STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

1st Sunshine Park of Kenmore LLC

1st Sunshine Park of Kenmore LLC
11110 NE 164th Place
Bothell, WA 98011

RE: 1st Sunshine Park of Kenmore LLC License # 754150

Dear Provider:

This letter addresses Compliance Determination(s) 80162 (Completion Date 07/08/2026) and 77447 (Completion Date 05/26/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/08/2026 and found that you have corrected the violations listed in the Complaint report dated 05/26/2026. Your home is back in compliance as of 07/04/2026 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 388-76-10350-2-d

The Department staff who did the off-site verification:
Spomenka Hodzic, NCI

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

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

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Statement of Deficiencies	License #: 754150	Compliance Determination # 77447
Plan of Correction	1st Sunshine Park of Kenmore LLC	Completion Date
Page 1 of 3	Licensee: 1st Sunshine Park of Kenmore LLC	05/26/2026

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 05/14/2026 of:

1st Sunshine Park of Kenmore LLC
19004 65TH AVE NE
KENMORE, WA 98028

This document references the following complaint number(s): 223833

The following sample was selected for review during the unannounced on-site visit: 3 of 4 current residents and 0 former residents.

The department staff that investigated the Adult Family Home:

Spomenka Hodzic, NCI

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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Plan of Correction	1st Sunshine Park of Kenmore LLC	Completion Date
Page 2 of 3	Licensee: 1st Sunshine Park of Kenmore LLC	05/26/2026

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.

Renee' Bourque
Residential Care Services

06/02/2026
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)

6/22/2026
Date

WAC 388-76-10350 Assessment Updates required.

(2) The adult family home must ensure each resident's assessment is reviewed and updated to document the resident's ongoing needs and preferences as follows:

(d) At least every 12 months.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to update the assessment for 1 of 4 Residents (Resident 2) at least every twelve months as required. This failure placed Resident 2 at risk for unmet care and needs.

Findings included...

Review of Resident 2's negotiated care plan (NCP), dated 05/18/2025, and demographic data showed the AFH admitted Resident 2 on [redacted]/2023 with multiple medical diagnoses.

Review of Resident 2's assessment, dated 06/16/2024, showed that AFH was three hundred and thirty-two days overdue in reviewing and updating Resident 2's assessment.

In an interview, on 05/14/2026 at 11:25 AM, Staff A, Provider, stated that they did not know that they were supposed to review and updated Resident 2's assessment every twelve months when the assessment and NCP were done as one document. Staff A reported that they believed that they needed to update only the NCP.

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Statement of Deficiencies	License #: 754150	Compliance Determination # 77447
Plan of Correction	1st Sunshine Park of Kenmore LLC	Completion Date
Page 3 of 3	Licensee: 1st Sunshine Park of Kenmore LLC	05/26/2026

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, 1st Sunshine Park of Kenmore LLC is or will be in compliance with this law and / or regulation on (Date) 7/4/2026.

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

Provider (or Representative)

~~7/4/2026~~ 6/22/2026
Date

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06/02/2026

1st Sunshine Park of Kenmore LLC
1st Sunshine Park of Kenmore LLC
11110 NE 164th Place
Bothell, WA 98011

RE: 1st Sunshine Park of Kenmore LLC # 754150

Dear Provider:

The Department completed a complaint investigation of your Adult Family Home on 05/26/2026 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on any deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Next to each deficiency, sign and date certifying that you have or will correct each cited deficiency; and
  - o Return the Plan/Attestation Statement and report with signatures to:

Renee Bourque, Field Manager
Residential Care Services

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

Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (05/26/2026), no later than 07/10/2026 or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):
In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

Based on observation and interview, the Adult Family Home (AFH) failed to ensure medication storage area was properly locked for 4 of 4 Residents (Resident 1, Resident 2, Resident 3 and Resident 4). The AFH Staff immediately ensured medication cabinet was properly locked.

You Are Not:
• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:
• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:
• Please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

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

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
Preferred methods:
eFax: (206) 971-6791
Email: rcsregion2email@dshs.wa.gov
Optional method:
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can make an IDR request and find directions on the IDR web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a

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Panel IDR, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225

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