STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Sunshine Park Adult Family Home LLC 3

Sunshine Park Adult Family Home LLC 3
11110 NE 164th Place
Bothell, WA 98011

RE: Sunshine Park Adult Family Home LLC 3 License # 753506

Dear Provider:

This letter addresses Compliance Determination(s) 83120 (Completion Date 08/28/2026) and 78954 (Completion Date 06/30/2026).

The Department completed a follow-up inspection of your Adult Family Home on 08/28/2026 and found that you have corrected the violations listed in the Complaint report dated 06/30/2026. Your home is back in compliance as of 08/14/2026 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 388-76-10036-3, WAC 388-76-10036-1, WAC 388-76-10036, WAC 388-76-10135-3, WAC 388-76-10135-3-a, WAC 388-76-10135-3-b, WAC 388-76-10135-3-b-i, WAC 388-76-10135-3-b-ii, WAC 388-76-10455-2

The Department staff who did the on-site verification:
Kailash Sharma, ALF Licensor

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
Residential Care Services

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

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 06/12/2026 and 06/30/2026 of:

Sunshine Park Adult Family Home LLC 3
11818 NE 143rd St
Kirkland, WA 98034

This document references the following complaint number(s): 228113

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Kailash Sharma, ALF Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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Statement of Deficiencies	License #: 753506	Compliance Determination # 78954
Plan of Correction	Sunshine Park Adult Family Home LLC 3	Completion Date
Page 2 of 7	Licensee: Sunshine Park Adult Family Home LLC 3	06/30/2026

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 — 7-9-2026 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) — 7/14/26 Date

WAC 388-76-10036 License requirements Multiple adult family home management. When there is more than one home licensed to a provider, the adult family home must ensure that:

(1) Each home has one person responsible for managing the overall delivery of care to all residents in the home;

(3) Each responsible person is designated to manage only one adult family home at a given time.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to designate and update the department with its current qualified Resident Manager (RM) who managed the overall delivery of care for 5 of 5 residents (Residents 1, 2, 3, 4, and 5). This failure placed all five residents at risk of unintended harm related to the lack of an updated and designated RM.

Findings included...

Review of department records on 06/12/2026 using the Secure Tracking and Reporting System (STARS) showed the AFH listed a former caregiver (Staff E, Former Resident Manager) as the current RM, effective 12/27/2023. Further review of STARS records showed Staff A, the Entity Representative (licensee) for this AFH, also served as the Entity Representative for multiple AFHs' and as the RM for one of those homes.

Observation on 06/12/2026 at 3:45 PM showed that AFH had five Residents (Residents 1,2,3,4, and 5) and three Staff B, Caregiver, Staff C, Caregiver and Staff D Caregiver present at the time of onsite visit.

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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 388-76-10036 License requirements Multiple adult family home management. When there is more than one home licensed to a provider, the adult family home must ensure that:

(1) Each home has one person responsible for managing the overall delivery of care to all residents in the home;

(3) Each responsible person is designated to manage only one adult family home at a given time.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to designate and update the department with its current qualified Resident Manager (RM) who managed the overall delivery of care for 5 of 5 residents (Residents 1, 2, 3, 4, and 5). This failure placed all five residents at risk of unintended harm related to the lack of an updated and designated RM.

Findings included…

Review of department records on 06/12/2026 using the Secure Tracking and Reporting System (STARS) showed the AFH listed a former caregiver (Staff E, Former Resident Manager) as the current RM, effective 12/27/2023. Further review of STARS records showed Staff A, the Entity Representative (licensee) for this AFH, also served as the Entity Representative for multiple AFHs' and as the RM for one of those homes.

Observation on 06/12/2026 at 3:45 PM showed that AFH had five Residents (Residents 1,2,3,4, and 5) and three Staff B, Caregiver, Staff C, Caregiver and Staff D Caregiver present at the time of onsite visit.

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In an interview on 06/12/2026 at 3:40 PM, Staff B stated that they were the current RM of the AFH.

