



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

05/02/2025

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

RE: Sunrise of Redmond # 2464

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 58820 (Completion Date 05/02/2025) and 56494 (Completion Date 03/20/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 05/02/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

**WAC 388-78A-2100 Ongoing assessments.**

(2) The assisted living facility must:

(a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;

(b) Complete an assessment specifically focused on a resident's identified problems and related issues:

(i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;

(ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;

(iii) When the resident has an injury requiring the intervention of a practitioner.

**WAC 388-78A-2130 Service agreement planning. The assisted living facility must:**

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

(a) Within a reasonable time consistent with the needs of the resident following any

change in the resident's physical, mental, or emotional functioning; and

(b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

The Department staff who did the On Site verification:

Claudia Allis, ALF Licensor

Steven Garrett, LTC Licensor

If you have any questions, please contact me at (253)234-6020.

Sincerely,

*Laurie Anderson*

Laurie Anderson, Community 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**

Statement of Deficiencies	License #: 2464	Compliance Determination # 56494
Plan of Correction	Sunrise of Redmond	Completion Date
Page 1 of 6	Licensee: Sunrise Senior Living Management Inc	03/20/2025

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 03/18/2025 of:

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

This document references the following SOD dated: 03/20/2025

The following sample was selected for review during the unannounced on-site visit: 1 of 92 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensor  
Steven Garrett, LTC Licensor

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

Statement of Deficiencies	License #: 2464	Compliance Determination # 56494
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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.

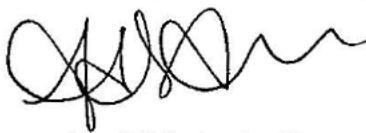
*Laurie Anderson*

Residential Care Services

04/01/2025

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.



*4/1/2025*

Administrator (or Representative)

Date

#### **WAC 388-78A-2100 Ongoing assessments.**

(2) The assisted living facility must:

- (a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;
- (b) Complete an assessment specifically focused on a resident's identified problems and related issues:
  - (i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;
  - (ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;
  - (iii) When the resident has an injury requiring the intervention of a practitioner.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to complete assessments that included the required full assessment components for 4 of 4 sampled residents (Resident 6, Resident 7, Resident 8, and Resident 9). The facility failed to complete an assessment in response to 1 of 1 resident (Resident 9) progressive diagnosis and changing needs. These failures placed Resident 6, Resident 7, Resident 8, and Resident 9 at risk of harm from unidentified care needs and unaddressed changes in condition.

Findings included...

Record review of the Department's, "Secure Tracking and Reporting System" (STARS) showed the Assisted Living Facility (ALF) received an initial citation for this regulation on 01/23/2025. The ALF signed an attestation statement that stated the facility would have

a system in place and the deficiency corrected by 03/08/2025.

**RESIDENT 6**

Review of Resident 6's records showed the facility admitted Resident 6 on [REDACTED]/2024. The records showed Resident 6 admitted with a diagnosis of [REDACTED] and [REDACTED].

Review of Resident 6's assessment, dated 01/24/2025, showed no documentation of Resident 6's signs and symptoms related to anxiety. Review showed no documentation of the frequency and duration of seizure activity. The records showed no listing of the current prescribed medications for Resident 6.

**RESIDENT 7**

Review of Resident 7's records showed the facility admitted Resident 7 on [REDACTED]/2023. The records showed Resident 7 admitted with a diagnosis of [REDACTED] and [REDACTED].

Review of Resident 7's assessment, dated 12/05/2024, showed no documentation of Resident 7's signs and symptoms related to anxiety. The assessment showed documentation that Resident 7 used a 'Wandergard' (a wearable tracking device). The assessment showed no documentation that explained the purpose of the tracking device and no documentation of the location where the device was placed on Resident 7. The assessment showed no documentation of who was responsible to monitor and maintain Resident 7's 'Wandergard'. Review of the records showed no listing of the current prescribed medications for Resident 7.

**RESIDENT 8**

Review of Resident 8's records showed the facility admitted Resident 8 on [REDACTED]/2023. The records showed Resident 8 admitted with diagnoses of [REDACTED] and [REDACTED].

Review of Resident 8's assessment, dated 01/28/2025, showed no documentation the facility assessed Resident 8 for depression. The records showed no listing of the current prescribed medications for Resident 8.

**RESIDENT 9**

Review of Resident 9's records showed the facility admitted Resident 9 on [REDACTED]/2022. The records showed Resident 9 admitted with diagnoses of [REDACTED] and [REDACTED].

