



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

SUNSHINE PARK ADULT FAMILY HOME LLC
SUNSHINE PARK ADULT FAMILY HOME LLC
11110 NE 164th Place
Bothell, WA 98011

RE: SUNSHINE PARK ADULT FAMILY HOME LLC License # 752330

Dear Provider:

This letter addresses Compliance Determination(s) 63758 (Completion Date 08/06/2025) and 60648 (Completion Date 06/12/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/06/2025 and found that you have corrected the violations listed in the Full report dated 06/12/2025. Your home is back in compliance as of 07/27/2025 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 388-76-10355-1, WAC 388-76-10355-2, WAC 388-76-10355-3, WAC 388-76-10380-4,
WAC 388-76-10463-3, WAC 388-76-10650-1, WAC 388-76-10650-2-a, WAC 388-76-10650-2-d

The Department staff who did the off-site verification:
Jimmie Jordan, NCI

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Allied Health Field Manager
Region 2, Unit K
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.



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AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 752330	Compliance Determination # 60648
Plan of Correction	SUNSHINE PARK ADULT FAMILY HOME LLC	Completion Date
Page 1 of 6	Licensee: SUNSHINE PARK ADULT FAMILY HOME LLC	06/12/2025

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 06/04/2025 of:

SUNSHINE PARK ADULT FAMILY HOME LLC
12649 SE 4TH PL
BELLEVUE, WA 98005

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

The department staff that inspected the Adult Family Home:

Jimmie Jordan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit K
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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Statement of Deficiencies	License #: 752330	Compliance Determination # 60648
Plan of Correction	SUNSHINE PARK ADULT FAMILY HOME LLC	Completion Date
Page 2 of 6	Licensee: SUNSHINE PARK ADULT FAMILY HOME LLC	06/12/2025

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.

Alfredo Brown
Residential Care Services

06/13/2025
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.

[Signature]
Provider (or Representative)

7/27/25
Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

- (1) A list of the care and services to be provided;
- (2) Identification of who will provide the care and services;
- (3) When and how the care and services will be provided;

This requirement was not met as evidenced by:

Based on record review, observations and interviews, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) included instructions to the caregivers regarding [REDACTED]. This failure placed 1 of 2 sampled residents (Resident 2) at risk for unmet care needs.

Findings included...

Record review showed the AFH admitted Resident 2 on [REDACTED]/2021. Review of Resident 2's Assessment dated 12/10/2024 showed that Resident 2 required setup help with bed mobility and required non-weight bearing assistance with transfers. No information about Resident 2 needing [REDACTED] was found on Resident 2's Assessment. Review of Resident 2's NCP updated 01/12/2024 showed that Resident 2 used the [REDACTED] for assistance in getting in and out of the bed, and Resident 2 was dependent on 1 person for transfers. Resident 2's NCP updated 01/12/2024 showed no instructions to caregivers when the [REDACTED] should be elevated or lowered, how the caregivers would incorporate the use of [REDACTED] while assisting Resident 2 during transfers, or when and how to check the [REDACTED] for safety concerns.

In a joint observation on 06/04/2025 at 9:30 AM with Staff C, Caregiver, showed

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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
<p>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.</p>	
Provider (or Representative)	Date

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Findings included...

Record review showed the AFH admitted Resident 2 on [REDACTED]/2021. Review of Resident 2's Assessment dated 12/10/2024 showed that Resident 2 required setup help with bed mobility and required non-weight bearing assistance with transfers. No information about Resident 2 needing [REDACTED] was found on Resident 2's Assessment. Review of Resident 2's NCP updated 01/12/2024 showed that Resident 2 used the [REDACTED] for assistance in getting in and out of the bed, and Resident 2 was dependent on 1 person for transfers. Resident 2's NCP updated 01/12/2024 showed no instructions to caregivers when the [REDACTED] should be elevated or lowered, how the caregivers would incorporate the use of [REDACTED] while assisting Resident 2 during transfers, or when and how to check the [REDACTED] for safety concerns.