In a phone interview with Staff on 06/12/2026, Staff A, Entity Representative stated that the current RM for the home was Staff C. When asked when Staff C took over as the RM, Staff A stated that it's been about three months.

On 06/15/2028 at 5:56 PM department staff received an email from Staff A. The documents included an "Adult Family Home Information Changes" form dated 06/15/2026. Review of the documents showed the AFH requested a change of RM from Staff C to Staff B. Further review of the AFH's managerial staffing record showed Staff C had not been listed as RM. The most recent RM was Staff E, who was not found in the home.

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 Park Adult Family Home LLC 3 is or will be in compliance with this law and / or regulation on (Date) 6/14/2026.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date: 7/14/26

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(3) Has basic communication skills to:

(a) Be able to communicate or make provisions to communicate with the resident in his or her primary language; and

(b) Understand and speak English well enough to:

(i) Respond appropriately to emergency situations; and

(ii) Read, understand, and implement resident negotiated care plans;

This requirement was not met as evidenced by:

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In an interview on 06/12/2026 at 3:40 PM, Staff B stated that they were the current RM of the AFH.

In a phone interview with Staff on 06/12/2026, Staff A, Entity Representative stated that the current RM for the home was Staff C. When asked when Staff C took over as the RM, Staff A stated that it's been about three months.

On 06/15/2028 at 5:56 PM department staff received an email from Staff A. The documents included an "Adult Family Home Information Changes" form dated 06/15/2026. Review of the documents showed the AFH requested a change of RM from Staff C to Staff B. Further review of the AFH's managerial staffing record showed Staff C had not been listed as RM. The most recent RM was Staff E, who was not found in the home.

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 Park Adult Family Home LLC 3 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.

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Provider (or Representative) Date

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(b) Understand and speak English well enough to:

(i) Respond appropriately to emergency situations; and

(ii) Read, understand, and implement resident negotiated care plans;

This requirement was not met as evidenced by:

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Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure that 2 of 3 caregivers (Staff C, and Staff D, Caregiver) was able to understand and speak English well enough to communicate effectively with residents. This failure placed all Residents at risk of not receiving care according to their assessed care needs.

Findings included…

On 06/12/2026 at 11:48 AM, department case manager stated that Resident 1 was readmitted back to the AFH from a Local Health Facility (LHF) on [redacted]/2026. They had sent RND to AFH on 06/01/2026 to assess and delegate caregivers for Resident 1's nurse delegated tasks. They received rescinding letter from RND stating that AFH was not equipped to provide the care to a complex patient, and they were not comfortable delegating the tasks to the caregiver and the caregivers had knowledge of limited English.

Observation on 06/12/2026 at 3:45 PM showed that five Residents (Residents 1, 2, 3, 4, and 5) and three caregivers (Staff B, Caregiver, Staff C and Staff D) were present at the home at the time of visit.

During an interview on 06/12/2026 at 4:00 PM, Staff C stated that they spoke little English and their relation [a household member] helped with translation.

Observation on 06/12/2026 at 4:01 PM, showed that Staff C and Staff D had difficulty communicating in English. They both used a household member to translate during interviews with the department staff.

Review of staff records showed that Staff C and Staff D both worked at the AFH since 01/31/2024.

During an interview on 06/12/2026 at 4:20 PM, Resident 1 stated Staff C and Staff D did not speak English and used Google Translate to communicate with staff. Resident 1 stated they worried staff did not provide care according to their assessment.

On 06/15/2028 at 5:56 PM, department staff received an email document from Staff A. The document included an "Adult Family Home Information Changes" form dated, 06/15/2026. Review of the form showed the AFH had requested a change of RM from Staff C, [being the AFH current RM] to Staff B.

