



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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) 73282 (Completion Date 02/23/2026) and 70851 (Completion Date 01/12/2026).

The Department completed a follow-up inspection of your Adult Family Home on 02/23/2026 and found that you have corrected the violations listed in the Complaint report dated 01/12/2026. Your home is back in compliance as of 02/22/2026 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 388-76-10025, WAC 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3,
WAC 388-76-10025-4

The Department staff who did the on-site verification:

Michele Grumke, AFH Licenser

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 752330	Compliance Determination # 70851
Plan of Correction	SUNSHINE PARK ADULT FAMILY HOME LLC	Completion Date
Page 1 of 3	Licensee: SUNSHINE PARK ADULT FAMILY HOME LLC	01/12/2026

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 an unannounced on-site complaint investigation on 12/30/2025 of:

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

This document references the following complaint number(s): 205037, 206853

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

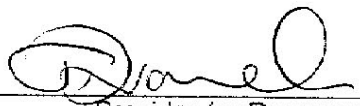
Michele Grumke, AFH Licensor
Linda Dunn, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

Statement of Deficiencies	License #: 752330	Compliance Determination # 70851
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Page 2 of 3	Licensee: SUNSHINE PARK ADULT FAMILY HOME LLC	01/12/2026

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.

	1/12/2026
Residential Care Services	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.	
	1/22/2026
Provider (or Representative)	Date

WAC 388-76-10025 License annual fee.

- (1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .
- (2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.
- (3) The home must ensure that the department receives the annual license fee when it is due.
- (4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to pay their 1 of 1 annual licensing fee when due. This failure resulted in the AFH operating without a valid license since 11/15/2025 and placed all 5 residents at risk of losing their home.

Findings included...

On 12/30/2025 at 11:03 AM observation showed Residents 1, 3, 4 and 5 lived in and received care from the AFH.

In an interview on 12/30/2025 at 11:07 AM, Staff B, Caregiver, stated that Resident 2 was staying with their family for a few days.

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

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

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Findings included...

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Page 3 of 3	Licensee: SUNSHINE PARK ADULT FAMILY HOME LLC	01/12/2026

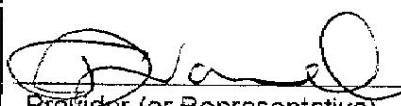
Review of the department's Secure Tracking and Reporting System (STARS) on 12/30/2025 at 8:47 AM showed the AFH's licensing fee was due the month of November and by the 15th day annually. Further review of STARS showed the annual licensing fee for the AFH was overdue in the amount of \$2700.

In an interview on 12/30/2025 at 11:20 AM, Staff A, Entity Representative, stated that when they received the statement from the department that licensing fees were due, they paid it immediately.

In an interview on 01/12/2026 at 10:59 AM, Staff A stated that they had gone to the bank on 01/09/2026 and were unable to attain proof that the licensing fee had been paid for the AFH.

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) 2/22/2026

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

 _____
Provider (or Representative)

_____ 1/22/2026
Date

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

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

Provider (or Representative)

Date