STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

Sunrise Grace AFH LLC

Sunrise Grace AFH LLC
4914 61st Dr NE
Marysville, WA 98270

RE: Sunrise Grace AFH LLC License # 758138

Dear Provider:

This letter addresses Compliance Determination(s) 69736 (Completion Date 12/08/2025) and 65942 (Completion Date 10/09/2025).

The Department completed a follow-up inspection of your Adult Family Home on 12/08/2025 and found that you have corrected the violations listed in the Complaint report dated 10/09/2025. Your home is back in compliance as of 11/23/2025 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 388-76-10475-1, WAC 388-76-10475-3-a, WAC 388-76-10360, WAC 388-76-10340, WAC 388-76-10340-1, WAC 388-76-10340-2, WAC 388-76-10340-3, WAC 388-76-10340-4, WAC 388-76-10340-5

The Department staff who did the on-site verification:
Jennifer Nichols, Community Complaint Investigator

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
Residential Care Services

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

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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 09/22/2025 of:

Sunrise Grace AFH LLC
4914 61st Dr NE
Marysville, WA 98270

This document references the following complaint number(s): 192722

The following sample was selected for review during the unannounced on-site visit: 2 of 2 current residents and 1 former residents.

The department staff that investigated the Adult Family Home:

Jennifer Nichols, Community Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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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 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the medication log (ML) for 1 of 3 residents (former Resident 1) was up to date with documented staff initials of who gave Resident 1 their medication. This failure placed Resident 1 at risk for being over medicated and adverse medication interactions.

Findings included…

Record review showed the AFH admitted Resident 1 on [redacted]/2025 with multiple diagnoses that included [redacted]. Review of Resident 1's assessment, dated 07/30/2025, showed Resident 1 required caregiver assistance with medications.

Review of Resident 1's physician orders from the pharmacy, dated 08/01/2025 – 08/31/2025, showed the following routinely prescribed medications:

- Atomoxetine HCL (a medication used to improve the ability to concentrate and control impulsive behavior) 80 milligrams (mg) once daily at 8:00 AM

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- Buprenorphin-Naloxon (a medication used to treat dependence on certain stronger pain medications) 8/2 mg twice daily at 8:00 AM and 8:00 PM
- Lamotrigine (a medication used to treat Bipolar Disorder) 200 mg once daily at 8:00 AM
- Lithium Carbonate ER (a medication used to stabilize mood) 1200 mg once daily at 8:00 PM
- Pantoprazole Sodium DR (a medication used to decrease stomach acids) 20 mg twice daily at 7:30 AM and 4:30 PM
- Prazosin (a medication used to lower blood pressure) three mg daily at 8:00 PM

Review of Resident 1's Medication Log (ML), dated 08/08/2025-08/31/2025, showed the caregiver did not document their initials indicating that Resident 1 was given any of their routinely prescribed medications from August 1st until 4:30 PM August 10th.

In an interview, on 09/22/2025 at 2:05 PM, Staff A (Entity Representative) stated that they did give Resident 1 all their routinely prescribed medications from August 1st until 4:30 PM August 10th, but forgot to document their initials on Resident 1's ML.

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, Sunrise Grace AFH 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 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that 1 of 3 resident's (former Resident 1) Negotiated Care Plan (NCP) was developed and completed within 30 days of their admission to the AFH. This failure placed Resident 1 at risk for unrecognized and unmet care needs.

Findings included…

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Record review showed the AFH admitted Resident 1 on [redacted]/2025 with multiple diagnoses that included [redacted]. Review of Resident 1's assessment, dated 07/30/2025, showed Resident 1 required caregiver assistance with medications and activities of daily living. Review of Resident 1's record showed it did not contain an NCP.

In an interview, on 09/22/2025 at 2:05 PM, Staff A (Entity Representative) stated that they did not develop and complete an NCP for Resident 1 because they forgot.

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, Sunrise Grace AFH 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 388-76-10340 Preliminary service plan. The adult family home must ensure that each resident has a preliminary service plan that includes:

(1) The resident's specific problems and needs identified in the assessment;

(2) The needs for which the resident chooses not to accept or refuses care or services;

(3) What the home will do to ensure the resident's health and safety related to the refusal of any care or service;

(4) Resident defined goals and preferences; and

(5) How the home will meet the resident's needs.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 3 residents (Resident 2) had a Preliminary Service Plan (PSP) developed and completed. This failure placed Resident 2 at risk of unrecognized and unmet care needs and preferences.

Findings included…

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Record review showed the AFH admitted Resident 2 on [redacted]/2025 with multiple diagnoses. Review of Resident 2's assessment, dated 08/27/2025, showed they required caregiver assistance with activities of daily living. Review of Resident 2's record showed it did not contain a PSP to indicate how the AFH would meet Resident 2's care needs and preferences.

In an interview, on 09/22/2025 at 2:05 PM, Staff A (Entity Representative) stated that they did not develop and complete a PSP for Resident 2 because they forgot.

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, Sunrise Grace AFH 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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