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Statement of Deficiencies	License #: 753506	Compliance Determination # 78954
Plan of Correction	Sunshine Park Adult Family Home LLC 3	Completion Date
Page 5 of 7	Licensee: Sunshine Park Adult Family Home LLC 3	06/30/2026

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 Park Adult Family Home LLC 3 is or will be in compliance with this law and / or regulation on (Date) 8/14/2026.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date: 7/14/26

WAC 388-76-10455 Medication Administration. For residents assessed with requiring the administration of medications, the adult family home must ensure medication administration is:

(2) By nurse delegation per WAC 246-840-910 through 246-840-970 ; unless

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure that an existing Nurse Delegation was reviewed every 90 days and as needed by Registered Nurse Delegator for 1 of 5 residents (Resident 1). They also failed to ensure that a new delegation was in place for Resident 1 when the previous Nurse Delegator's (RND) contract was rescinded by the department. These failures placed Resident 1 at risk of receiving care from staff whose delegations were not current.

Findings included...

Observation on 06/12/2026 at 3:45 PM showed that AFH had five Residents (Residents 1, 2, 3, 4, and 5) and three caregivers, (Staff B, Caregiver, Staff C, Caregiver and Staff D Caregiver) in the home present at the time of visit.

On 06/12/2026 at 11:48 AM, department case manager stated that Resident 1 was readmitted back to the AFH from a Local Health Facility (LHF) on [redacted]/2026. They had sent RND to AFH on 06/01/2026. They received rescinding letter from RND stating that AFH was not equipped to provide the care to a complex patient, and they were not comfortable delegating the tasks to the AFH caregiver as they had knowledge of limited English.

Review of Resident 1's assessment dated 05/28/2026 showed AFH staff needed nurse delegation for medication management, blood glucose monitoring, [redacted] application of dressing and topical medications as needed.

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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 Park Adult Family Home LLC 3 is or will be in compliance with this law and / or regulation on (Date)_____ .

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Review of Resident 1's assessment dated 05/28/2026 showed AFH staff needed nurse delegation for medication management, blood glucose monitoring, [redacted] application of dressing and topical medications as needed.

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Review of medication log for Resident 1 for the month of May 2026 showed that Staff C gave insulin to Resident 1 three times daily.

Review of document titled “Nurse Delegation Visit” showed that Staff C were provided nurse delegation training on 12/26/2025 by a previous RND for this home. No other monitoring visits or new delegation paperwork were found in the AFH.

Review of Training Course for Nursing Assistants and Home Care Aides in the State of Washington for November 2023 in Nurse Delegation for Individual Providers for Nursing Assistants and Home Care Aides, page # 14 showed, ‘The delegating RN must reassess the client and supervise the delegation at least every 90 days.’

During an interview on 06/12/2026 at 3:40 PM, Staff B stated that staff were previously delegated by an RND. They stated that they contracted another RND to do delegation on 06/08/2026, and that delegation was cancelled. They stated that they are looking for another RND to come and do the nurse delegation for AFH staff. They stated that in the meantime, Staff C continue to give insulin to Resident 1, based on their previous delegation.

During an interview on 06/12/2026 at 4:00 PM Staff C confirmed that they continue to administer insulin to Resident 1.

During an interview on 06/12/2026 at 4:20 PM Resident 1 stated that they went to LHF in month of “[redacted] or [redacted]” and they returned to AFH on [redacted]/2026.

During a phone interview on 06/12/2026 at 5:15 PM Staff A, Representative stated that after Resident 1 returned from LHF on [redacted]/2026, a new RND conducted a delegation assessment but refused to delegate the AFH staff. Staff A stated that the AFH staff continued administering medications under previously completed delegation. Staff A added that they were in the process of finding another RND. When asked about the lapse in time to find another delegator, Staff A stated that they could not address this promptly as they were out of the state attending to a family emergency.

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Statement of Deficiencies	License #: 753506	Compliance Determination # 78954
Plan of Correction	Sunshine Park Adult Family Home LLC 3	Completion Date
Page 7 of 7	Licensee: Sunshine Park Adult Family Home LLC 3	06/30/2026

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 Park Adult Family Home LLC 3 is or will be in compliance with this law and / or regulation on (Date) 8/14/2026

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) — Date: 7/14/2026

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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 Park Adult Family Home LLC 3 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.

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