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

VASILICA DAVID
STAR LAKE ADULT FAMILY HOME
3509 S 272ND ST
KENT, WA 98032

RE: STAR LAKE ADULT FAMILY HOME License # 750042

Dear Provider:

This letter addresses Compliance Determination(s) 66960 (Completion Date 10/08/2025) and 62777 (Completion Date 08/11/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/08/2025 and found that you have corrected the violations listed in the Full report dated 08/11/2025. Your home is back in compliance as of 09/24/2025 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10198-4, WAC 388-76-10290-2, WAC 388-76-10490-2-b-i, WAC 388-76-10522-5, WAC 388-76-10522-6, WAC 388-76-10650-2-a

The Department staff who did the on-site verification:
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Community Field Manager
Region 2, Unit G
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 Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 07/15/2025 of:
STAR LAKE ADULT FAMILY HOME
3509 S 272ND ST
KENT, WA 98032

The following sample was selected for review during the unannounced on-site visit: 2 of 2 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
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 — 08-14-2025 Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative) — 09/24/2025 Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a national Fingerprint Background check (FBC) record for 1 of 8 former staff, (Staff E, Former Caregiver) available for department staff's review. This failure delayed the department from determining whether Staff E was qualified to care for residents while they worked in the AFH.

Findings included:

Observation on 07/15/2025 at 9:20 AM showed Staff A, Provider, with three residents (Residents 1, 2, and 3) who received care and services from the AFH staff.

Review of the AFH administrative records showed that Staff E had a Washington name and date of birth background check (BGI) dated 01/13/2025. There was no record of AFH orientation and FBC.

In an interview on 07/15/2025 at 4:15 PM, Staff A stated that Staff E had worked at the AFH for over two years.

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 Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative) | Date

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to have a national Fingerprint Background check (FBC) record for 1 of 8 former staff, (Staff E, Former Caregiver) available for department staff's review. This failure delayed the department from determining whether Staff E was qualified to care for residents while they worked in the AFH.

Findings included…

Observation on 07/15/2025 at 9:20 AM showed Staff A, Provider, with three residents (Residents 1, 2, and 3) who received care and services from the AFH staff.

Review of the AFH administrative records showed that Staff E had a Washington name and date of birth background check (BGI) dated 01/13/2025. There was no record of AFH orientation and FBC.

In an interview on 07/15/2025 at 4:15 PM, Staff A stated that Staff E had worked at the AFH for over two years.

The AFH sent an email on 08/06/202 at 9:59 PM with Staff E's hire date of 01/11/2023 and departure date of 08/09/2023.

The AFH sent an email on 08/07/2025 at 7:36 AM that included Staff E's application for FBC dated 05/17/2022 and 06/10/2022 for a criminal inquiry for a private health care company.

In an email received from AFH on 08/07/2025 at 8:52 AM, Staff A stated they did not have Staff E's FBC as their BGI results showed no negative findings.

In a telephone interview on 08/07/2025 at 1:33 PM, Collateral Contact 3 of department's Background Check Central Unit stated Staff E had no FBC completed for the AFH. The AFH did not click on the application for the FBC. Staff E, however, had FBC completed for year 2019 and 2022 in the system.

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, STAR LAKE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 9/24/2025

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

Provider (or Representative) — Date: 9/24/2025

WAC 388-76-10290 Tuberculosis - Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1of 2 sampled staff (Staff B, Caregiver) with a positive Tuberculosis [(TB) communicable disease affecting lungs] test had a TB signs and symptoms evaluation when they were hired. This failure placed all residents at the AFH at risk of exposure to TB.

The AFH sent an email on 08/06/202 at 9:59 PM with Staff E's hire date of 01/11/2023 and departure date of 08/09/2023.

The AFH sent an email on 08/07/2025 at 7:36 AM that included Staff E's application for FBC dated 05/17/2022 and 06/10/2022 for a criminal inquiry for a private health care company.

In an email received from AFH on 08/07/2025 at 8:52 AM, Staff A stated they did not have Staff E's FBC as their BGI results showed no negative findings.

