was disconnected to the adjoining soffit.

In an interview on 08/04/2025 at 11:23 AM, Staff G stated that they had spoken to the facility's owner about the courtyard's damaged soffits and peeling paint.

Continuation of the environmental tour of the main building's exterior on 08/04/2025 at 11:37 AM showed the following:

- The back covered porch ceiling had peeling paint on the soffit and fascia boards.
- The east side of the exterior building's soffit was hanging off and not secured to the building and had peeling paint.
- On the northeast corner of the exterior building, the soffit was black in color and had damage to the boards.
- The front north side of the building's soffit was hanging down, was not secured and had peeling paint.

<Resident 1>

Observation on 08/05/2025 at 9:13 AM, showed that Resident 1's apartment carpeting had dark brown stains scattered throughout the living area.

<Resident 3>

Observation on 08/05/2025 at 10:08 AM, showed that Resident 3's apartment had a strong ammonia smell and a large dark gray stain on the carpeting around the base of the couch where the resident sat.

<Resident 5>

Observation on 08/05/2025 at 09:30 AM, showed that Resident 5 had carpeting throughout their apartment. Resident 5's carpet had a large stain near the main door. There was a larger, dark colored stain in front of the resident's balcony door and it had wheeled tracks going from the door into the room. Observation showed that Resident 5 had a walker and wheelchair that they used for ambulation.

In an interview on 08/05/2025 at 9:45 AM, Resident 5 stated that they had lived at the facility for a couple of months and that they had spilled drinks that caused stains on their carpeting. Resident 5 stated they wanted to have their carpeting cleaned and that they were told carpets were cleaned once every six months.

<Resident 9>

Observation on 08/06/2025 at 2:50 PM, showed that Resident 9's carpeting was tan and

had varying degrees of dark discoloration and showed round, black stains throughout the living area. In an interview at the same time, Resident 9 stated there was one staff that worked in maintenance. Resident 9 stated that the maintenance staff members were always busy and that they could not get to the resident's concerns.

<Resident 10>

Observation on 08/06/2025 at 2:58 PM, showed Resident 10's carpeting was tan in color and was discolored in varying degrees of brown throughout the living area.

In an interview on 08/05/2025 at 3:42 PM, Staff A stated that all resident apartment carpets were on a schedule to be cleaned once a year.

<Cottage H and I>

On 08/04/2025 at 11:55 AM the cottages were toured, and the following was observed:

- Cottage H's Room 1 windowsills were dusty and dirty. The bathroom was dirty, had dried white paint on the floor and there was brown colored substance along the seams and corners of the shower. There were three holes in the wall behind the toilet.
- Cottage H's Room 3 was dusty and dirty, the smoke alarm on the ceiling was hanging off it's base and an electrical outlet was not covered.
- Cottage H's kitchenette had an unfinished and jagged counter edge about 26 inches in length that was an uncleanable surface.
- Cottage I's Room 4 windowsills were dusty and dirty, the new flooring was dusty, dirty and covered with dried spots of white colored paint. The bathroom tiled floor was dirty and showed drops of dried white colored paint.
- Cottage I's Room 3 had a gap around the air conditioning unit and outside of the building was visible.
- Cottage I's Room 2 windowsills were dusty and dirty. The tile around the toilet in the bathroom was dirty and had drops of dried white colored paint. There was a cobweb with a live spider under the bathroom sink.
- Cottage I's kitchenette had an unfinished and jagged counter edge about 26 inches in length that was an uncleanable surface.

In an interview on 08/04/2025 at 11:55 AM, Staff A, stated there were two residents living in Cottage H and one resident living in Cottage I. Staff A stated there was a planned admission to Cottage I that day.

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, Sunnyside Care is or will be in compliance with this law and / or regulation on (Date) 09/28/2025 .

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

Julie Santiago

Administrator (or Representative)

09/02/2025

Date