STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Sunrise Senior Living Management Inc
Sunrise of Redmond
15241 NE 20TH ST
BELLEVUE, WA 98007

RE: Sunrise of Redmond License # 2464

Dear Administrator:

This letter addresses Compliance Determination(s) 67230 (Completion Date 10/15/2025) and 63673 (Completion Date 08/20/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/15/2025 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-2040-2

The Department staff who did the on-site verification:
Deborah Corlis, Complaint Investigator

If you have any questions, please contact me at (206)305-3489.

Sincerely,

James Sherman, Field Manager
Region 2, Unit D
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 an unannounced on-site follow-up on 08/04/2025 of:

Sunrise of Redmond
15241 NE 20TH ST
BELLEVUE, WA 98007

This document references the following SOD dated: 08/20/2025

The following sample was selected for review during the unannounced on-site visit: 104 of 104 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Deborah Corlis, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) _____ Date _____

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 104 of 104 residents (Residents 1 to Resident 104) resided in a safe environment that is approved of by the state fire marshal. This failure placed all residents at risk of harm, injury, and potential fire hazards related to unsafe environmental conditions.

Findings included…

Review of document titled" Washington State Patrol Fire Protection Bureau", dated 08-18-2025, showed the facility failed a fourth fire marshal inspection. The document identified fire safety violations. The document showed the facility failed to meet the required fire safety regulations. The report showed there was no paperwork provided that showed the facility identified and established a schedule for inspection of fire doors.

During an interview on 08/04/2025 at 10:25 AM, Staff A, Executive Director and Staff B, Maintenance Assistant, stated that they thought all fire marshal deficiencies were corrected and the facility was ready for the fire marshal reinspection.

This is an uncorrected deficiency previously cited on 05/20/2025 for subsection (2) and a recurring deficiency previously cited on 02/07/2025 for subsection (2).

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 Redmond 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.

_____ _____

Administrator (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 an unannounced on-site follow-up on 05/15/2025 of:
Sunrise of Redmond
15241 NE 20TH ST
BELLEVUE, WA 98007

This document references the following SOD dated: 05/20/2025

The following sample was selected for review during the unannounced on-site visit: 0 of 98 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Deborah Corlis, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) _____ Date _____

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 98 of 98 residents (Residents 1 to 98) resided in a safe environment that is in compliance with the State Fire Marshal regulations. This failure placed all residents at risk of harm, injury, and potential fire hazards related to unsafe environmental conditions.

Findings included…

Review of document titled "Washington State Patrol Fire Protection Bureau", dated 03/13/2025, showed the facility failed a third Fire Marshal inspection. The document identified four areas that were out of compliance with the state fire safety regulations. The first violation included: no paperwork provided of the annual report for the maintenance and testing schedules and procedures for fire alarm and fire detection system; no paperwork of the sensitivity testing of these systems; and no paperwork of the monthly single and multiple station alarms test. The second violation included: no paperwork provided of the annual service report for the emergency and standby power systems; no paperwork provided for the log of weekly inspections; no paperwork provided for the monthly 30-minute full load test; and no paperwork provided for the diesel fuel testing. The third violation included: no paperwork provided for the fire/smoke damper inspection. The fourth violation included: no paperwork provided that showed the facility identified and established a schedule for inspection of fire doors. The fire marshal observed the second-floor elevator fire door did not latch; the second-floor boutique double doors did not latch; the double doors near room 2063 contained a large gap; the activities double door did not close and latch; and the employee hallway double doors did not latch. The document showed the facility failed

to meet these required fire safety regulations.

During an interview on 05/15/2025 at 10:25 AM, Staff A, Maintenance Assistant, and Staff B, Maintenance Director, stated that they were not ready for the Fire Marshal reinspection and that the facility remained out of compliance with the State Fire Marshal regulations.

This is an uncorrected deficiency previously cited on 02/07/2025.

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 Redmond 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.

_____ _____

Administrator (or Representative) Date

Residential Care Services
Investigation Summary Report

Provider/Facility: Sunrise of Redmond
Provider Type: Assisted Living Facility
License/Cert.#: 2464
Compliance Determination #: 54383
Intake ID: 164507
Investigator: Deborah Corlis
Region/Unit #: RCS Region 2 / Unit D
Investigation Date(s): 02/06/2025 through 02/07/2025
Complainant Contact Date(s):

Allegation(s):
Failed Fire Marshall inspection.

Investigation Methods:

Sample:	Total residents: 91 Resident sample size: 91 Closed records sample size: 0
Observations:	facility environment, common areas, resident to staff interactions, resident to resident interactions.
Interviews:	Executive Director.
Record Reviews:	Characteristic Roster, Fire Marshall inspections and non-compliance letter.

Investigation Summary:
Failed practice identified. The Assisted Living Facility failed a second Fire Marshall inspection. See statement of deficiency.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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20425 72nd Avenue S, Suite 400, Kent, WA 98032

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 an unannounced on-site complaint investigation on 02/06/2025 of:

Sunrise of Redmond
15241 NE 20TH ST
BELLEVUE, WA 98007

This document references the following complaint number(s): 164507

The following sample was selected for review during the unannounced on-site visit: 91 of 91 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Deborah Corlis, Complaint Investigator

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit D
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.

Administrator (or Representative) | Date

WAC 388-78A-2040 Other requirements.

(2) The assisted living facility must have its building approved by the Washington state fire marshal in order to be licensed.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 91 of 91 residents (Residents 1 to 91) resided in a safe environment that is approved of by the State Fire Marshal. This failure placed all residents at risk of harm, injury, and potential fire hazards related to unsafe environmental conditions.

Findings included…

Review of document titled" Washington State Patrol Fire Protection Bureau", dated 01-15-2025, showed the facility failed a second Fire Marshal inspection. The document identified multiple fire safety violations. The document showed the facility failed to meet required fire safety regulations.

During an interview on 02/06/2025 at 10:55 AM, Staff A, Executive Director, stated that they were unaware the facility was still out of compliance with the State Fire Marshal regulations. Staff A stated that the facility and the Maintenance Director were working with the Fire Marshall on compliance.

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 Redmond 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.

_____ _____

Administrator (or Representative) Date