



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 Issaquah
23599 SE Issaquah Fall City Rd
Issaquah, WA 98029

RE: Sunrise of Issaquah License # 2543

Dear Administrator:

This letter addresses Compliance Determination(s) 60533 (Completion Date 06/03/2025) and 57126 (Completion Date 04/14/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 06/03/2025 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-2600-2-d

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

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

Sincerely,

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



Residential Care Services Investigation Summary Report

Provider/Facility: Sunrise of Issaquah

Provider Type: Assisted Living Facility

License/Cert.#: 2543

Compliance Determination #: 57126

Intake ID: 171963

Investigator: Deborah Corlis

Region/Unit #: RCS Region 2 / Unit D

Investigation Date(s): 03/28/2025 through 04/14/2025

Complainant Contact Date(s):

Allegation(s):

Facility policy violation.

Investigation Methods:

Sample:	Total residents: 84 Resident sample size: 2 Closed records sample size: 1
Observations:	Facility environment, common areas, resident and staff interactions, adequate staffing, residents engaged in activities.
Interviews:	Executive Director, Resident Care Director, care staff, family/Power of Attorney.
Record Reviews:	Characteristics Roster, face sheet, care plan, progress notes, electronic medication records, incident/investigation/staff statements, employee license and certifications, police case number, staff training records, Abuse and Neglect Policy, Responding to Medical Emergencies Policy, Cardiopulmonary Resuscitation Policy.

Investigation Summary:

Failed practice identified. The Assisted Living Facility failed to follow and implement their policy and procedures when Resident 1 was found unresponsive and without a pulse. This failure placed Resident 1 at risk of bodily harm and went against their wishes. See statement of deficiency.

Conclusion / Action:

- ☒ Failed Provider Practice Identified / Citation(s) Written
- ☐ Failed Provider Practice Not Identified / No Citation Written
- ☐ N/A



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Statement of Deficiencies	License #: 2543	Compliance Determination # 57126
Plan of Correction	Sunrise of Issaquah	Completion Date
Page 1 of 3	Licensee: Sunrise Senior Living Management Inc	04/14/2025

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 complaint investigation on 03/28/2025 of:

Sunrise of Issaquah
23599 SE Issaquah Fall City Rd
Issaquah, WA 98029

This document references the following complaint number(s): 171963

The following sample was selected for review during the unannounced on-site visit: 2 of 84 current residents and 1 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

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

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-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(d) When a resident stops breathing or a resident's heart appears to stop beating, including, but not limited to, any action staff persons must take related to advance directives and emergency care;

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure 2 of 2 staff (Staff A and Staff B) followed the facility's policy and procedure for cardiopulmonary resuscitation. This failure placed all 84 residents at risk of harm from staff not implementing lifesaving methods and is a violation of all resident rights related to lifesaving or end of life wishes.

Findings included...

Review of the facility's policy titled, "Cardiopulmonary Resuscitation (CPR)," dated 06/25/2005, showed that when staff find a resident unresponsive, without a pulse, and the resident does not have a "Do Not Resuscitate" order (DNR), staff certified in CPR are expected to initiate CPR. The policy showed that only a healthcare professional acting within established scope of practice can determine when no CPR is required. The policy showed that when a resident is found unresponsive, without a pulse, the Team Member will follow this process: validate the resident's code status (available at the computer Kiosk and on the resident face sheet); if the resident does not have a DNR order, call or have another team member call emergency services (911); the CPR certified Team Member will start CPR; the team member will continue CPR until Emergency Services arrive and assume care of the resident.

During an interview on 04/10/2025 at 12:29 PM, Staff A, night shift care staff, stated that they were aware Resident 1 did not have a DNR order and that they were considered a full code (term for a resident wishing to receive all possible life-saving measures). Staff A stated that when they found Resident 1, the resident was unresponsive and cold to the touch. Staff A stated that they did not start CPR because of Resident 1's condition when they were found. Staff A stated that they were aware of the facility policy and the expectation to start CPR whenever a resident was found unresponsive and there were no advance directives.

During an interview on 04/10/2025 at 4:06 PM, Staff B, night care staff, stated that they were aware Resident 1 did not have a DNR order and that they were considered a full code. Staff B stated that they did not start CPR since Resident 1 was unresponsive and without a pulse. Staff B stated that they were aware of the facility policy and the expectation to start CPR whenever a resident was found unresponsive and there were no advance directives. Staff B stated that they understood the requirement to initiate CPR.

During an interview on 04/04/2025 at 12:09 PM, Staff C, Executive Director, stated that they were aware staff failed the facility's policy and procedure related to CPR expectations.

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 Issaquah 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