



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT 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) 59817 (Completion Date 05/21/2025) and 56224 (Completion Date 03/27/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/21/2025 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-3100-2, WAC 388-78A-3100-1, WAC 388-78A-2474-3, WAC 388-78A-2150-1, WAC 388-78A-2305-1, WAC 388-78A-2260-1, WAC 388-78A-2260-2-d

The Department staff who did the on-site verification:

Erin Steinbrenner, Nursing Consultant Institutional
Judith Mellon, RN, Licensor
Faith Le, NCI

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

Sincerely,

A handwritten signature in blue ink that reads "Jamie Singer".

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



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 2162	Compliance Determination # 56224
Plan of Correction	SUNRISE OF EDMONDS	Completion Date
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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 03/17/2025 and 03/19/2025 of:

SUNRISE OF EDMONDS
750 EDMONDS WAY
EDMONDS, WA 98020

The following sample was selected for review during the unannounced on-site visit: 9 of 67 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Faith Le, NCI
Judith Mellon, RN, Licensor
Erin Steinbrenner, Nursing Consultant Institutional

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit J
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

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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.

Jamie Singer
Residential Care Services

3/27/2025
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.

Wendy Kupper
Administrator (or Representative)

3/31/2025
Date

WAC 388-78A-3100 Safe storage of supplies and equipment. The assisted living facility must secure potentially hazardous supplies and equipment commensurate with the assessed needs of residents and their functional and cognitive abilities. In determining what supplies and equipment may be accessible to residents, the assisted living facility must consider at a minimum:

- (1) The residents' characteristics and needs;
- (2) The degree of hazardousness or toxicity posed by the supplies or equipment;

This requirement was not met as evidenced by:

Based on observations and interviews, the Assisted Living Facility (ALF) failed to ensure hazardous supplies were safely secured in the first floor-hair salon, in 1 of 1 resident's (Resident 1) living quarters and in a storage closet. This failure placed 19 of 67 residents diagnosed with [REDACTED] or [REDACTED] at risk of harm or poisoning.

Findings included...

The ALF consisted of three floors; the third floor had a secured memory care unit.

Record review of a Resident Characteristic Roster showed 16 residents living on the ALF's first and second floors were identified with a diagnosis of [REDACTED] and three residents were listed with some type of cognitive impairment.

On 03/17/2025 at 11:09 AM, during an initial tour of the ALF, a first-floor hair salon was

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observed unlocked and accessible by residents, staff or visitors. The hair salon had multiple shampoos, color care conditioners, hair care products, various hairsprays and an unlabeled spray bottle contained an unidentified purple liquid solution. Located on a bookshelf was a bottle of nail polish remover, a bottle of 100% pure acetone, a bottle of cleansing alcohol, and an aerosol can of nail polish dryer. On the counter near the sink was a bottle of Barbicide disinfectant solution.

In an interview, on 03/17/2025 at 11:10 AM, Staff H (Maintenance Coordinator) stated, "the hair salon should be locked, I'm not sure why the door was left unlocked."

Resident 1

Review of a Face Sheet showed the ALF moved Resident 1 in on [REDACTED]/2025 with diagnosis of [REDACTED] and [REDACTED].

Observation of Resident 1's apartment, on 03/18/2025 at 02:20 PM, showed an unlocked drawer in Resident 1's kitchenette had an aerosol spray of Lysol disinfectant and an aerosol spray of Febreze room deodorizer. Resident 1's bathroom had two Medline Remedy foam cleansers. Observation of the cleanser bottles showed "External use only."

Observation, on 03/17/2025 at 11:05 AM, showed a first floor, unlocked, storage closet had multiple tubes and/or bottles of silicon cream, Remedy spray cleanser, body wash, skin protectant and odor eliminators sitting on a shelf. Warning labels on the Remedy bottles showed "for external use only, avoid contact with eyes."

In an interview, on 03/17/2025 at 11:05 AM, Staff H stated, "I'm not sure why they left this door unlocked, it should be locked."

Plan/Affestation 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) 5-9-25.

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

Leandra Klunne
Administrator (or Representative)

3-31-25
Date

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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) [REDACTED],

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

[REDACTED]
Administrator (or Representative)

[REDACTED]
Date

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WAC 388-78A-2474 Training and home care aide certification requirements.