In a telephone interview on 08/07/2025 at 1:33 PM, Collateral Contact 3 of department's Background Check Central Unit stated Staff E had no FBC completed for the AFH. The AFH did not click on the application for the FBC. Staff E, however, had FBC completed for year 2019 and 2022 in the system.

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, STAR LAKE ADULT FAMILY HOME 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.

_____ _____
Provider (or Representative) Date

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(2) Ensure each resident or employee with a positive test result is evaluated for signs and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure 1of 2 sampled staff (Staff B, Caregiver) with a positive Tuberculosis [(TB) communicable disease affecting lungs] test had a TB signs and symptoms evaluation when they were hired. This failure placed all residents at the AFH at risk of exposure to TB.

Findings included:

Observation on 07/15/2025 at 9:20 AM showed Staff A, Provider, with three residents (Residents 1, 2, 3) who received care and services from the AFH staff.

In an interview on 07/15/2025 at 9:32 AM, Staff A stated Staff B worked full time and lived at the AFH when working.

Review of AFH administrative records showed the AFH hired Staff B on 06/11/2025 and completed their orientation on 06/11/20225. Staff B had a chest x-ray completed on 07/24/2023 due to history of positive TB skin test. The chest x-ray showed no active TB. Staff B had no other TB test record.

In an interview on 07/15/2025 at 5:30 PM, Staff A stated the TB regulations were confusing and difficult to understand.

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, STAR LAKE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 9/24/2025

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

Provider (or Representative) — Date: 9/24/2025

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal.

This requirement was not met as evidenced by:

Findings included…

Observation on 07/15/2025 at 9:20 AM showed Staff A, Provider, with three residents (Residents 1, 2, 3) who received care and services from the AFH staff.

In an interview on 07/15/2025 at 9:32 AM, Staff A stated Staff B worked full time and lived at the AFH when working.

Review of AFH administrative records showed the AFH hired Staff B on 06/11/2025 and completed their orientation on 06/11/20225. Staff B had a chest x-ray completed on 07/24/2023 due to history of positive TB skin test. The chest x-ray showed no active TB. Staff B had no other TB test record.

In an interview on 07/15/2025 at 5:30 PM, Staff A stated the TB regulations were confusing and difficult to understand.

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, STAR LAKE ADULT FAMILY HOME 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.

_____ _____
Provider (or Representative) Date

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(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to develop and implement a written policy for safe disposal of expired medications for 1 of 2 sampled residents (Resident 3). This failure placed Resident at risk of harm from taking expired medications.

Findings included…

Observation on 07/15/2025 at 9:20 AM showed Staff A, Provider, with three residents (Residents 1, 2, and 3) who received care and services from the AFH staff.

Review of the AFH undated Medication Disposal Policy stated any unused medications which are still bubble wrapped will be returned to Ready Meds pharmacy if allowed or the resident listed pharmacy. Medications that are opened or not sealed can be dropped off at a local police station. Medications including over the counter medications cannot be returned to the family. The AFH medication policy did not address safe disposal of expired medications within 30 calendar days for current residents.

In an interview on 07/15/2025 at 9:32 AM, Staff A stated Resident 3 required assistance with their medications.

Review of Resident 3's July 2025 Synkwise (cloud-based web application of healthcare technology created for health care providers, caregivers and nurses) medication log showed an order for Tramadol 50 milligram one tablet daily as needed for pain.

Observation of Resident 3's medication supply on 07/15/2025 at 1:38 PM showed pharmacy dispensed bubble pack (medications placed within small, clear, plastic bubbles secured by a strong, paper-backed foil that protects the pills until dispensed) labelled Tramadol with an expiration date of 05/28/2025. It had been 48 days since the expiration date of 05/28/2025 to the day of discovery during inspection of 07/15/2025.

Review of Resident 3's Synkwise medication logs showed that the last time they received the Tramadol was on March 24, 2025.