Review of Resident 9's assessment, dated 01/15/2025, showed no documentation the facility assessed Resident 9 for depression. The records showed no listing of the current

Statement of Deficiencies	License #: 2464	Compliance Determination # 56494
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prescribed medications for Resident 9. Review of Resident 9's record showed that Resident 9 was assessed as oriented to person, place, time, and situation. Review of Resident 9's assessment documented that Resident 9's cognitive abilities (the ability to think, retain, process thoughts, and make decisions) were intact.

During an interview on 03/18/2025 at 2:15 PM, Staff A, Executive Director, stated that the facility was aware that the assessments needed to be reviewed and updated. Staff A stated that they were unaware of the comprehensive elements required for resident assessments.

This is an uncorrected deficiency previously cited on 01/23/2025 for subsection (2)(a) and 2 (b)(i)(ii).

<b>Plan/Attestation Statement</b>	
<p>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) <u>5/1/2025</u>.</p> <p>In addition, I will implement a system to monitor and ensure continued compliance with this requirement.</p> <p> Administrator (or Representative)</p> <p><u>5/1/2025</u> Date</p>	

**WAC 388-78A-2130 Service agreement planning. The assisted living facility must:**

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

- (a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and
- (b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to update each resident's negotiated service agreement (NSA) to address interventions required to meet the current clinical needs for 3 of 4 residents (Resident 6, Resident 7, and Resident 9). This failure placed Resident 6, Resident 7, and Resident 9 at risk for unmet care needs and potential harm.

Findings included...

Statement of Deficiencies	License #: 2464	Compliance Determination # 56494
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Record review of the Department's, "Secure Tracking and Reporting Systems" (STARS) showed the Assisted Living Facility (ALF) received an initial citation for this regulation on 01/23/2025. The ALF signed an attestation statement that stated the facility would have a system in place and the deficiency corrected by 03/08/2025.

#### RESIDENT 6

Review of Resident 6's records showed the facility admitted Resident 6 on [REDACTED]/2024. The records showed Resident 6 admitted with a diagnosis of [REDACTED] and [REDACTED].

Review of Resident 6's NSA, dated 02/19/2025, showed no documentation of Resident 6's diagnosis of [REDACTED] and no documentation of the type of seizures. There were no staff instructions of the actions needed in response to Resident 6's seizures.

#### RESIDENT 7

Review of Resident 7's records showed the facility admitted Resident 7 on [REDACTED]/2023. The records showed Resident 7 admitted with a diagnosis of [REDACTED] and [REDACTED].

Review of Resident 7's NSA, dated 02/19/2025, showed no staff instructions of the actions needed when Resident 7 exhibited signs and symptoms of anxiety.

#### RESIDENT 9

Review of Resident 9's records showed the facility admitted Resident 9 on [REDACTED]/2022. The records showed Resident 9 admitted with diagnoses of [REDACTED] and [REDACTED].

Review of Resident 9's NSA, dated 02/20/2025, showed no staff instructions of the actions needed when Resident 9 exhibited signs and symptoms of anxiety and depression.

During an interview on 03/18/2025 at 2:20 PM, Staff A, Executive Director, stated that they were unaware of the comprehensive elements required for resident service plans.

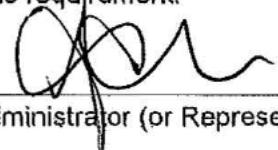
This is an uncorrected deficiency previously cited on 01/23/2025 for subsection (3)(a)(b).

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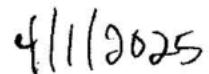
**Plan/Attestation Statement**

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 Redmond is or will be in compliance with this law and / or regulation on (Date) 5/1/2025.

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



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Administrator (or Representative)

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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**

Statement of Deficiencies	License #: 2464	Compliance Determination # 52536
Plan of Correction	Sunrise of Redmond	Completion Date
Page 1 of 10	Licensee: Sunrise Senior Living Management Inc	01/23/2025

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 01/07/2025 and 01/10/2025 of:

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

The following sample was selected for review during the unannounced on-site visit: 9 of 91 current residents and 0 former residents.

The department staff that inspected the Assisted Living Facility:

Claudia Allis, ALF Licensor  
Steven Garrett, LTC Licensor

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.

*Laurie Anderson*

Residential Care Services

01/24/2025

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.

