STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

#1SUNSHINEHOME, LLC
#1 Sunshine Home LLC
2020 W Gordon Ave
Spokane, WA 99205

RE: #1 Sunshine Home LLC License # 756885

Dear Provider:

This letter addresses Compliance Determination(s) 70982 (Completion Date 01/06/2026) and 69177 (Completion Date 12/19/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/06/2026 and found that you have corrected the violations listed in the Complaint report dated 12/19/2025. Your home is back in compliance as of 01/02/2026 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10430-2-d

The Department staff who did the on-site verification:
Lori Butler, AFH Complaint Investigator/Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Interim Community Field Manager
Region 1, Unit E
Residential Care Services

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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 11/24/2025 and 12/18/2025 of:

#1 Sunshine Home LLC
2020 W Gordon Ave
Spokane, WA 99205

This document references the following complaint number(s): 201671, 201774, 203872

The following sample was selected for review during the unannounced on-site visit: 4 of 6 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Lori Butler, AFH Complaint Investigator/Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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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

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

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(d) Receives medications as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to develop and implement a system to ensure medications were administered as prescribed and medication logs were kept current for 1 of 1 former residents (Resident 1). These failures resulted in medication errors and inaccurate medication logs.

Findings included…

Review of Resident 1's Assessment dated 11/13/2025 showed Resident 1 required medication assistance.

Review of Resident 1's Negotiated Care Plan (NCP) dated 11/14/2025 showed caregivers would present medication to the resident for self-administration with supervision, keep track of the medications given, and will follow the medication regiment as provided by the physician.

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Review of Resident 1's Medication Administration Record (MAR) for the month of November 2025 showed the following:

- Bupropion HCL XL (a medication to treat depression) 300 milligrams (mg), take one tablet by mouth every morning. The MAR was initialed and circled by a caregiver daily from 11/01/2025-11/08/2025 and documented on the back of the MAR that all daily medications had been refused. A vertical line had been drawn on the MAR after the date of 11/08/2025 with no further caregiver initials. There was no information on the MAR to show that Resident 1 had refused the medication after 11/08/2025.
- Fluticasone Prop HFA (a medication to treat respiratory illness) 110 micrograms (mcg), inhale one puff into lungs twice daily. The MAR was not initialed. There was a handwritten note on the MAR stating "client refused". The back of the MAR indicates all morning medications were refused from 11/01/2025-11/04/2025 and from 11/06/2025-11/08/2025. There was no indication on the MAR that the resident refused the medication on 11/05/2025. There was no indication on the MAR to show that Resident 1 had refused the medication for all of the evening doses, or the morning and evening doses after 11/08/2025.
- Folic Acid (a vitamin) 1 mg, take one tablet by mouth every morning. The MAR was not initialed. There was a handwritten note on the MAR stating "family supply". The back of the MAR indicates all morning medications were refused from 11/01/2025-11/04/2025 and from 11/06/25-11/08/2025. There was no indication on the MAR that the resident refused the medication on 11/05/2025. There was no information on the MAR to show that Resident 1 had refused the medication after 11/08/2025.
- Hydroxyzine HCL (a medication to treat anxiety) 50mg tablet take one and a half tablets by mouth twice daily. The MAR was initialed and circled by a caregiver for the morning and evening dose of the medication from 11/01/2025-11/08/2025. A vertical line had been drawn on the MAR after the date of 11/08/2025 with no further caregiver initials. The back of the MAR indicates the resident refused the morning dose of the medication on 11/01/2025-11/04/2025 and from 11/06/2025-11/08/2025. There was no indication on the back of the MAR that Resident 1 refused the morning dose on 11/05/2025. The back of the MAR indicates the resident refused the evening dose from 11/01/2025-11/03/2025 and from 11/05/2025-11/07/2025. There is no indication on the back of the MAR that Resident 1 refused the evening dose of the medication on 11/04/2025 or 11/08/2025. There was no information on the MAR to show that Resident 1 had refused the medication after 11/08/2025.
- Lidocaine Pain Relief Patch (a pain medication) 4%, apply one patch topically (on the skin) to painful area every morning for back pain, leave on for 12 hours, take off for 12 hours. There was a handwritten note on the MAR stating "family supply". The back of the MAR indicates all morning medications were refused from 11/01/2025-11/04/2025 and from 11/06/25-11/08/2025. There was no indication on the MAR that the resident refused the medication on 11/05/2025. There was no information on the MAR to show that Resident 1 had refused the medication after 11/08/2025.
- Magnesium Oxide (a mineral) 400mg tablet, take one tablet by mouth every morning. The MAR was not initialed. There was a handwritten note on the MAR stating "family supply". The back of the MAR indicates all morning medications were refused from 11/01/2025-11/04/2025 and from 11/06/25-11/08/2025. There was no indication on the MAR that the resident refused the medication on 11/05/2025. There was no information on the MAR to show that Resident 1 had refused the medication after 11/08/2025.
- Multivitamin tablet, take one tablet by mouth every morning. The MAR was not

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initialed. There was a handwritten note on the MAR stating “family supply”. The back of the MAR indicates all morning medications were refused from 11/01/2025-11/04/2025 and from 11/06/25-11/08/2025. There was no indication on the MAR that the resident refused the medication on 11/05/2025. There was no information on the MAR to show that Resident 1 had refused the medication after 11/08/2025.