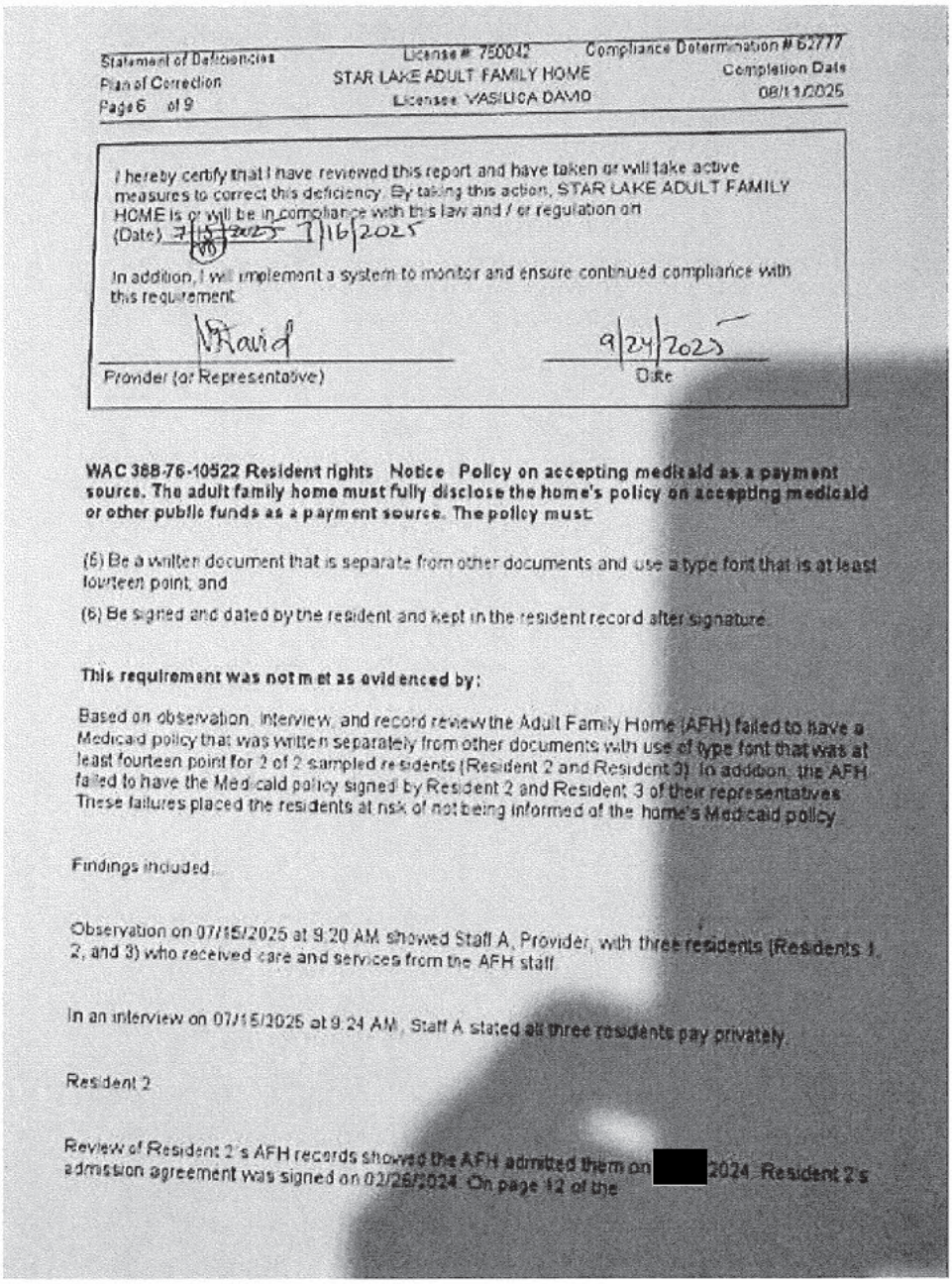
In an interview on 07/15/2025 at 1:41 PM, Staff A stated that Resident 3 did not need the medication. Staff A stated they had missed the expiration date of the medication since they had not given it for several months.

In a telephone interview on 08/11/2025 at 5:19 PM, Staff A admitted that the Tramadol medication supply was expired, however Resident 3 did not take an expired medication.

