STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Sunset Care Home LLC

Sunset Care Home LLC
1609 S Jackson Ave
Tacoma, WA 98465

RE: Sunset Care Home LLC License # 755350

Dear Provider:

This letter addresses Compliance Determination(s) 71446 (Completion Date 01/15/2026) and 70122 (Completion Date 12/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 01/15/2026 and found that you have corrected the violations listed in the Full report dated 12/17/2025. Your home is back in compliance as of 12/29/2025 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 388-76-10130, WAC 388-76-10130-3, WAC 388-112A-0610, WAC 388-112A-0610-1, WAC 388-112A-0610-1-a, WAC 388-112A-0610-1-a-iv, WAC 388-76-10650, WAC 388-76-10650-2, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10650-2-c, WAC 388-76-10165, WAC 388-76-10165-1, WAC 388-76-10165-1-a

The Department staff who did the on-site verification:
Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
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 the unannounced on-site full inspection on 12/15/2025 of:
Sunset Care Home LLC
1609 S Jackson Ave
Tacoma, WA 98465

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 inspected the Adult Family Home:

Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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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 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(a) The following long-term care workers must complete 12 hours of continuing education by their birthday each year:

(iv) An adult family home provider, entity representative, and resident manager as provided under WAC 388-112A-0050 .

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(3) Completion of the training requirements that were in effect on the date they were hired or became licensed providers, including the requirements described in chapter 388-112A WAC;

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews, the adult family home (AFH) failed to ensure 1 of 5 AFH staff (Provider) completed twelve (12) hours of continuing education units (CEUs) by their birthday in 2024. This failure resulted in 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) residing in an AFH operated by a Provider that did not meet the minimum qualifications.

Findings included…

On 12/15/2025, record review showed the Provider's birthday was 07/17 and held a

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nursing assistant certification (NAC). There was no documentation they completed 12 hours of CEUs by 07/17/2024.

On 12/15/2025 at 10:00 AM, observation showed the Provider worked at the AFH.

On 12/15/2025 at 12:30 PM, in an interview, when asked why there was no documentation of 12 hours of CEUs completed by their birthday on 07/17/2024, the Provider stated they will look for it.

On 12/16/2025 at 11:31 AM, record review showed the Provider sent an email to the Department. There was no documentation they completed 12 hours of CEUs by their birthday in 2024.

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, Sunset Care 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

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observations, interviews, and record reviews, the adult family home (AFH) failed to ensure 2 of 2 residents (Resident 4 and Resident 5) with [redacted] and a [redacted] were assessed on how the resident would use the medical device, the devices safety risks and benefits were

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provided to the resident and his or her family, and ensured the residents negotiated care plan (NCP) included how the residents will use the medical devices. This failure placed Resident 4 (R4) and Resident 5 (R5) at risk of serious injury.

Findings included…

Resident 4

On 12/15/2025, record review showed R4 admitted to the AFH on [redacted]/2024. There was no documentation they were assessed on how they would use [redacted] and no documentation R4 or their representative reviewed the risks and benefits of [redacted]. Their negotiated care plan dated [redacted]/2025 did not document how R4 would use [redacted]. Page 18 of R4's annual assessment dated 03/06/2025 listed [redacted] as equipment R4 used and a disclaimer the risks and benefits needed to be reviewed.

On 12/15/2025 at 8:56 AM, observation showed R4 had [redacted] attached to their bed.

On 12/15/2025 at 8:56 AM, in an interview with the Provider, when asked what the [redacted] were used for, the Provider stated R4 uses them to assist with transfers in and out of bed.

On 12/15/2025 at 10:44 AM, in an interview, R4 stated their son-in-law installed the [redacted] so they can use them to turn on their side when given care. R4 stated their son-in-law installed them when they first moved to the AFH.

On 12/15/2025 at 12:30 PM, when asked why R4 did not have documentation they were assessed on how [redacted] were going to be used, documentation R4 or their representative reviewed the risk and benefits of [redacted], and why R4's NCP did not document how [redacted] were used, the Provider stated they paid a nurse to have the assessment done and did not receive it. The Provider did not elaborate further.

Resident 5

On 12/15/2025 record review of R5's NCP that was reviewed and signed on 04/07/2024 and 07/16/2025 by R5's Representative did not document how R5 would use the [redacted] and [redacted].

On 12/15/2025 at 8:58 AM, observation showed R5 had [redacted] attached to their bed and a [redacted] installed next to their bed.

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On 12/15/2025 at 8:58 AM, in an interview with the Provider, when asked what the [redacted] and [redacted] are used for, the Provider stated R5 used both medical devices to help with transferring in and out of bed.

On 12/15/2025 at 10:53 AM, in an interview, R5 stated they hold onto the [redacted] to stand up and they hold on to the [redacted] when the staff provided care.

On 12/15/2025 at 12:30 PM, when asked why R5 did not have documentation they were assessed on how [redacted] and the [redacted] were going to be used, documentation R5 or their representative reviewed the risk and benefits of [redacted] and the [redacted], and why R5's NCP did not document how [redacted] and the [redacted] were used, the Provider stated they paid a nurse to have the assessment done and did not receive it. The Provider did not elaborate further.

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, Sunset Care 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

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record reviews, the adult family home (AFH) failed to ensure 1 of 5 AFH staff (Provider) had a valid Washington State Name and Date of Birth Background Check. This failure resulted in 5 of 5 residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5) being cared for and had contact with an AFH Provider with an unknown criminal background history.

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Findings included…

On 12/15/2025, record review showed the Provider's Washington State Name and Date of Birth Background Check expired on 11/01/2025 (44 days ago).

On 12/15/2025 at 10:00 AM, observation showed the Provider worked at the AFH.

On 12/15/2025 at 12:30 PM, in an interview, when asked if they renewed their Washington State Background Check, the Provider stated they will check.

On 12/16/2025 at 11:31 AM, record review of Department email showed the Provider emailed their Washington State Name and Date of Birth background check that was renewed on 12/15/2025. There was no documentation they renewed it prior to the inspection. There were no findings.

This deficiency was previously cited on 10/12/2023.

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, Sunset Care 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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