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

Sunrise Senior Living Management Inc
SUNRISE OF EDMONDS
750 EDMONDS WAY
EDMONDS, WA 98020

RE: SUNRISE OF EDMONDS License # 2162

Dear Administrator:

This letter addresses Compliance Determination(s) 84426 (Completion Date 09/30/2026) and 81195 (Completion Date 07/31/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/30/2026 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2485-1, WAC 388-78A-2485-3

The Department staff who did the off-site verification:
Allison Nunn, Long Term Care Surveyor
Karen Glover, Nursing Consultant Institutional

If you have any questions, please contact me at (253)312-1446.

Sincerely,

Jamie Singer

Jamie Singer, Field Manager
Region 2, Unit J
Residential Care Services

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

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HOME AND COMMUNITY LIVING ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 07/28/2026 and 07/30/2026 of:

SUNRISE OF EDMONDS
750 EDMONDS WAY
EDMONDS, WA 98020

The following sample was selected for review during the unannounced on-site visit: 7 of 58 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Karen Glover, Nursing Consultant Institutional
Allison Nunn, Long Term Care Surveyor

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

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Statement of Deficiencies	License #: 2162	Compliance Determination # 81195
Plan of Correction	SUNRISE OF EDMONDS	Completion Date
Page 2 of 3	Licensee: Sunrise Senior Living Management Inc	07/31/2026

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.

Jennie Singer
Residential Care Services

8/5/2026
Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative)

8/11/26
Date

WAC 388-78A-2485 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the assisted living facility must:

(1) Ensure that the staff person has a chest X-ray within seven days;

(3) Follow the recommendation of the resident or staff person's health care provider.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure 2 of 4 staff (Staff C and D) had a chest x-ray after they had a positive tuberculosis (TB) (a contagious infection that is spread through bacteria in the air and primarily affects that lungs) test. This failure placed all 58 residents at risk of possible exposure to a communicable disease.

Findings included...

Record review showed the ALF hired Staff C (Medication Care Manager) on 11/25/2024. Staff C's employee file showed they had a positive TB test on 11/27/2024. Staff C did not have a chest x-ray, 611 days after their date of hire.

Record review showed the ALF hired Staff D (Care Manager) on 09/13/2024. Staff D's employee file showed they had a positive TB test on 09/12/2024. Staff D did not have a chest x-ray, 715 days after their date of hire.

In an interview, on 07/29/2026 at 4:12 PM, Staff G (Business Office Coordinator) confirmed Staff C and D should have had a chest x-ray to rule out TB.

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Plan/Attestation Statement

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 OF EDMONDS is or will be in compliance with this law and / or regulation on (Date) 9/14/26 .

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

Administrator (or Representative) Date 8/11/26

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