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

SUNSHINE ADULT FAMILY HOME 1 LLC
SUNSHINE ADULT FAMILY HOME #1 LLC
10410 E 9th Ave
Spokane Valley, WA 99206

RE: SUNSHINE ADULT FAMILY HOME #1 LLC License # 752312

Dear Provider:

This letter addresses Compliance Determination(s) 63719 (Completion Date 08/06/2025) and 61555 (Completion Date 07/08/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/06/2025 and found that you have corrected the violations listed in the Complaint report dated 07/08/2025. Your home is back in compliance as of 07/09/2025 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 388-76-10225-3-b

The Department staff who did the on-site verification:
Kurt Routzahn, AFH/ALF Complaint Investigator

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

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

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Statement of Deficiencies	License #: 752312	Compliance Determination # 61555
Plan of Correction	SUNSHINE ADULT FAMILY HOME #1 LLC	Completion Date
Page 1 of 3	Licensee: SUNSHINE ADULT FAMILY HOME 1 LLC	07/08/2025

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 06/25/2025 of:

SUNSHINE ADULT FAMILY HOME #1 LLC
917 S Raymond Rd
Spokane Valley, WA 99206

This document references the following complaint number(s): 183598

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

The department staff that investigated the Adult Family Home:

Kurt Routzahn, AFH/ALF Complaint Investigator

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 388-76-10225 Reporting requirement.

(3) Whenever an outbreak of suspected food poisoning or communicable disease occurs, the adult family home must notify:

(b) The department's complaint toll-free hotline number or online reporting system.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the Department reporting hotline was notified when 2 of 2 residents (Residents 1 & 2) tested [redacted] for COVID-19. This failure placed the residents at risk for not receiving appropriate follow-up of a communicable disease.

Findings included…

On 06/25/2025 review of the Department's Secure Tracking and Reporting System (STARS) showed no record of a report submitted by the AFH regarding residents who tested [redacted] for COVID-19.

Review of an AFH incident report dated 06/25/2025, showed Resident 1 and 2 tested [redacted] for COVID-19 on 06/17/2025. The incident report showed the home notified the local health jurisdiction, resident representatives, and the PCP.

On 06/25/2025 at 9:40 AM Staff A, Manager, reported that Residents 1 and 2 tested [redacted] for COVID-19 on 06/17/2025. Staff A stated the local health jurisdiction, resident representatives, and the primary care provider (PCP) were notified. Staff A stated that the home did not report the outbreak to the Department's complaint toll-free hotline number or online reporting system.

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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 ADULT FAMILY HOME #1 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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