In a joint observation on 06/04/2025 at 9:30 AM with Staff C, Caregiver, showed

Statement of Deficiencies	License #: 752330	Compliance Determination # 60848
Plan of Correction	SUNSHINE PARK ADULT FAMILY HOME LLC	Completion Date
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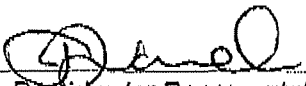
Resident 2 in bed with upper half [redacted] elevated.

Observation on 06/04/2025 at 1:00 PM, showed Resident 2 got out of bed using the [redacted] without caregiver assistance, and then, ambulated to the kitchen without using an assistive device.

In an interview on 06/04/2025 at 4:40PM, Staff B, Resident Manager, and Staff F, Provider's Assistant, stated that they cannot find the requested information on the NCP, and they need to revise the NCP to address the [redacted].

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 PARK ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date) 7/27/25.

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



 Provider (or Representative)

7/27/25

 Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

- (4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure that the negotiated care plan (NCP) for 2 of 2 sampled residents (Resident 1 and 2) was reviewed and revised at least every 12 months by the resident or resident representative and the AFH. This failure placed the residents at risk for unrecognized and unmet care needs.

Findings included...

Resident 1

Record review showed the AFH admitted Resident 1 on [redacted]/2019. Review of Resident 1's NCP dated 05/18/2024 showed the AFH was two weeks and two days overdue for updates by the Provider. The NCP was one year and eleven months overdue for being reviewed by Resident 1's Representative. Resident 1's NCP updated 05/18/2024 was last signed and dated by the Resident representative on 05/04/2023.

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Resident 2 in bed with upper half [REDACTED] elevated.

Observation on 06/04/2025 at 1:00 PM, showed Resident 2 got out of bed using the [REDACTED] without caregiver assistance, and then, ambulated to the kitchen without using an assistive device.

In an interview on 06/04/2025 at 4:40PM, Staff B, Resident Manager, and Staff F, Provider's Assistant, stated that they cannot find the requested information on the NCP, and they need to revise the NCP to address the [REDACTED].

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Provider (or Representative)

Date

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Findings included...

Resident 1

Record review showed the AFH admitted Resident 1 on [REDACTED]/2019. Review of Resident 1's NCP dated 05/18/2024 showed the AFH was two weeks and two days overdue for updates by the Provider. The NCP was one year and eleven months overdue for being reviewed by Resident 1's Representative. Resident 1's NCP updated 05/18/2024 was last signed and dated by the Resident representative on 05/04/2023.

Statement of Deficiencies	License #: 752330	Compliance Determination # 60648
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In an interview on 06/04/2025 at 12:23 PM, Staff F, Provider's Assistant, stated that sent the NCP to the family to review and sign, but they didn't sign and return the NCP.

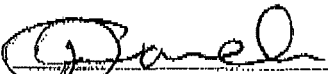
Resident 2

Record review showed the AFH admitted Resident 2 on [REDACTED]/2021. Review of Resident 2's NCP dated 01/12/2024 showed that the AFH was one year and five months overdue for updates by the Provider. The NCP was one year and five months overdue for being reviewed by Resident 2's Representative. Resident 2's NCP was last signed and dated by the Resident representative on 01/12/2024.

In an interview on 06/04/2025 at 1:40 PM, Staff F, Provider's Assistant, stated that Resident 2 had been stable, and that the AFH only updated the NCP when changes occurred.

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 PARK ADULT FAMILY HOME LLC is or will be in compliance with this law and / or regulation on (Date): 7/27/25.

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

 _____
Provider (or Representative)

7/27/25
Date

WAC 388-76-10463 Medication Psychopharmacologic. For residents who are given psychopharmacologic medications, the adult family home must ensure:

(3) The resident's negotiated care plan includes strategies and modifications of the environment and staff behavior to address the symptoms for which the medication is prescribed;

This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Adult Family Home (AFH), failed to include strategies, environmental modifications, and staff behaviors for symptoms of prescribed psychopharmacologic medications (medications used to treat mental health conditions) for 1 of 2 residents (Resident 2) in their negotiated care plan (NCP). This failure placed Resident 2 at risk of harm due to unmet mental health care needs.