Gatan, Marites B (DSHS/HCLA/RCS)

From: Vali <starlakeafh@comcast.net>
Sent: Monday, September 29, 2025 9:35 AM
To: Gatan, Marites B (DSHS/HCLA/RCS); Owusu-Acheampong, Lydia (DSHS/HCLA/RCS)
Subject: Corrected document

External Email



Statement of Deficiencies / Plan of Correction — Page 6 of 9
License # 750042 — STAR LAKE ADULT FAMILY HOME — Licensee: VASILICA DAVID
Compliance Determination # 62777 — Completion Date 08/11/2025

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, STAR LAKE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 7/15/2025 7/16/2025

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

Provider (or Representative) — Date 9/24/2025

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to have a Medicaid policy that was written separately from other documents with use of type font that was at least fourteen point for 2 of 2 sampled residents (Resident 2 and Resident 3). In addition, the AFH failed to have the Medicaid policy signed by Resident 2 and Resident 3 of their representatives. These failures placed the residents at risk of not being informed of the home's Medicaid policy.

Findings included:

Observation on 07/15/2025 at 9:20 AM showed Staff A, Provider, with three residents (Residents 1, 2, and 3) who received care and services from the AFH staff.

In an interview on 07/15/2025 at 9:24 AM, Staff A stated all three residents pay privately.

Resident 2

Review of Resident 2's AFH records showed the AFH admitted them on [redacted] 2024. Resident 2's admission agreement was signed on 02/26/2024. On page 12 of the

Sent from my iPhone

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, STAR LAKE ADULT FAMILY HOME 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.

Provider (or Representative) Date

WAC 388-76-10522 Resident rights Notice Policy on accepting medicaid as a payment source. The adult family home must fully disclose the home's policy on accepting medicaid or other public funds as a payment source. The policy must:

(5) Be a written document that is separate from other documents and use a type font that is at least fourteen point; and

(6) Be signed and dated by the resident and kept in the resident record after signature.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the Adult Family Home (AFH) failed to have a Medicaid policy that was written separately from other documents with use of type font that was at least fourteen point for 2 of 2 sampled residents (Resident 2 and Resident 3). In addition, the AFH failed to have the Medicaid policy signed by Resident 2 and Resident 3 of their representatives. These failures placed the residents at risk of not being informed of the home’s Medicaid policy.

Findings included…

Observation on 07/15/2025 at 9:20 AM showed Staff A, Provider, with three residents (Residents 1, 2, and 3) who received care and services from the AFH staff.

In an interview on 07/15/2025 at 9:24 AM, Staff A stated all three residents pay privately.

Resident 2

Review of Resident 2’s AFH records showed the AFH admitted them on [redacted]/2024. Resident 2’s admission agreement was signed on 02/26/2024. On page 12 of the

admission agreement was a note "Medicaid Payment Policy, a new separate Medicaid Contract with Star Lake AFH must be completed prior to resident converting to Medicaid." On page 13 of the admission agreement, was the AFH Medicaid policy. There was no Medicaid Policy that was written separately.

Resident 3

Review of Resident 3's AFH records showed the AFH admitted them on [redacted]/2024. Resident 3's admission agreement was signed on [redacted]/2024. On page 12 of the admission agreement was a note "Medicaid Payment Policy, a new separate Medicaid Contract with Star Lake AFH must be completed prior to resident converting to Medicaid." On page 13 of the admission agreement, was the AFH Medicaid policy. There was no Medicaid Policy that was written separately.

In an interview on 07/15/2025 at 5:28 PM, Staff A stated that their Medicaid policy was in a separate page. Department staff showed the regulation to Staff A that it had to be written separately and pointed out that the AFH Medicaid policy was part of the admission agreement.

In a telephone interview on 08/11/2025 at 5:18 PM, Staff A stated they were not aware of the Medicaid regulation.

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, STAR LAKE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 8/22/2025

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

NDavid
Provider (or Representative)

9/24/2025
Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device.

admission agreement was a note "Medicaid Payment Policy, a new separate [redacted] Contract with Star Lake AFH must be completed prior to resident converting to [redacted]." On page 13 of the admission agreement, was the AFH Medicaid policy. There was no Medicaid Policy that was written separately.