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

Statement of Deficiencies	License #: 2464	Compliance Determination # 52536
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Administrator (or Representative)

1/24/2025

Date

**WAC 388-78A-2100 Ongoing assessments.**

(2) The assisted living facility must:

- (a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;
- (b) Complete an assessment specifically focused on a resident's identified problems and related issues;
- (i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;
- (ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;
- (iii) When the resident has an injury requiring the intervention of a practitioner.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the facility failed to complete 4 of 4 sampled residents (Resident 6, Resident 7, Resident 8, and Resident 9) assessments that included the required full assessment components. The facility failed to complete an assessment in response to 1 of 1 resident's (Resident 9) progressive diagnosis and changing needs. These failures placed Resident 6, Resident 7, Resident 8, and Resident 9 at risk of harm from unidentified care needs and changes in condition.

Findings included...

**RESIDENT 6**

Review of Resident 6's records showed the facility admitted Resident 6 on [REDACTED]/2024. The records showed Resident 6 admitted with a diagnosis of [REDACTED] and [REDACTED].

Review of Resident 6's assessment, dated 01/07/2025, showed no documentation of the Resident 6's signs and symptoms related to anxiety. There was no documentation of the frequency and duration of Resident 6's seizure activity. The records showed no documentation of Resident 6's current prescribed medications.

**RESIDENT 7**

Review of Resident 7's records showed the facility admitted Resident 7 on [REDACTED]/2023.

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Administrator (or Representative)

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Date

**WAC 388-78A-2100 Ongoing assessments.**

(2) The assisted living facility must:

- (a) Complete a full assessment addressing the elements set forth in WAC 388-78A-2090 for each resident at least annually;
- (b) Complete an assessment specifically focused on a resident's identified problems and related issues:
  - (i) Consistent with the resident's change of condition as specified in WAC 388-78A-2120 ;
  - (ii) When the resident's negotiated service agreement no longer addresses the resident's current needs and preferences;
  - (iii) When the resident has an injury requiring the intervention of a practitioner.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review, the facility failed to complete 4 of 4 sampled residents (Resident 6, Resident 7, Resident 8, and Resident 9) assessments that included the required full assessment components. The facility failed to complete an assessment in response to 1 of 1 resident's (Resident 9) progressive diagnosis and changing needs. These failures placed Resident 6, Resident 7, Resident 8, and Resident 9 at risk of harm from unidentified care needs and changes in condition.

Findings included...

**RESIDENT 6**

Review of Resident 6's records showed the facility admitted Resident 6 on [REDACTED]/2024. The records showed Resident 6 admitted with a diagnosis of [REDACTED] and [REDACTED].

Review of Resident 6's assessment, dated 01/07/2025, showed no documentation of the Resident 6's signs and symptoms related to anxiety. There was no documentation of the frequency and duration of Resident 6's seizure activity. The records showed no documentation of Resident 6's current prescribed medications.

**RESIDENT 7**

Review of Resident 7's records showed the facility admitted Resident 7 on [REDACTED]/2023.

The records showed Resident 7 admitted with a diagnosis of [REDACTED] and [REDACTED]. The records showed no documentation of Resident 7's current prescribed medications.

Review of Resident 7's assessment, dated 12/05/2024, showed no documentation of Resident 7's signs and symptoms related to anxiety. There was no documentation that showed Resident 7's used of a wearable tracking device. The assessment showed no documentation that explained the purpose of the tracking device and no documentation of how Resident 7 wore the device. There was no documentation of who was responsible for the monitoring and maintenance of Resident 7's wearable tracking device. The records showed no documentation of Resident 7's current prescribed medications.

#### RESIDENT 8

Review of Resident 8's records showed the facility admitted Resident 8 on [REDACTED]/2023. The records showed Resident 8 admitted with diagnoses of [REDACTED] and [REDACTED].

Review of Resident 8's assessment, dated 07/30/2024, showed no documentation the facility screened Resident 8 for depression. The records showed no documentation of Resident 8's current prescribed medications.

#### RESIDENT 9

Review of Resident 9's records showed the facility admitted Resident 9 on [REDACTED]/2022. The records showed Resident 9 admitted with diagnoses of [REDACTED] and [REDACTED].

During an interview with Resident 9 on 01/08/2025 at 11:10 AM, Resident 9 stated that they had difficulty remembering events, people, and time. Resident 9 stated that the facility staff provided medication assistance to them. Resident 9 stated that they did not know what medications were prescribed and given to them. Resident 9 stated that they took whatever pills the staff brought to them.

Review of Resident 9's assessment, dated 07/18/2024, showed no documentation the facility screened Resident 9 for depression. The records showed no documentation of Resident 9's current prescribed medications. The assessment showed that Resident 9 was oriented to person, place, time, and situation. The assessment documented that Resident 9's cognitive abilities (the ability to think, retain, process thoughts, and make decisions) were intact. There was no documentation that showed the assessment was updated related to Resident 9's change of condition when Resident 9 expressed difficulty in remembering events, people, and time.