(3) The assisted living facility must ensure that all staff receive appropriate training and orientation to perform their specific job duties and responsibilities.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure that 2 of 5 sampled staff members (Staff A and D), whose job description required handling and serving of food, had a current food worker card. This placed 67 residents at risk for foodborne illness from improper food handling by an unqualified worker.

Findings included...

Record review of the ALF's Care Manager job responsibilities, dated September 2023, showed Care Managers to be responsible for resident food delivery and to maintain safe food handling practice.

Review of staff records, on 03/17/2025, showed the ALF hired Staff A on 11/25/2024 as a Care Manager. Staff A's record showed no food worker card.

Review of staff records, on 03/17/2025, showed the ALF hired Staff D on 01/20/2023 as a Care Manager. Staff D's record showed no food worker card.

In an interview, on 03/19/2025 at 10:24 AM, Staff F (Business Office Coordinator) confirmed Care Manager job responsibilities included handling and serving food to residents and were required to maintain a current food handler card. Staff F stated she maintained food worker card records for employees and was unable to find current food handler cards on file for Staff A and D.

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

Wendy Kuppe

Administrator (or Representative)

3-31-25

Date

WAC 388-78A-2150 Signing negotiated service agreement. The assisted living facility must ensure that the negotiated service agreement is agreed to and signed at least annually by:

(1) The resident, or the resident's representative if the resident has one and is unable to sign or chooses not to sign;

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to ensure the residents', or their representatives signed the Service Plans (SP-equivalent to the Negotiated Service Agreement) at least annually for 2 of 9 sampled residents (Residents 6 and 9). This placed Residents 6 and 9 at risk for not receiving care and services that had been agreed upon.

Findings included...

Review of a Face Sheet showed the ALF admitted Resident 6 on [REDACTED]/2018. Review of Resident 6's SP, dated 01/10/2025, showed no signature from the resident or the resident representative.

Review of a Face Sheet showed the ALF admitted Resident 9 on [REDACTED]/2024. Review of Resident 9's SP, dated 03/12/2025, showed no signature from the resident or the resident representative.

In an Interview, on 03/18/2025 at 1:30 PM, Staff G (Executive Director) confirmed the ALF did not have signed SPs for Resident 1 and Resident 6.

Plan/Attestation Statement

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

Administrator (or Representative)

Date

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Findings included...

Review of a Face Sheet showed the ALF admitted Resident 6 on [REDACTED]/2018. Review of Resident 6's SP, dated 01/10/2025, showed no signature from the resident or the resident representative.

Review of a Face Sheet showed the ALF admitted Resident 9 on [REDACTED]/2024. Review of Resident 9's SP, dated 03/12/2025, showed no signature from the resident or the resident representative.

In an interview, on 03/18/2025 at 1:30 PM, Staff G (Executive Director) confirmed the ALF did not have signed SPs for Resident 1 and Resident 6.

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

Wendy Kuppe

Administrator (or Representative)

3-31-25

Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Assisted Living Facility (ALF) failed to ensure ready-to-eat food was labeled, dated, unexpired and safe for residents to consume. These failures placed 67 of 67 residents at risk for food borne illnesses.

Findings included...

NOTE: Reference Washington Administrative Code 246-215-03526 Temperature and time control—Ready-to-eat, time/temperature control for safety food, date marking (Food and Drug Administration (FDA) Food Code 3-501.17). (1) Except when PACKAGING FOOD using a REDUCED OXYGEN PACKAGING method as specified under 03540, and except as specified in subsections (5) and (6) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and held in a FOOD ESTABLISHMENT for more than twenty-four hours must be clearly marked to indicate the date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded when held at a temperature of 41°F (5°C) or less for a maximum of seven days. The day of preparation must be counted as day one. (2) Except as specified in subsections (5) through (7) of this section, refrigerated, READY-TO-EAT, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD prepared and PACKAGED by a FOOD PROCESSING PLANT must be clearly marked, at the time the original container is opened in a FOOD ESTABLISHMENT and if the FOOD is held for more than twenty-four hours, to indicate the date or day by which the FOOD must be consumed on the PREMISES, sold, or discarded, based on the temperature and time requirements specified in subsection (1) of this section and: (a) The day the original container is opened in the FOOD ESTABLISHMENT is counted as day one; and (b) The day or date marked by the FOOD ESTABLISHMENT may not exceed a manufacturer's use-by date if the manufacturer determined the use-by date based on FOOD safety.

