



STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
AGING AND LONG-TERM SUPPORT ADMINISTRATION  
*3611 River Road, Suite 200, Yakima, WA 98902*

November 22, 2019

Sunset Adult Family LLC  
Sunset Adult Family LLC  
2009 E Alder Street  
Walla Walla, WA 99362

RE: Sunset Adult Family LLC License #753410

Dear Provider:

On November 21, 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 October 17, 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:  
Jo Whitney, AFH Licensor

If you have any questions please, contact me at (509) 225-2823.

Sincerely,

Chana White, Field Manager  
Region 1, Unit C  
Residential Care Services



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** Sunset Adult Family LLC (1089183)      **Intake ID(s):** 3671419  
**License/Cert. #:** AF753410  
**Investigator:** Connelly, Krista      **Region/Unit:** RCS Region 1/Unit C      **Investigation Date(s):** 10/17/2019 through 10/17/2019  
**Complainant Contact Date(s):** 10/17/2019, 10/29/2019

**Allegations:**

1. Reporter alleged provider had more residents living in the adult family home than it was licensed for.

**Investigation Methods:**

**Sample:** Five current residents observed in the home during on-site investigation.

**Observations:** General condition of the home, number of residents living in the home, general hygiene and signs of injury or distress in residents present,

**Interviews:** Provider and Others not associated with the home.

**Record Reviews:** Department record of renewal invoice history.

**Allegation Summary:**

1. Department record review showed adult family home was licensed for a total of six residents, unannounced on-site visit showed there were currently five residents living in the home and all five were present for the visit. All residents were clean, well groomed, without signs of injury or distress. No deficient practice identified.

**Unalleged Violation(s):**       **Yes**       **No**

Additional deficiency not related to original complaint was identified and cited in Statement of Deficiency dated 10/17/19.

**Conclusion / Action:**       **Failed Provider Practice Identified / Citation(s) Written**

**Failed Provider Practice Not Identified / No Citation Written**

WAC 388-76-10025 Licensing fees

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



**Residential Care Services  
Investigation Summary Report**

**Provider/Facility:** Sunset Adult Family LLC (1089183)      **Intake ID(s):** 3671681  
**License/Cert. #:** AF753410  
**Investigator:** Connelly, Krista      **Region/Unit:** RCS Region 1/Unit C      **Investigation Date(s):** 10/17/2019 through 10/17/2019  
**Complainant Contact Date(s):**

**Allegations:**

1. Adult family home was overdue in their licensing fees, had a balance of \$1,350.00 due 08/15/19.

**Investigation Methods:**

**Sample:** Five current residents observed in the home during on-site investigation.

**Observations:** General condition of the home, including cleanliness, potential safety hazards, presence of functioning utility services including cable, food/snacks available to residents.

**Interviews:** Provider and Others not associated with the home.

**Record Reviews:** Department records of the home's invoices.

**Allegation Summary:**

1. Provider interview showed he/she had received invoice notifying them of \$1,350.00 due 08/15/19 approximately a month before the due date however she had not yet paid it, deficient practice identified. Five current residents were observed and were without signs of injury or distress, the home was a comfortable temperature, and all utilities functioning including cable TV and there was available food/snacks in pantry, on the dining room table, in the refrigerator and freezer.

**Unalleged Violation(s):**       **Yes**       **No**

**Conclusion / Action:**       **Failed Provider Practice Identified / Citation(s) Written**

**Failed Provider Practice Not Identified / No Citation Written**



**Residential Care Services  
Investigation Summary Report**

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Statement of Deficiencies	License #: 753410	Completion Date
Plan of Correction	Sunset Adult Family LLC	October 17, 2019
Page 1 of 2	Licensee: Sunset Adult Family 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: 10/17/2019

Sunset Adult Family LLC  
 2009 E Alder Street  
 Walla Walla, WA 99362

This document references the following complaint numbers: 3671419 , 3671681

The department staff that inspected and investigated the adult family home:

Krista Connelly, RN, BSN, Community Nurse Consultant

From:

DSHS, Aging and Long-Term Support Administration  
 Residential Care Services, Region 1, Unit C  
 3611 River Road, Suite 200  
 Yakima, WA 98902  
 (509)225-2823

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

10/30/19

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)

10/31/19

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 .
- (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.

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

Based on observation, interview and record review the adult family home provider failed to ensure the financial obligations of owning an Adult Family Home (AFH) were met when she failed to pay the annual license fee on the due date as required. This failed practice had the potential to affect the home's ability to admit residents. Findings included...

The AFH was observed to be occupied by the provider and five current residents on 10/17/19.

Department record review showed that on 08/15/19 Staff Member A (Provider), owed the department \$1350.00 for their license fee and on 10/28/19 still had an unpaid balance of \$1350.00.

Staff Member A was interviewed on 10/17/19 at approximately 4:00 PM. She stated she received a notice in July 2019 of the fee due in August but had not yet paid it. She stated she was aware she had an outstanding balance for the licensing fee of \$1350.00.

**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 LLC is or will be in compliance with this law and / or regulation on (Date) 10-31-19 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.

  
 Provider (or Representative)

10-31-19  
 Date