During an interview on 01/10/2025 at 2:20 PM, Staff A, Executive Director, stated that

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the facility was aware that the assessments needed to be reviewed and updated. Staff A stated that they were unaware of the comprehensive elements required for each resident's assessment.

**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) 3/8/2025.

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

  
Administrator (or Representative)

1/24/2025  
Date

**WAC 388-78A-2130 Service agreement planning. The assisted living facility must:**

- (3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120:
  - (a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and
  - (b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to document a plan to monitor and address interventions required to meet the current clinical needs for 3 of 4 residents (Resident 6, Resident 7, and Resident 9). This failure placed Resident 6, Resident 7, and Resident 9 at risk for unmet care needs and potential harm.

**RESIDENT 6**

Review of Resident 6's records showed the facility admitted Resident 6 on 1/2024. The records showed Resident 6 admitted with a diagnosis of ██████████ and ██████████.

Review of Resident 6's Service Plan, dated 01/07/2025, showed no directions for care staff to monitor for anxiety, no directions for behaviorally based actions to take when Resident 6 exhibited signs and symptoms of anxiety, and no instructions for care staff of when to notify the nurse. The plan showed no documentation of Resident 6's diagnosis of ██████████ and no directions for care staff of what immediate care to provide during a seizure event. The plan showed no instructions for staff about what actions were needed after a seizure event, what documentation was needed in Resident 6's

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the facility was aware that the assessments needed to be reviewed and updated. Staff A stated that they were unaware of the comprehensive elements required for each resident's assessment.

**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

**WAC 388-78A-2130 Service agreement planning. The assisted living facility must:**

(3) Review and update each resident's negotiated service agreement consistent with WAC 388-78A-2120 :

- (a) Within a reasonable time consistent with the needs of the resident following any change in the resident's physical, mental, or emotional functioning; and
- (b) Whenever the negotiated service agreement no longer adequately addresses the resident's current assessed needs and preferences.

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to document a plan to monitor and address interventions required to meet the current clinical needs for 3 of 4 residents (Resident 6, Resident 7, and Resident 9). This failure placed Resident 6, Resident 7, and Resident 9 at risk for unmet care needs and potential harm.

**RESIDENT 6**

Review of Resident 6's records showed the facility admitted Resident 6 on [REDACTED]/2024. The records showed Resident 6 admitted with a diagnosis of [REDACTED] and [REDACTED].

Review of Resident 6's Service Plan, dated 01/07/2025, showed no directions for care staff to monitor for anxiety, no directions for behaviorally based actions to take when Resident 6 exhibited signs and symptoms of anxiety, and no instructions for care staff of when to notify the nurse. The plan showed no documentation of Resident 6's diagnosis of [REDACTED] and no directions for care staff of what immediate care to provide during a seizure event. The plan showed no instructions for staff about what actions were needed after a seizure event, what documentation was needed in Resident 6's

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records, and no instructions for care staff about reporting of any signs and symptoms of seizure activity to the nurse.

#### RESIDENT 7

Review of Resident 7's records showed the facility admitted Resident 7 on [REDACTED]/2023. The records showed Resident 7 admitted with a diagnosis of [REDACTED] and [REDACTED].

Review of Resident 7's service plan, dated 12/05/2024, showed no directions for care staff to monitor Resident 7's for signs and symptoms related to anxiety. The plan showed no instructions for staff about behaviorally based supportive actions to take when Resident 7 exhibited signs and symptoms of anxiety. The plan did not provide staff with instructions of when and where to document when Resident 7's experienced episodes of anxiety and no instructions for care staff about reporting of any signs and symptoms of anxiety to the nurse. The plan showed documentation that Resident 7's used of a wearable tracking device. The plan showed no documentation of how Resident 7 wore the device. The plan showed no directions for care staff to monitor the device and document Resident 7's skin condition around the device for signs of irritation. The plan showed no directions for care staff of when to notify the nurse of any skin irritation.

#### RESIDENT 9

Review of Resident 9's records showed the facility admitted Resident 9 on [REDACTED]/2022. The records showed Resident 9 admitted with diagnoses of [REDACTED] and [REDACTED].

