



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20816 44th Ave West, Suite 240, Lynnwood, WA 98036-7744

February 4, 2021

Yohana W Samuel
SUNRISE ADULT FAMILY HOME
1133 N 166TH ST
SHORELINE, WA 98133

RE: SUNRISE ADULT FAMILY HOME License #753464

Dear Provider:

On February 3, 2021 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 December 14, 2020.

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:
Jeannie-Trang Nguyen, AFH Licenser

If you have any questions please, contact me at (425) 670-6061.

Sincerely,

Brenda Mooney, Field Manager
Region 2, Unit I
Residential Care Services



**Residential Care Services
Investigation Summary Report**

Provider/Facility: SUNRISE ADULT FAMILY HOME (1113251) **Intake ID(s):** 3740240
License/Cert. #: AF753464
Investigator: Kim, Dahl **Region/Unit:** RCS Region 2/Unit F **Investigation Date(s):** 12/07/2020 through 12/14/2020
Complainant Contact Date(s):

Allegations:

Annual licensing fee was remain unpaid which was due on 10/15/20

Investigation Methods:

<input checked="" type="checkbox"/> Sample:	1	<input checked="" type="checkbox"/> Observations:	Off-site investigation due to COVID-19
<input checked="" type="checkbox"/> Interviews:	Provider, staff	<input checked="" type="checkbox"/> Record Reviews:	FMS data, resident and staff list, staff schedule, a copy of check

Allegation Summary:

Record review revealed the licensing fee remained unpaid. When interviewed by phone the provider stated she sent a check for licensing fee on 10/1/20. After checking with online banking, the provider said the check has not been cashed. The provider said she would send another check and cancel the first check. The Department received a copy of the check from the provider via email on 12/9/20. When interviewed, staff stated the AFH had plenty of food and power. The staff also stated she was paid on time.

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

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

See a statement of deficiencies dated 12/14/20

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JAN 08 2021



DSHS/ALTSA/RCS

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Statement of Deficiencies	License #: 753464	Completion Date
Plan of Correction	SUNRISE ADULT FAMILY HOME	December 14, 2020
Page 1 of 2	Licensee: Yohana Samuel	


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: 12/7/2020 and 12/14/2020
SUNRISE ADULT FAMILY HOME
1133 N 166TH ST
SHORELINE, WA 98133

This document references the following complaint number: 3740240
The department staff that inspected and investigated the adult family home:
Dahl Kim, Field Manager

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2, Unit I
20816 44th Ave West, Suite 240
Lynnwood, WA 98036-7744
(425)670-6061

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

12/23/2020
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)

12/30/20
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.
- (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 record review and interview the Provider failed to ensure the Department received the annual licensing fee when it was due, as required. This placed 4 of 4 current residents at risk for living in an unlicensed adult family home (AFH).

Findings included:

Review of the Department's Facility Management System (FMS) indicated the adult family home's annual licensing fee was due every October. On 10/15/20 the Provider was required to pay an annual fee of \$1,350.00. Per FMS the annual licensing fee remained unpaid.

When interviewed on the telephone 12/07/20, the Provider stated she sent a check on 10/01/20. After checking her online banking she stated the check was not cashed. The Provider stated she had send another check and cancel the earlier check.

On 12/09/20 the Department received via email a copy of the check for \$1,350.00 payable to DSHS dated 12/08/20.

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, SUNRISE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 12/8/20 . In addition, I will implement a system to monitor and ensure continued compliance with this cited deficiency.


Provider (or Representative)

12/9/20
Date

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