



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
***PO Box 98907, Lakewood, WA 98496***

September 18, 2019

Sunset Adult Family Home LLC  
Sunset Adult Family Home LLC  
1604 19th Avenue Ct  
Milton, WA 98354

RE: Sunset Adult Family Home LLC License #753372

Dear Provider:

On September 17, 2019 the Department completed a review of communication and / or documents from you indicating that you have corrected the deficiency or deficiencies cited in the report/s dated August 20, 2019.

Based on the review of this information the Department finds the deficiency or deficiencies have been corrected. Your home meets the adult family home licensing requirements.

The Department staff who did the off-site verification:  
Carol Gijima, Community Complaint Investigator (NCI)

If you have any questions please, contact me at (253) 983-3826.

Sincerely,

Lisa Cramer, Field Manager  
Region 3, Unit A  
Residential Care Services

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



**Residential Care Services  
Investigation Summary Report**

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**Provider/Facility:** Sunset Adult Family Home LLC (1032133)      **Intake ID(s):** 3661435  
**License/Cert. #:** AF753372  
**Investigator:** Gijima, Carol      **Region/Unit:** RCS Region 3/Unit A      **Investigation Date(s):** 08/20/2019 through 08/20/2019  
**Complainant Contact Date(s):**

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**Allegations:**

- 1. Past due licensing fee.
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**Investigation Methods:**

**Sample:** 2 of 4 residents

**Interviews:** Residents  
Staff  
Provider of the home

**Observations:** General environment  
Residents in their rooms  
Staff-to-resident interactions

**Record Reviews:** List of Residents  
Resident assessments  
and negotiated care plans

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**Allegation Summary:**

- 1. AFH failed to pay licensing fees when due. Failed provider practice identified. See citation below and Statement of deficiency dated 08/20/19.
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**Unalleged Violation(s):**       Yes       No

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**Conclusion / Action:**       **Failed Provider Practice Identified / Citation(s) Written**       **Failed Provider Practice Not Identified / No Citation Written**

WAC 388-76-10025- License annual fee



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**PO Box 98907, Lakewood, WA 98496**

Statement of Deficiencies	License #: 753372	Completion Date
Plan of Correction	Sunset Adult Family Home LLC	August 20, 2019
Page 1 of 2	Licensee: Sunset Adult Family Home LLC	

You are required to be in compliance with all of the licensing laws and regulations at all times to maintain your adult family home license.

The department has completed data collection for the unannounced on-site complaint investigation of: 8/20/2019  
 Sunset Adult Family Home LLC  
 1604 19th Avenue Ct  
 Milton, WA 98354

This document references the following complaint number: 3661435

The department staff that inspected and investigated the adult family home:  
 Carol Gijima, RN, BSN, Community Complaint Investigator (NCI)

From:  
 DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 3, Unit A  
 PO Box 98907  
 Lakewood, WA 98496  
 (253)983-3826

As a result of the on-site complaint investigation 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

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.

\_\_\_\_\_  
 Provider (or Representative)

\_\_\_\_\_  
 Date

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

**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 .
- (3) The home must ensure that the department receives the annual license fee when it is due.

**This requirement was not met as evidenced by:**

Based on interview and record review, the AFH failed to ensure that the department received the annual license fee when it was due. This failure placed all four residents at risk for unmet care and service needs.

Findings included...

Record review on 08/20/19 showed that the AFH was past due on their annual licensing fee which was due on 06/15/19.

During an interview on 08/20/19 at 11:40 AM, Staff A, Provider stated that it was an oversight as both providers had been out of the country and had returned a few days ago.

**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, Sunset Adult Family Home LLC 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 cited deficiency.

\_\_\_\_\_  
Provider (or Representative)

\_\_\_\_\_  
Date