Review of Resident 9's service plan, dated 07/18/2024, showed no directions for care staff to monitor Resident 9's for signs and symptoms related to anxiety and depression. The plan showed no instructions for staff about behaviorally based supportive actions to take when Resident 9 exhibited signs and symptoms of anxiety and depression. The plan showed no guidance for care staff of where to document Resident 9's anxiety and depression. The plan showed no instructions for care staff to report signs and symptoms of anxiety and depression to the nurse.

During an interview on 01/10/2025 at 2:20 PM, Staff A, Executive Director, stated that the facility staff were aware that the service plans needed to be reviewed and updated. Staff A stated that they were unaware of the comprehensive elements required for each resident's service plan.

#### 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) 01/23/2025.

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

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records, and no instructions for care staff about reporting of any signs and symptoms of seizure activity to the nurse.

#### RESIDENT 7

Review of Resident 7's records showed the facility admitted Resident 7 on [REDACTED] 2023. The records showed Resident 7 admitted with a diagnosis of [REDACTED] and [REDACTED].

Review of Resident 7's service plan, dated 12/05/2024, showed no directions for care staff to monitor Resident 7's for signs and symptoms related to anxiety. The plan showed no instructions for staff about behaviorally based supportive actions to take when Resident 7 exhibited signs and symptoms of anxiety. The plan did not provide staff with instructions of when and where to document when Resident 7's experienced episodes of anxiety and no instructions for care staff about reporting of any signs and symptoms of anxiety to the nurse. The plan showed documentation that Resident 7's used of a wearable tracking device. The plan showed no documentation of how Resident 7 wore the device. The plan showed no directions for care staff to monitor the device and document Resident 7's skin condition around the device for signs of irritation. The plan showed no directions for care staff of when to notify the nurse of any skin irritation.

#### RESIDENT 9

Review of Resident 9's records showed the facility admitted Resident 9 on [REDACTED] /2022. The records showed Resident 9 admitted with diagnoses of [REDACTED] and [REDACTED].

Review of Resident 9's service plan, dated 07/18/2024, showed no directions for care staff to monitor Resident 9's for signs and symptoms related to anxiety and depression. The plan showed no instructions for staff about behaviorally based supportive actions to take when Resident 9 exhibited signs and symptoms of anxiety and depression. The plan showed no guidance for care staff of where to document Resident 9's anxiety and depression. The plan showed no instructions for care staff to report signs and symptoms of anxiety and depression to the nurse.

During an interview on 01/10/2025 at 2:20 PM, Staff A, Executive Director, stated that the facility staff were aware that the service plans needed to be reviewed and updated. Staff A stated that they were unaware of the comprehensive elements required for each resident's service plan.

#### 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.

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Administrator (or Representative)

1/24/2025  
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;
- (2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure 3 of 4 residents (Resident 7, Resident 8, and Resident 9) or their representatives signed the Service Plan. This failure placed Resident 7, Resident 8, and Resident 9 at risk of being uninformed about their assessed care and services and having unmet care needs.

**Findings included...**

#### **RESIDENT 7**

Review of the facility's resident information document showed that the facility admitted Resident 7 on [REDACTED]/2023. Review of Resident 7's Service Plan, dated 12/05/2024, showed no signatures by facility staff, resident, or the resident's representative.

#### **RESIDENT 8**

Review of the facility's resident information document showed that the facility admitted Resident 8 on [REDACTED]/2023. Review of Resident 8's Service Plan, dated 06/28/2024, showed no signatures by the resident or resident's representative.

#### **RESIDENT 9**

Review of the facility's resident information document showed that the facility admitted Resident 9 on [REDACTED]/2022. Review of Resident 9's Service Plan, dated 07/18/2024, showed no signatures by facility staff. The service plan documented that Resident 9's power of attorney only provided verbal consent.

During an interview on 01/10/2025 at 2:30 PM, Staff A, Executive Director, stated that they were aware the Service Plans required signatures from facility staff, residents, or the resident's representative annually and when a resident experienced a change of their condition. Staff A stated that they were aware that some of the Service Plans were not signed and dated by facility staff, residents, or their representatives, as required.

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Administrator (or Representative)

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;
- (2) A representative of the assisted living facility duly authorized by the assisted living facility to sign on its behalf; and

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure 3 of 4 residents (Resident 7, Resident 8, and Resident 9) or their representatives signed the Service Plan. This failure placed Resident 7, Resident 8, and Resident 9 at risk of being uninformed about their assessed care and services and having unmet care needs.

Findings included...

#### **RESIDENT 7**

Review of the facility's resident information document showed that the facility admitted Resident 7 on [REDACTED] 2023. Review of Resident 1's Service Plan, dated 12/05/2024, showed no signatures by facility staff, resident, or the resident's representative.

