STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 74431 (Completion Date 03/17/2026) and 71672 (Completion Date 01/22/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 03/17/2026 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-2040-2

The Department staff who did the on-site verification:
Melissa Milanez, Community Complaint Investigator

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 #: 71672
Intake ID: 207964
Investigator: Melissa Milanez
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 01/21/2026 through 01/22/2026
Complainant Contact Date(s):

Allegation(s):
The facility failed the Fire Marshal reinspection.

Investigation Methods:

Sample:	Total residents: 68 Resident sample size: 9 Closed records sample size:
Observations:	Residents Dining Resident care equipment Resident rooms Staff to resident interactions Resident to resident interactions
Interviews:	Maintenance staff Administrator
Record Reviews:	Characteristic roster Initial inspection report Follow-up inspection report Follow-up letter

Investigation Summary:
The facility failed their initial Fire Marshal inspection and their follow-up Fire Marshal reinspection. Failed practice identified. WAC 388-78A-2040 (2).

Conclusion / Action:

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

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Statement of Deficiencies	License #: 2754	Compliance Determination # 71672
Plan of Correction	Sunnyside Care	Completion Date
Page 1 of 3	Licensee: Sunnyside Care LLC	01/22/2026

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 an unannounced on-site complaint investigation on 01/21/2026 of:

Sunnyside Care
907 Ida Belle St
Sunnyside, WA 98944

This document references the following complaint number(s): 207964, 207119, 208201

The following sample was selected for review during the unannounced on-site visit: 9 of 68 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Melissa Milanez, Community Complaint Investigator

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 #: 2754	Compliance Determination # 71672
Plan of Correction	Sunnyside Care	Completion Date
Page 2 of 3	Licensee: Sunnyside Care LLC	01/22/2026

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 — 01/22/2026
Residential Care Services — 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) — 2/5/2026 Date

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain compliance with the Washington State Patrol Fire Protection Bureau when the Deputy State Fire Marshal found the facility was non-compliant during their re-inspection of the facility. This failure placed residents living in the facility, staff, and visitors at risk of harm in the event of a fire.

Findings included...

Record review of the Deputy State Fire Marshal (DSFM)'s report, dated 01/05/2026, showed that facility failed their initial inspection on 11/24/2025. The follow-up reinspection on 01/05/2026 showed that the facility continued to violate the following requirements:

- Facility was unable to provide fire drill documentation for the 3rd and 4th quarter NOC shift, and 2nd quarter swing shift. Additionally, the drill conducted on June 26, 2025, was simulated and must be completed with fire alarm activation during the hours of 6:00 AM to 9:00 PM.
- The facility was unable to provide documentation of both semi-annual commercial hood cleanings within the past twelve months; documentation was reviewed from a cleaning on March 3, 2025, but was missing the name of the service company.
- The annual fire door inspection report completed on April 10, 2025, is missing resident doors for inspection. All fire resistant and smoke barrier doors are required to be

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• The facility was unable to provide documentation of both semi-annual commercial hood cleanings within the past twelve months; documentation was reviewed from a cleaning on March 3, 2025, but was missing the name of the service company.
• The annual fire door inspection report completed on April 10, 2025, is missing resident doors for inspection. All fire resistant and smoke barrier doors are required to be

inspected annually. An assessment shall be done with the fire and life safety plans to ensure all fire and smoke rated door assemblies are being assessed annually.
• The facility was unable to provide documentation of the annual fire sprinkler system deficiencies noted on the report from May 13, 2025, were corrected; North building dry system #2 and #4-paint on sprinkler heads, South building wet systems #3 and #1-quick response sprinkler heads on wet system are dated 2002 and require testing.
• The facility was unable to provide documentation of the annual inspection, testing, and maintenance of the fire alarm system within the past twelve months.
• The facility was unable to provide documentation of the semi-annual inspection, testing, and maintenance of the fire alarm system within the past twelve months.
• The emergency exit lighting near 220 is not illuminated.
• The facility failed to provide documentation showing the deficiencies to the fire alarm system were repaired and retested after the system failure.

In an interview on 01/21/2026 at 10:42 AM, Staff A, Administrator, acknowledged that the facility had uncorrected violations during their Fire Marshal reinspection that occurred on 01/05/2026. Staff A stated that they recently hired a maintenance assistant to help make all the corrections.

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) 2/25/2026

Extension approved by

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

Administrator (or Representative) — Date: 2/5/2026

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• The facility was unable to provide documentation of the semi-annual inspection, testing, and maintenance of the fire alarm system within the past twelve months.
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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____
Administrator (or Representative) Date