Resident 3

Review of Resident 3's AFH records showed the AFH admitted them on [redacted]/2024. Resident 3's admission agreement was signed on [redacted]/2024. On page 12 of the admission agreement was a note "Medicaid Payment Policy, a new separate [redacted] Contract with Star Lake AFH must be completed prior to resident converting to [redacted]." On page 13 of the admission agreement, was the AFH Medicaid policy. There was no Medicaid Policy that was written separately.

In an interview on 07/15/2025 at 5:28 PM, Staff A stated that their Medicaid policy was in a separate page. Department staff showed the regulation to Staff A that it had to be written separately and pointed out that the AFH Medicaid policy was part of the admission agreement.

In a telephone interview on 08/11/2025 at 5:18 PM, Staff A stated they were not aware of the [redacted] regulation.

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, STAR LAKE ADULT FAMILY HOME 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.

_____ _____
Provider (or Representative) Date

WAC 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure there was a completed assessment available to show the need and safe use of [redacted] for 2 of 2 sampled residents' (Resident 2 and Resident 3). This failure placed Resident 2 and Resident 3 at risk of harm from using medical device with known safety risks.

Findings included…

Observation on 07/15/2025 at 9:20 AM showed Staff A, Provider, with three residents (Residents 1, 2, and 3) who received care and services from the AFH staff.

Resident 2

During bedroom tour on 07/15/2025 at 10:27 AM, observation showed that Bedroom [redacted] occupied by Resident 2 had an [redacted] with half metal [redacted] bolted to bilateral upper part of the bed frame.

Review of Resident 2's AFH records showed the AFH admitted them on [redacted]/2024. Resident 2's 02/25/2025 annual assessment showed their use of [redacted] for positioning. Resident 2's 01/01/2025 NCP addressed their use of the [redacted]. Resident 2's representative signed the consent for the [redacted] on 09/10/2024. There was no documentation showing a qualified assessor completed an assessment for Resident 2's need and ability to safely use the [redacted].

In an interview on 07/15/2025 at 12:20 PM, Staff A stated they would request the assessment.

Resident 3

During bedroom tour on 07/15/2025 at 10:16 AM, observation showed Resident 3 lay in an [redacted] with the head of the bed elevated. The bed had half metal [redacted] bolted to the bilateral upper part of the bed frame.

Review of Resident 3's AFH records showed the AFH admitted them on [redacted]/2024. Resident 3's 01/14/2025 annual assessment indicated "1/2 bed [redacted] for positioning." Resident 3's 01/14/2025 Negotiated Care Plan (NCP) addressed their use of the [redacted] for positioning. There was a [redacted] safety information pamphlet that was signed by Resident 3's representative. There was no documentation showing a qualified assessor completed an assessment for Resident 3's need and ability to safely use the [redacted].

In an interview on 07/15/2025 at 1:53 PM, Staff A stated they would request the [redacted] assessment from the Home Health agency.

In the exit interview on 07/15/25025 at 5:31 PM, Staff A stated they would request for the [redacted] assessment from the home health agencies that recommended their use.

The AFH sent an email on 07/18/2025 at 11:09 AM, indicating that the requested [redacted] assessments from the home agencies were not received. Staff A said in the past, no department staff had asked for [redacted] assessment, so they were not aware that it was required.

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, STAR LAKE ADULT FAMILY HOME is or will be in compliance with this law and / or regulation on (Date) 09/8/2025

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

Provider (or Representative) — Date: 9/24/2025

In an interview on 07/15/2025 at 1:53 PM, Staff A stated they would request the [redacted] assessment from the Home Health agency.

In the exit interview on 07/15/25025 at 5:31 PM, Staff A stated they would request for the [redacted] assessment from the home health agencies that recommended their use.

The AFH sent an email on 07/18/2025 at 11:09 AM, indicating that the requested [redacted] assessments from the home agencies were not received. Staff A said in the past, no department staff had asked for [redacted] assessment, so they were not aware that it was required.

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, STAR LAKE ADULT FAMILY HOME 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.

_____ _____

Provider (or Representative) Date