#### **RESIDENT 8**

Review of the facility's resident information document showed that the facility admitted Resident 8 on [REDACTED] 2023. Review of Resident 8's Service Plan, dated 06/28/2024, showed no signatures by the resident or resident's representative.

#### **RESIDENT 9**

Review of the facility's resident information document showed that the facility admitted Resident 9 on [REDACTED] 2022. Review of Resident 9's Service Plan, dated 07/18/2024, showed no signatures by facility staff. The service plan documented that Resident 9's power of attorney only provided verbal consent.

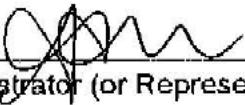
During an interview on 01/10/2025 at 2:30 PM, Staff A, Executive Director, stated that they were aware the Service Plans required signatures from facility staff, residents, or the resident's representative annually and when a resident experienced a change of their condition. Staff A stated that they were aware that some of the Service Plans were not signed and dated by facility staff, residents, or their representatives, as required.

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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 Redmond is or will be in compliance with this law and / or regulation on (Date) 3/8/2025.

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

  
Administrator (or Representative)

1/24/2025  
Date

**WAC 388-78A-2483 Tuberculosis** One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:

- (1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure 1 of 5 staff (Staff A) were screened for Tuberculosis (TB), as required. This failure placed all 91 residents at risk of exposure to Tuberculosis, an infectious disease.

Findings included...

Review of facility's personnel records showed the facility hired Staff A, Executive Director, on 09/23/2021.

Review of the facility personnel records showed documentation that Staff A completed a two-step TB skin test in April 2013, with negative results, when Staff A was employed by a previous corporation. The records showed no documentation that Staff A completed one test for TB screening and testing when they were hired at this facility. Review of the facility staff records showed Staff A provided supervision of staff who provided direct care to residents 1206 days without any current screening and testing for tuberculosis.

During an interview on 01/10/2025 at 2:25 PM, Staff A, Executive Director, stated that they were not aware that they needed to complete a one test for TB when hired by the facility.

**Plan/Attestation Statement**

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#### Plan/Attestation Statement

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\_\_\_\_\_  
Administrator (or Representative)

\_\_\_\_\_  
Date

#### **WAC 388-78A-2483 Tuberculosis One test. The assisted living facility is only required to have a staff person take one test if the staff person has any of the following:**

(1) A documented history of a negative result from a previous two step skin test done no more than one to three weeks apart; or

#### **This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to ensure 1 of 5 staff (Staff A) were screened for Tuberculosis (TB), as required. This failure placed all 91 residents at risk of exposure to Tuberculosis, an infectious disease.

Findings included...

Review of facility's personnel records showed the facility hired Staff A, Executive Director, on 09/23/2021.

Review of the facility personnel records showed documentation that Staff A completed a two-step TB skin test in April 2013, with negative results, when Staff A was employed by a previous corporation. The records showed no documentation that Staff A completed one test for TB screening and testing when they were hired at this facility. Review of the facility staff records showed Staff A provided supervision of staff who provided direct care to residents 1206 days without any current screening and testing for tuberculosis.

During an interview on 01/10/2025 at 2:25 PM, Staff A, Executive Director, stated that they were not aware that they needed to complete a one test for TB when hired by the facility.

#### 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)

1/24/2025  
Date

**WAC 388-78A-2620 Pets.** If an assisted living facility allows pets to live on the premises, the assisted living facility must:

- (2) Ensure animals living on the assisted living facility premises:
  - (b) Are certified by a veterinarian to be free of diseases transmittable to humans;

**This requirement was not met as evidenced by:**

Based on interview and record review, the facility failed to maintain current veterinarian pet records for 3 of 3 pets (Pet 1, Pet 2, and Pet 3) that resided in the facility. This failure placed all 91 residents at risk of contracting illnesses from unvaccinated or unhealthy pets living in the facility.

Findings included...

Review of the facility's undated Disclosure of Services showed the facility permitted pets with the condition stated in their pet policy. Review of the facility's undated document titled, "Pet policy", showed that pets must maintain a regular veterinary examinations and immunizations. The policy showed that pets must be free of diseases transmittable to humans.

Review of the facility's pet binder showed there were three dogs that lived in the facility. Review of the records showed no documentation that Pet 1, Pet 2, and Pet 3 received a current veterinarian certificate that verified they were free of diseases transmittable to humans.

Review of the records showed no documentation that Pet 3 had a current veterinarian health examination.

