STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
1200 Alder Street, Union Gap, WA 98903

Sunnyside Care LLC
Sunnyside Care
907 Ida Belle St
Sunnyside, WA 98944

RE: Sunnyside Care License # 2754

Dear Administrator:

This letter addresses Compliance Determination(s) 79745 (Completion Date 07/01/2026) and 77464 (Completion Date 05/19/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/01/2026 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-2650-2, WAC 388-78A-2650-3

The Department staff who did the on-site verification:
Melissa Milanez, Community Complaint Investigator

If you have any questions, please contact me at (509)208-5231.

Sincerely,

Laura Williams-Davis

Laura Williams-Davis, ALF Field Manager
Region 1, Unit G
Residential Care Services

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

Residential Care Services
Investigation Summary Report

Provider/Facility: Sunnyside Care
Provider Type: Assisted Living Facility
License/Cert.#: 2754
Compliance Determination #: 77464
Intake ID: 223250
Investigator: Melissa Milanez
Region/Unit #: RCS Region 1 / Unit G
Investigation Date(s): 05/15/2026 through 05/19/2026
Complainant Contact Date(s): 05/19/2026

Allegation(s):
The facility had a flood that affected the fire panel.

Investigation Methods:

Sample:	Total residents: 75 Resident sample size: 75 Closed records sample size:
Observations:	Residents Identified resident Resident rooms
Interviews:	Facility staff Residents Others not associated with the facility
Record Reviews:	Characteristic roster Facility policies State reporting log Fire Marshal records

Investigation Summary:
Interviews and record reviews showed the facility failed to immediately report an unusual incident requiring implementation of the facilities disaster plan after flooding within the facility resulted in relocation of a resident, fire alarm system trouble signals, and delayed initiation of fire watch procedures. Failed practice identified. WAC 388-78A-2650(2,3).

Conclusion / Action:

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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

1200 Alder Street, Union Gap, WA 98903

Statement of Deficiencies	License #: 2754	Compliance Determination # 77464
Plan of Correction	Sunnyside Care	Completion Date
Page 1 of 4	Licensee: Sunnyside Care LLC	05/19/2026

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 05/15/2026 of:

Sunnyside Care
907 Ida Belle St
Sunnyside, WA 98944

This document references the following complaint number(s): 223250, 223282

The following sample was selected for review during the unannounced on-site visit: 75 of 75 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Melissa Milanez, Community Complaint Investigator

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 1 , Unit G
1200 Alder Street
Union Gap, WA 98903

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Statement of Deficiencies	License #: 2754	Compliance Determination # 77464
Plan of Correction	Sunnyside Care	Completion Date
Page 2 of 4	Licensee: Sunnyside Care LLC	05/19/2026

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.

Laura Williams-Davis
Residential Care Services

05/22/2026
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)

5/28/26
Date

WAC 388-78A-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(2) Any unusual incident that required implementation of the assisted living facility's disaster plan, including any evacuation of all or part of the residents to another area of the assisted living facility or to another address; and

(3) Circumstances which threaten the assisted living facility's ability to ensure continuation of services to residents.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to immediately report to the Department an unusual incident requiring implementation of the facility's disaster plan after flooding within the facility resulted in fire alarm system trouble signals, and delayed initiation of fire watch procedures. This failure placed residents at risk by delaying implementation of appropriate fire safety monitoring measures during an emergency involving fire alarm system trouble signals. This failure also limited the departments awareness of emergency conditions affecting resident safety and continuity of services.

Findings included...

Review of the facility's disaster plan, undated, showed limited guidance regarding implementation of fire watch procedures. The disaster plan referenced initiating fire watch only if the sprinkler system was out of service for an extended period while being worked on. The plan did not include additional guidance regarding fire watch procedures, when fire watch should be initiated, or actions staff should take regarding fire alarm system trouble signals or impairments.

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Review of the state fire marshal inspection document, dated 05/12/2026, showed that an inspection was completed on 05/07/2026, and during the inspection the fire alarm system was noted as being in trouble status. The facility stated that the fire alarm system had been in trouble status since 05/05/2026 due to a restroom flooding incident that occurred on 05/05/2026. The water damage affected the smoke alarm and initiated a "Site 1" trouble system notification. The resident in Room 235 was relocated to another room for approximately 2 hours while cleaning was conducted. The following violations were observed:

• The facility failed to notify the licensing agency and appropriate fire code officials of the fire alarm system being out of service on 05/05/2026 at approximately 5:00 PM. On 05/07/2026 at 12:30 PM a fire watch was issued for the facility for the out of service fire alarm system.

• The facility failed to provide documentation of the fire alarm system repair conducted on 05/07/2026 for the smoke alarm in room 151, which initiated a "Site 1" failure on annunciator due to flooding from the room above on 05/05/2026.

Review of the Department's reporting database from 04/01/2026 through 05/15/2026 did not show that the facility reported the flooding incident and the implementation of a fire watch in their facility.

In an interview on 05/15/2026 at 12:03 PM Staff A, Administrator stated that they had to implement the facility's disaster plan during the flood but did not think they had to report the incident to the Complaint Resolution Unit (CRU). Additionally, Staff A stated they were following the guidance of the company that maintains their alarm system and were told they did not need to start fire watch. They stated the facility began fire watch on 05/07/2026 (2 days later), after direction from the fire marshal.

In an interview on 05/15/2026 at 12:48 PM Staff B, Medication Technician, stated that during the flooding incident, a resident required relocation to another room due to flooding conditions. Staff B stated they observed water dripping from a fire alarm device located in the downstairs living room area where the flooding occurred. Staff A further stated the facility did not initiate fire watch procedures during the incident.

In an email correspondence, dated 05/19/2026 at 9:08 AM, Staff A stated they were in the process of revising the policy and acknowledge the policy was "pretty vague."

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

RECEIVED 05/22/2026 10:05AM

Statement of Deficiencies	License #: 2754	Compliance Determination # 77464
Plan of Correction	Sunnyside Care	Completion Date
Page 4 of 4	Licensee: Sunnyside Care LLC	05/19/2026

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, Sunnyside Care is or will be in compliance with this law and / or regulation on (Date) 6/8/2026 .

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

Administrator (or Representative) 5/28/2026 Date

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