- Pantoprazole Sodium DR (a stomach acid reducer) 20 mg, take one tablet by mouth every morning 30-60 minutes before breakfast. The MAR was initialed and circled by a caregiver daily from 11/01/2025-11/08/2025. A vertical line had been drawn on the MAR after the date of 11/08/2025 with no further caregiver initials. The back of the MAR indicates all morning medications were refused from 11/01/2025-11/04/2025 and from 11/06/25-11/08/2025. There was no indication on the back of the MAR that the resident refused the medication on 11/05/2025. There was no information on the MAR to show that Resident 1 had refused the medication after 11/08/2025.
- Quetiapine Fumarate (a medication to treat a mental health disorder) 50mg tablet, take one tablet by mouth four times daily. The MAR was initialed and circled by a caregiver daily from 11/01/2025-11/08/2025. A vertical line had been drawn on the MAR after the date of 11/08/2025 with no further caregiver initials. The back of the MAR indicates all doses had been refused on 11/01/2025, 11/03/2025, 11/04/2025, and 11/06/2025-11/08/2025. There was no documentation on the back of the MAR that Resident 1 refused all doses of the medication on 11/02/2025, or the noon and evening doses on 11/05/2025. There was no information on the MAR to show that Resident 1 had refused the medication after 11/08/2025.
- Trazadone (a medication to treat depression) 150 mg tablet, take one tablet by mouth at bedtime. The MAR was initialed and circled by a caregiver daily from 11/01/2025-11/08/2025. A vertical line had been drawn on the MAR after the date of 11/08/2025 with no further caregiver initials. The back of the MAR indicated all doses had been refused for 11/01/2025, and 11/03/2025-11/08/2025. There was no documentation on the back of the MAR for 11/02/2025 to indicate that Resident 1 had refused the medication. There was no information on the MAR to show that Resident 1 had refused the medication after 11/08/2025.
- Vitamin B-1 100 mg tablet, take one tablet by mouth every morning. The MAR was not initialed. There was a handwritten note on the MAR stating “family supply”. The back of the MAR indicated all doses had been refused for 11/01/2025, and 11/03/2025-11/08/2025. There was no documentation on the back of the MAR for 11/02/2025 to indicate that Resident 1 had refused the medication. There was no information on the MAR to show that Resident 1 had refused the medication after 11/08/2025.
- Sucralfate (a medication used to treat or prevent stomach ulcers) 1 gm/10 milliliters (ml) suspension, take 10 ml by mouth twice daily. There is no start date on the MAR. The MAR has an X covering the dates of 11/01/2025-11/02/2025 for both the morning and evening doses and the morning dose on 11/03/2025. The medication was initialed and circled by a caregiver for the evening dose on 11/03/2025, and both doses from 11/04/2025-11/08/2025. A vertical line had been drawn on the MAR after the date of 11/08/2025 with no further caregiver initials. The back of the MAR indicated all doses had been refused from 11/03/2025-11/08/2025. There was no information on the MAR to show that Resident 1 had refused the medication after 11/08/2025.
- Meloxicam (a pain medication) 7.5 mg tablet, take one tablet by mouth twice daily as needed for 14 days was ordered on 10/08/2025. The medication had been initialed and circled on the MAR on 11/02/2025. The back of the MAR indicates that the medication had been given to relieve anxiety and had been effective.
- Nicotine chewing gum (a nicotine replacement) 4 mg chew, chew one piece for 30 minutes before spitting out every six hours as needed. The medication had been

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initialed and circled three times on the MAR on 11/02/2025. The back of the MAR indicated the medication had been given at 12:00 PM, 4:30 PM, and 7:40 PM. There was not six hours between the doses. The medication had been initialed and circled twice on the MAR on 11/03/2025. The back of the MAR indicated the medication had been given at 1:57 PM and 4:21 PM. There was not six hours between the doses. The medication had been initialed and circled three times on the MAR on 11/04/2025. The back of the MAR indicated the medication had been given at 8:00 AM, 4:21 PM, and 8:36 PM. There had not been six hours between the 4:21 PM and 8:36 PM doses.

On 11/24/2025 at 1:21 PM, Staff A, Provider, stated that they were going to run out of space on the MAR to indicate that Resident 1 had been refusing their medications. Staff A stated the resident had told them they were not going to take their medications, so they drew a line on the MAR to indicate the resident was not taking them, and stopped writing refused on the back of the MAR due to a space issue. Staff A reported that Resident 1 had refused to provide the AFH with the medications labeled on the MAR as “Family to provide”, so they had been unable to administer them.

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, #1 Sunshine 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 requirement.

_____ _____

Provider (or Representative) Date

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