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

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

RE: Sunnyside Care License # 2754

Dear Administrator:

This letter addresses Compliance Determination(s) 70777 (Completion Date 01/14/2026) and 66137 (Completion Date 11/10/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 01/14/2026 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-2140-2-a, WAC 388-78A-2140-1-a-iii

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Sunnyside Care
Provider Type: Assisted Living Facility
License/Cert.#: 2754
Compliance Determination #: 66137
Intake ID: 193329
Investigator: Tracy Ramirez
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 09/24/2025 through 11/10/2025
Complainant Contact Date(s): 09/23/2025

Allegation(s):

1. The named resident had been financially and personally exploited by another resident at the facility.
2. The named resident had fall incidents and required more supervision.

Investigation Methods:

Sample:	Total residents: 64 Resident sample size: 3 Closed records sample size: 0
Observations:	The facility's common areas, resident apartments, resident to resident and staff to resident interactions were observed.
Interviews:	Sampled residents, facility staff and others not associated with the facility.
Record Reviews:	Resident characteristic roster, residents' records; assessments, care plans, incident report investigations, progress notes, physician letter, demographic sheets, and staff roster.

Investigation Summary:

1. Interviews and record reviews showed the named resident gave large sums of money and jewelry to another named resident. Interviews and record reviews showed the facility failed to document in the care plan interventions to protect the named resident. Interviews and record reviews showed that the named resident had advanced dementia. Failed practice was identified. Refer to WAC 388-78A-2140 (1)(a)(iii) (2)(a).
2. Interviews and record reviews showed that staff performed safety checks, had hanging signs to remind the named resident to use their call light and to wait for staff assistance. Interviews and record reviews showed that the named resident was impulsive with attempting self-transfers, would fall and the facility would immediately assess and monitor the resident and investigate the incidents. Interview with the named resident's family showed that they were satisfied with the facility. Interviews with other sampled resident's family showed that they were satisfied with the facility and felt they were safe. No failed practice identified.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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 complaint investigation on 09/24/2025 of:

Sunnyside Care
907 Ida Belle St
Sunnyside, WA 98944

This document references the following complaint number(s): 193329

The following sample was selected for review during the unannounced on-site visit: 3 of 64 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

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

Statement of Deficiencies	License #: 2754	Compliance Determination # 88137
Plan of Correction	Sunnyside Care	Completion Date
Page 2 of 5	Licensee: Sunnyside Care LLC	11/10/2025

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

11/20/2025
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 Rojas
Administrator (or Representative)

11/20/25
Date

WAC 388-78A-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(iii) On-going assessments of the resident;

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure the negotiated service agreement contained the necessary content needed to meet the needs of 1 of 1 resident (Resident 1). This failure resulted in Resident 1 giving large sums of money to a resident and a lack of facility management of the resident's finances and placed the resident at risk of a decreased quality of life.

Findings included...

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

11/20/2025
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-2140 Negotiated service agreement contents. The assisted living facility must develop, and document in the resident's record, the agreed upon plan to address and support each resident's assessed capabilities, needs and preferences, including the following:

(1) The care and services necessary to meet the resident's needs, including:

(a) The plan to monitor the resident and address interventions for current risks to the resident's health and safety that were identified in one or more of the following:

(iii) On-going assessments of the resident;

(2) Clearly defined respective roles and responsibilities of the resident, the assisted living facility staff, and resident's family or other significant persons in meeting the resident's needs and preferences. Except as specified in WAC 388-78A-2290 and 388-78A-2340 (5), if a person other than a caregiver is to be responsible for providing care or services to the resident in the assisted living facility, the assisted living facility must specify in the negotiated service agreement an alternate plan for providing care or service to the resident in the event the necessary services are not provided. The assisted living facility may develop an alternate plan:

(a) Exclusively for the individual resident; or

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility failed to ensure the negotiated service agreement contained the necessary content needed to meet the needs of 1 of 1 resident (Resident 1). This failure resulted in Resident 1 giving large sums of money to a resident and a lack of facility management of the resident's finances and placed the resident at risk of a decreased quality of life.