During an interview on 01/10/2025 at 2:40 PM, Staff A, Executive Director, stated that they were unaware of the pets who needed updated health examinations and health certifications.

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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

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Based on interview and record review, the facility failed to maintain current veterinarian pet records for 3 of 3 pets (Pet 1, Pet 2, and Pet 3) that resided in the facility. This failure placed all 91 residents at risk of contracting illnesses from unvaccinated or unhealthy pets living in the facility.

Findings included...

Review of the facility's undated Disclosure of Services showed the facility permitted pets with the condition stated in their pet policy. Review of the facility's undated document titled, "Pet policy", showed that pets must maintain a regular veterinary examinations and immunizations. The policy showed that pets must be free of diseases transmittable to humans.

Review of the facility's pet binder showed there were three dogs that lived in the facility. Review of the records showed no documentation that Pet 1, Pet 2, and Pet 3 received a current veterinarian certificate that verified they were free of diseases transmittable to humans.

Review of the records showed no documentation that Pet 3 had a current veterinarian health examination.

During an interview on 01/10/2025 at 2:40 PM, Staff A, Executive Director, stated that they were unaware of the pets who needed updated health examinations and health certifications.

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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) 1/24/2025.

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

  
Administrator (or Representative)

1/24/2025

Date

**WAC 388-78A-2880 Changing use of rooms. Prior to using a room for a purpose other than what was approved by construction review services, the assisted living facility must:**

- (1) Notify construction review services:
  - (a) In writing;
  - (b) Thirty days or more before the intended change in use;
  - (c) Describe the current and proposed use of the room; and
  - (d) Provide all additional documentation as requested by construction review services;
- (2) Obtain the written approval of construction review services for the new use of the room; and
- (3) Ensure the facility functional program and room list are updated to reflect the change.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review the facility failed to notify the Department of Social and Health Services Construction Review Services (CRS) of the change in use for 7 of 7 rooms (Apartment 1007, Apartment 1008, Apartment 2004, Apartment 2005, Apartment 2007, Apartment 2008, and Apartment 2051). This failure placed all 91 residents at risk of potentially residing in an apartment not approved for occupancy.

Findings included...

Review of Department's CRS online website on 01/03/2025, showed no application that requested a change in room use. There was no documentation of any approval by CRS for the remodel projects in Apartment 1007, Apartment 1008, Apartment 2004, Apartment 2005, Apartment 2007, Apartment 2008, and Apartment 2051.

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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 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

**WAC 388-78A-2880 Changing use of rooms. Prior to using a room for a purpose other than what was approved by construction review services, the assisted living facility must:**

- (1) Notify construction review services:
  - (a) In writing;
  - (b) Thirty days or more before the intended change in use;
  - (c) Describe the current and proposed use of the room; and
  - (d) Provide all additional documentation as requested by construction review services;
- (2) Obtain the written approval of construction review services for the new use of the room; and
- (3) Ensure the facility functional program and room list are updated to reflect the change.

**This requirement was not met as evidenced by:**

Based on observation, interview, and record review the facility failed to notify the Department of Social and Health Services Construction Review Services (CRS) of the change in use for 7 of 7 rooms (Apartment 1007, Apartment 1008, Apartment 2004, Apartment 2005, Apartment 2007, Apartment 2008, and Apartment 2051). This failure placed all 91 residents at risk of potentially residing in an apartment not approved for occupancy.

Findings included...

Review of Department's CRS online website on 01/03/2025, showed no application that requested a change in room use. There was no documentation of any approval by CRS for the remodel projects in Apartment 1007, Apartment 1008, Apartment 2004, Apartment 2005, Apartment 2007, Apartment 2008, and Apartment 2051.

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During an interview on 01/07/2025 at 10:15 AM, Staff A, Executive Director/Administrator, stated that there were no new construction projects that required CRS review or approval.

Observation during the entrance tour on 01/07/2025 at 11:00 AM, showed adjacent Apartment 2007 and Apartment 2008 were remodeled with an entryway that connected them into one functioning apartment. Observation showed that adjacent Apartment 2004 and Apartment 2005 were remodeled with an entryway door that connected them into one functioning apartment. Observation showed Apartment 2051 was labeled with a sign that the room was used by an outside therapy services company. During an interview at this time, Staff H, Associate Director of Sales, stated that the combination of Apartment 2004 and Apartment 2005 and the combination of Apartment 1007 and Apartment 1008 occurred within the past couple of months.

