STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 81387 (Completion Date 07/30/2026) and 73718 (Completion Date 04/07/2026).

The Department completed a follow-up inspection of your Adult Family Home on 07/30/2026 and found that you have corrected the violations listed in the Complaint report dated 04/07/2026. Your home is back in compliance as of 05/22/2026 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 388-76-10430-2-c, WAC 388-76-10685-6

The Department staff who did the on-site verification:
Judith Mellon, RN, Licensor

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

Sincerely,

Nicholette Flynn

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

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Statement of Deficiencies	License #: 758138	Compliance Determination # 73718
Plan of Correction	Sunrise Grace AFH LLC	Completion Date
Page 1 of 5	Licensee: Sunrise Grace AFH LLC	04/07/2026

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 03/02/2026 of:

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

This document references the following complaint number(s): 212887, 212878

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

The department staff that investigated the Adult Family Home:

Judith Mellon, RN, Licensor

From:
DSHS, Home and Community Living 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.

Anne' Bourque on behalf of Nicholette Ryan
Residential Care Services

04/08/2026
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.

Efrem kidane
Provider (or Representative)

04/11/2026
Date

WAC 388-76-10430 Medication system.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on interviews and record reviews, the Adult Family Home (AFH) failed to ensure medication logs (ML) were accurate and current for 2 of 3 residents (Resident 1 and 2). This failure placed Residents 1 and 2 at risk of receiving the wrong medications or dosages prescribed by the physician.

Findings included...

In an interview on 03/02/2026 at 11:35 AM, Staff A (Provider/Caregiver) stated that there were 3 residents who lived in the AFH, and that Staff A provided medications to the residents.

Resident 1

Resident 1 was admitted to the AFH on [redacted]/2025 with multiple medical diagnoses including [redacted] and [redacted].

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Record review of Resident 1's negotiated care plan (NCP) dated [redacted]/2025 showed Resident 1 needed minimum assistance with medications, and staff were to log all medications given and consumed by the resident on the medication administration record (i.e. medication log).

Record review of Resident 1's MLs showed Resident 1's March 2026 ML was unsigned during an onsite visit on 03/02/2026, and was in a yellow, large size manila envelope.

Review of MLs in a binder being used by Staff A to pass medications showed Staff A was using a "duplicate" ML, dated from February 2026, to document medications being provided to Resident 1 in March 2026.

Review of a binder containing ML for "completed" records, showed a February 2026 ML had already been completed for Resident 1.

Resident 2

Resident 2 was admitted to the AFH on [redacted]/2025 with multiple medical diagnoses including [redacted] and [redacted].

Record review of Resident 2's negotiated care plan (NCP) dated 08/29/2025, showed Resident 2 needed minimum assistance with medications, and staff were to log all medications given and consumed by the resident on the medication administration record (i.e. medication log).

Record review of Resident 2's March 2026 ML showed Resident 2's March 2026 ML was unsigned during an onsite visit on 03/02/2026, and was in a yellow, large size manila envelope.

Review of MLs in a binder being used by Staff A to pass medications showed Staff A was using a "duplicate" ML dated from February 2026 to document medications being provided to Resident 2 in March 2026. Staff A signed March dates for medications provided to Resident 2 on the back of the "duplicate" February 2026 ML.

Review of a binder containing MLs for "completed" records, showed a February 2026 ML had already been completed for Resident 2.

In an interview on 03/02/2026 at 12:41PM, Staff A stated, "that was my fault, I signed

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the wrong MLs. I didn't realize I was signing the wrong ML and just signed it." Staff A was unsure why there were additional copies of February MLs and why March 2026 MLs were not being used.

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) Efrem kidane Date 04/11/2026

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(6) Give each resident the opportunity to have a lock on their bedroom door if they choose to unless having a locked door would be unsafe for the resident and this is documented according to WAC 388-76-10401 .

This requirement was not met as evidenced by:

Based on observations and interviews the Adult Family Home failed to ensure 1 of 3 residents (Resident 3) had a door lock on their bedroom door when requested to maintain privacy. This failure placed Resident 3 at risk for decreased privacy, quality of life and was a violation of their rights.

Findings included...

Resident 3 admitted to the AFH on [redacted]/2025 with multiple medical diagnoses including [redacted].

Record review of Resident 3's negotiated care plan (NCP) dated 12/20/2025 showed Resident 3 was independent with activities of daily living.

Record review of admission paperwork dated [redacted]/2025, showed that the resident has the right to personal privacy and confidentiality of his or her personal and clinical records, and that Personal privacy included accommodations.

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Observation, on 03/02/2026 at 11:45 AM, showed Resident 3's bedroom was a single room with no door lock.

In an interview on 03/02/2026 at 12:00 PM, Resident 3 stated that they had previously requested a room door lock on their bedroom and did not get one.

In an interview on 03/05/2026 at 11:47 AM, Collateral Contact 1 (CC1) stated that there was no privacy for Resident 3, Resident 3's personal belongings were searched without his knowledge, and that Resident 3 had requested a door lock on their bedroom door, and no lock was provided.

In an interview, on 03/02/2026 at 12:23 PM, Staff A (Provider/Caregiver) stated that they were aware Resident 3 wanted a door lock, and felt they were keeping Resident 3 safe by not having a door lock so that they could check on residents.

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.

Efrem kidane — Provider (or Representative)

04/11/2026 — Date

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