Findings Included...

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In an interview on 06/04/2025 at 12:23 PM, Staff F, Provider's Assistant, stated that sent the NCP to the family to review and sign, but they didn't sign and return the NCP.

Resident 2

Record review showed the AFH admitted Resident 2 on [REDACTED]/2021. Review of Resident 2's NCP dated 01/12/2024 showed that the AFH was one year and five months overdue for updates by the Provider. The NCP was one year and five months overdue for being reviewed by Resident 2's Representative. Resident 2's NCP was last signed and dated by the Resident representative on 01/12/2024.

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<p>_____</p> <p>Provider (or Representative)</p>	<p>_____</p> <p>Date</p>

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Based on record review, observation, and interview, the Adult Family Home (AFH), failed to include strategies, environmental modifications, and staff behaviors for symptoms of prescribed psychopharmacologic medications (medications used to treat mental health conditions) for 1 of 2 residents (Resident 2) in their negotiated care plan (NCP). This failure placed Resident 2 at risk of harm due to unmet mental health care needs.

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Review showed the AFH admitted Resident 2 on [REDACTED]/2021, with multiple disabling diagnoses including: [REDACTED].

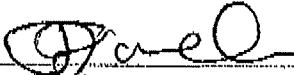
A joint observation with Staff C, Caregiver, on 06/04/2024 at 3:00 PM, showed Resident 2's medication bin contained Duloxetine Hydrochloride Delayed Release (medication for mood disorders) 90 milligrams by mouth every morning, Nortriptyline Hydrochloride (medication for mood disorders) 25 milligrams by mouth at bedtime, and Trazodone (medication for mood disorders) 200 milligrams by mouth at bedtime.

Review of Resident 2's NCP, updated 01/12/2024, showed no strategies, environmental modifications, or directions on staff behaviors in response to symptoms of Resident 2's mood for which the mood disorder medications were prescribed.

During an interview on 06/04/2025 at 3:00 PM, Staff F, Provider's Assistant, stated that they needed to create a new NCP every year, instead of updating the NCP from admission because they missed addressing the psychotropic medications.

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Provider (or Representative)

7/27/25
Date

WAC 388-76-10650 Medical devices.

- (1) The adult family home must not use a medical device with a known safety risk as a restraint or for staff convenience.
- (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;
 - (d) Ensure the medical device is properly installed.

This requirement was not met as evidenced by:

Based on record review, observation and interview, the Adult Family Home (AFH) failed

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Review showed the AFH admitted Resident 2 on [REDACTED]/2021, with multiple disabling diagnoses including: [REDACTED].

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to have a system in place for 1 of 2 residents (Resident 2) to ensure an assessment was completed, and the installation instructions for the [REDACTED] were available before a medical device with a known safety risk was used. This failure placed Resident 2 at risk for injury from improper use of the medical device.

Findings Included...

In a joint observation on 06/04/2025 at 9:30 AM with Staff C, Caregiver, showed Resident 2 in bed with upper half [REDACTED] elevated.

Review of Resident 2's record showed no assessment had been completed that identified Resident 2's need for and ability to use a medical device with a known safety risk, Resident 2's records showed no installation instructions to ensure the [REDACTED] were properly installed.

In an interview on 06/04/2025 at 1:43 PM, Staff F, Provider's Assistant, stated that Resident 2's previous bed was uncomfortable, so the AFH ordered a new bed after Resident 2's insurance approved it. Staff F stated that the new bed came with [REDACTED] in December 2023. Staff F stated that the nurse was supposed to complete an assessment, but they cannot find it.

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[Signature]
Provider (or Representative)

7/27/25
Date

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