During an interview on 01/10/2025 at 3:26 PM, Staff A stated that they were aware of the CRS reporting requirements. Staff A stated that they were unaware of any project application documentation submitted and approved by CRS for the change in room usage for Apartment 1007, Apartment 1008, Apartment 2004, Apartment 2005, Apartment 2007, Apartment 2008, and Apartment 2051.

#### 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) 1/24/2025.

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



Administrator (or Representative)

1/24/2025

Date

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During an interview on 01/07/2025 at 10:15 AM, Staff A, Executive Director/Administrator, stated that there were no new construction projects that required CRS review or approval.

Observation during the entrance tour on 01/07/2025 at 11:00 AM, showed adjacent Apartment 2007 and Apartment 2008 were remodeled with an entryway that connected them into one functioning apartment. Observation showed that adjacent Apartment 2004 and Apartment 2005 were remodeled with an entryway door that connected them into one functioning apartment. Observation showed Apartment 2051 was labeled with a sign that the room was used by an outside therapy services company. During an interview at this time, Staff H, Associate Director of Sales, stated that the combination of Apartment 2004 and Apartment 2005 and the combination of Apartment 1007 and Apartment 1008 occurred within the past couple of months.

During an interview on 01/10/2025 at 3:26 PM, Staff A stated that they were aware of the CRS reporting requirements. Staff A stated that they were unaware of any project application documentation submitted and approved by CRS for the change in room usage for Apartment 1007, Apartment 1008, Apartment 2004, Apartment 2005, Apartment 2007, Apartment 2008, and Apartment 2051.

#### **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.

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Administrator (or Representative)

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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**

01/24/2025

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

RE: Sunrise of Redmond # 2464

Dear Administrator:

The Department completed a full inspection of your Assisted Living Facility on 01/23/2025 and found that your facility does not meet the Assisted Living Facility requirements.

**The Department:**

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect your program to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

**You Must:**

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);
- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - Sign and date the enclosed report;
  - For each deficiency, indicate the date you have or will correct each deficiency;
  - Mail the Plan/Attestation Statement and report with original signatures to:

Laurie Anderson, Field Manager  
Residential Care Services  
Region 2, Unit D  
20425 72nd Avenue S, Suite 400

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

Kent, WA 98032

- Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
- Have your plan approved by the Department.

**Consultation(s):**

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

**WAC 388-78A-2240 Nonavailability of medications. When the assisted living facility has assumed responsibility for obtaining a resident's prescribed medications, the assisted living facility must obtain them in a correct and timely manner.**

The facility failed to ensure two as needed medications were available for residents. During a follow-up review of resident medications, documentation showed that the medications were ordered and were pending delivery from the pharmacy. The Executive Director stated that the facility developed a plan to ensure all medications were ordered in a timely manner to avoid future medication unavailability.

**WAC 388-78A-2700 Emergency and disaster preparedness.**

(1) The assisted living facility must:

(e) Make sure first-aid supplies are:

(i) Readily available and not locked;

(ii) Clearly marked;

(f) Make sure first-aid supplies are appropriate for:

(iii) The residents served; and

Throughout the secured memory care unit within the facility, the location of first aid kit supplies were not clearly identified. The kits were not readily available. During the inspection, the facility staff placed first aid kit supplies in the memory care unit with identifier signs posted with each kit.

**WAC 388-78A-2730 Licensee's responsibilities.**

(2) The licensee must:

(b) Maintain and post in a size and format that is easily read, in a conspicuous place on the assisted living facility premises:

(i) A current assisted living facility license, including any related conditions on the license;

The assisted living facility license posted on the wall, in the front lobby entryway, expired on 12/31/2024. During the inspection, facility staff processed the assisted living facility license renewal payment. Review of the Department Secure Tracking and Reporting System showed the new license was issued, effective 01/01/2025.

**You Are Not:**

- Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

**You May:**

- Contact me for clarification of the deficiency or deficiencies found.

**In Addition, You May:**

- Request an **Informal Dispute Resolution (IDR)** review within 10 working days after you receive this letter. Your IDR request **must** include:
  - What specific deficiency or deficiencies you disagree with;
  - Why you disagree with each deficiency; and
  - Whether you want an IDR to occur in-person, by telephone or as a paper review.
  - Send your request to:

IDR Program Manager  
Department of Social and Health Services  
Aging and Long-Term Support Administration  
Residential Care Services  
PO Box 45600  
Olympia, WA 98504-5600

**If You Have Any Questions:**

- Please contact me at (253)234-6020.

Sincerely,

*Laurie Anderson*

Laurie Anderson, Field Manager  
Region 2, Unit D  
Residential Care Services

Enclosure