Findings included...

Review of Resident 1's full facility assessment, dated 07/07/2025, showed that the resident was oriented to person, place, time, and situation. The full facility assessment showed that Resident 1 was capable of independent decision-making and able to manage finances independently.

Review of Resident 1's progress note, dated 07/23/2025 at 1:55 PM, showed that their family had concerns of the resident's money disappearing and didn't know where it was going. The progress note showed that staff witnessed Resident 1 speaking with a jeweler about purchasing jewelry for Resident 2.

Review of Resident 1's physician letter, dated 08/26/2025, showed the resident had advanced dementia (severe loss of memory and cognitive function requiring total assistance and supervision), extreme difficulty making proper decisions, and required reliable assistance to ensure their financial affairs were managed appropriately and in their best interest.

Review of Resident 1's Negotiated Service Agreement (NSA), dated 08/29/2025, showed that the resident had a diagnosis of [redacted]. The NSA for Resident 1 showed the resident's support system was their children and staff were to contact them as needed. The NSA showed that Resident 1 had an intimate relationship with another facility resident (Resident 2) and the resident's family was supportive of the relationship. Resident 1's NSA showed they were alert, oriented and capable of making their own decisions.

Review of Resident 1's progress note, dated 08/20/2025 at 3:45 PM, showed that Resident 2 told staff that Resident 1 was giving was giving them large sums of money every couple of weeks to a month, and up to five hundred to fifteen hundred dollars. The progress note showed that Resident 2 stated they would take the money because they knew Resident 1 would not remember they had given Resident 2 money. The progress note showed that Resident 1 returned a gold necklace and a ring to Resident 1's family and gave Staff A, Administrator, one hundred and three dollars. The progress note showed that Resident 2had returned a total of eighteen hundred dollars to the resident's family that day. The progress note further showed that Resident 2 reported to the facility management that Resident 1 would pay Resident 2 for sexual acts.

Review of Resident 1's progress note, dated 08/26/2024 at 12:00 AM, showed that the facility had transcribed the resident's physician letter into the facility's progress note.

Review of Resident 1's progress note, dated 08/29/2025 at 4:00 PM, showed that the resident's family brought the physician letter dated 08/26/2025 to the facility showing Resident 1's change in cognition and the administrator and resident care coordinator

were notified of the change.

Review of Resident 2's progress note, dated 08/20/2025 at 4:32 PM, stated that the resident confessed to taking ongoing money from Resident 1. The progress note showed that Resident 2 had returned jewelry and some of the money they had taken from Resident 1.

In an interview on 09/24/2025 at 9:50 AM, Staff A, Administrator, stated that the Resident 2's family had requested that the facility manage money for the resident at the facility's office, and the facility had agreed.

In an interview on 10/21/2025 at 3:07 PM, Staff B, Caregiver, stated that Resident 1 and Resident 2 were in a relationship. Staff B stated that the facility had not made staff aware of concerns and did not implement interventions regarding Resident 1's relationship and finances.

In an interview on 10/22/2025 at 2:22 PM, Collateral Contact 1 (CC1), Resident 1's Representative, stated that Resident 1's family had requested that the facility to take over responsibility for the resident's money to ensure their finances were safe. kept at the facility to manage and ensure that it is safe. CC1 stated that the family had reported to the facility that they did not approve of the relationship between Resident 1 and Resident 2 for some time and the facility would assist with the situation.

In an interview on 11/06/2025 at 3:08 PM, Staff A, stated that they were not sure why Resident 1's NSA did not include the physician's recommendations for staff to manage the resident's finances due to their advance dementia and did not include the family's concern with the relationship.

Statement of Deficiencies	License #: 2754	Compliance Determination # 86137
Plan of Correction	Sunnyside Care	Completion Date
Page 5 of 5	Licensee: Sunnyside Care LLC	11/10/2025

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) 11/20/25.

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

Administrator (or Representative) 11/20/25 Date

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