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

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Review of a Resident Characteristic Roster showed the ALF provided care and services to 67 residents, thirty-one of the residents resided on the Memory Care Unit (MCU).

Observation and interview, on 03/17/2025 at 10:40 AM, showed a refrigerator in the MCU's kitchenette. Observation of the contents of the refrigerator showed two plastic containers of chocolate pudding with no label or date; four clear plastic pitchers contained various juices with no label or date; a clear plastic dispenser contained ranch dressing with no label or date; two opened cartons of half and half with no open date; an opened tub of sour cream with no open date; an opened carton of prune juice with a written date of "10/22", Staff I (Lead Case Manager) stated the written date on the carton indicated when the carton was opened, and that the prune juice was past the use-by date. Staff I was observed throwing the carton of prune juice in the trash.

Observation, on 03/18/2025 at 11:05 AM, showed a refrigerator in the Activity Room's kitchenette. Observation of the contents of the refrigerator showed an opened gallon of milk with no open date; an opened carton of whipping cream with no open date; a red color sauce in a clear plastic bottle had no label or date; a tan color sauce in a clear plastic bottle had no label or date; an opened bottle of caramel sauce with an expiration date of 12/05/2024 (expired over three months ago); a bottle of lemon juice with a best by date of 09/11/2024 (expired over 6 months ago); a bottle of lime juice with a best by date of 09/07/2024 (expired over 6 months ago); two opened containers of chocolate flavor syrup, one bottle with a best by date of 10/05/2024 (expired over five months ago) and one with a best by date of 10/20/2022 (expired over two years ago).

In interview, on 03/18/2025 at 10:50 AM, Staff J (Dining Services Coordinator) reported any opened food contents in refrigerators should be labeled identifying each item and dated when it was opened.

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

Wendy Klepp

Administrator (or Representative)

3-31-25

Date

WAC 388-78A-2260 Storing, securing, and accounting for medications.

(1) The assisted living facility must secure medications for residents who are not capable of safely storing their own medications.

Review of a Resident Characteristic Roster showed the ALF provided care and services to 67 residents, thirty-one of the residents resided on the Memory Care Unit (MCU).

Observation and interview, on 03/17/2025 at 10:40 AM, showed a refrigerator in the MCU's kitchenette. Observation of the contents of the refrigerator showed two plastic containers of chocolate pudding with no label or date; four clear plastic pitchers contained various juices with no label or date; a clear plastic dispenser contained ranch dressing with no label or date; two opened cartons of half and half with no open date; an opened tub of sour cream with no open date; an opened carton of prune juice with a written date of "10/22", Staff I (Lead Case Manager) stated the written date on the carton indicated when the carton was opened, and that the prune juice was past the use-by date. Staff I was observed throwing the carton of prune juice in the trash.

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(2) The assisted living facility must ensure all medications under the assisted living facility's control are properly stored:

(d) In a locked compartment that is accessible only to designated responsible staff persons; and

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Assisted Living Facility (ALF) failed to ensure medications for one resident (Resident 1) were securely and safely stored. This failure placed Resident 1 at risk for ingesting over the counter medications without monitoring and increased health issues.

Findings included...

Review of a Face Sheet showed the ALF admitted Resident 1 in on [REDACTED]/2025 with diagnosis of [REDACTED] and [REDACTED]. Record review of an Assessment, dated 02/03/2025, showed Resident 1 required assistance with medication administration and management.

Review of a Progress Note, dated [REDACTED]/2025, showed ALF staff found and removed several medication bottles in Resident 1's room.

Observation of Resident 1's room, on 03/18/2025 at 2:18 PM, showed three unsecured medication bottles located inside the kitchenette cabinet. Observation of the medication bottles showed medications to include Aleve 220 Milligrams (mg) (a drug used to reduce pain and inflammation), Coenzyme Q10 (supplement used to maintain heart health) 100mg, and Prevagen (supplement for brain health and memory).

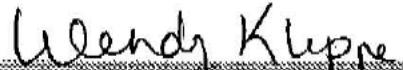
In a joint interview, on 03/18/2025 at 3:40 PM, Staff G (Executive Director) and Staff K (Resident Care Director) confirmed Resident 1 should not have unsecured medications in his room.

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Administrator (or Representative)

3-31-25

Date

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