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

ALL STAR ADULT FAMILY HOME LLC
ALL STAR AFH
16715 NE 6TH PL
BELLEVUE, WA 98008

RE: ALL STAR AFH License # 752371

Dear Provider:

This letter addresses Compliance Determination(s) 62791 (Completion Date 07/18/2025) and 60960 (Completion Date 06/12/2025).

The Department completed a follow-up inspection of your Adult Family Home on 07/18/2025 and found that you have corrected the violations listed in the Full report dated 06/12/2025. Your home is back in compliance as of 07/27/2025 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 388-76-10040-1-b, WAC 388-76-10040-1, WAC 388-76-10040-1-a

The Department staff who did the on-site verification:
Claire Fleming, Long Term Care Surveyor

If you have any questions, please contact me at (253)341-7376.

Sincerely,

Alfredo Brown

Alfredo Brown, Allied Health Field Manager
Region 2, Unit K
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 #: 752371 | Compliance Determination #60960 |
|---|---|---|
| Plan of Correction | ALL STAR AFH | Completion Date |
| Page 1 of 3 | Licensee: ALL STAR ADULT FAMILY HOME LLC | 08/12/2025 |

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 08/10/2025 at
ALL STAR AFH
18715 NE 8TH PL
BELLEVUE, WA 98008

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Claire Fleming, Long Term Care Surveyor

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

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DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

***20311 52nd Ave W, Suite 100, Lynnwood, WA 98036***



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 06/10/2025 of:

ALL STAR AFH
16715 NE 6TH PL
BELLEVUE, WA 98008

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Claire Fleming, Long Term Care Surveyor

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

| Statement of Deficiencies | License #: 752371 | Compliance Determination #60960 |
|---|---|---|
| Plan of Correction | ALL STAR AFH | Completion Date |
| Page 2 of 3 | Licensee: ALL STAR ADULT FAMILY HOME LLC | 06/12/2026 |

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Alfredo Brown
Residential Care Services

06/25/2025
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)

7/4/25
Date

**WAC 388-76-10040 License requirements Qualified person must live-in or be on-site.**

(1) The adult family home provider or entity representative must:

(a) Live in the home; or

(b) Employ or contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times.

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

Based on record review and interview, the Adult Family Home (AFH) failed to employ or contract a qualified resident manager to live-in or be on-site. This failure placed 5 out of 5 residents (Resident 1, 2, 3, 4, and 5) at risk for receiving care from an unqualified live-in staff member.

Findings included...

During a joint interview with Staff A, Provider, and Staff B, Caregiver, on 06/10/2025 at 2:48 PM, Staff A stated that Staff B was an AFH live-in staff. Staff A stated that Staff B was not the resident manager of the AFH. Staff A stated that Staff B intended to become the current AFH resident manager. Staff A stated that they had completed an application for Staff B to become the next AFH resident manager. Staff A stated that at the time of the inspection Staff B had not met the requirements to be the AFH resident manager. Staff B stated that they were not the current AFH resident manager.

Record review of AFH staff records showed that Staff B was hired on 02/05/2026. Record review showed that Staff B did not obtain a Department of Health (DOH) credential at any time prior to employment at the AFH or at the time of inspection.

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 388-76-10040 License requirements Qualified person must live-in or be on-site.**

(1) The adult family home provider or entity representative must:

(a) Live in the home; or

(b) Employ or contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times.

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

Based on record review and interview, the Adult Family Home (AFH) failed to employ or contract a qualified resident manager to live-in or be on-site. This failure placed 5 out of 5 residents (Resident 1, 2, 3, 4, and 5) at risk for receiving care from an unqualified live-in staff member.

Findings included…

During a joint interview with Staff A, Provider, and Staff B, Caregiver, on 06/10/2025 at 2:48 PM, Staff A stated that Staff B was an AFH live-in staff. Staff A stated that Staff B was not the resident manager of the AFH. Staff A stated that Staff B intended to become the current AFH resident manager. Staff A stated that they had completed an application for Staff B to become the next AFH resident manager. Staff A stated that at the time of the inspection Staff B had not met the requirements to be the AFH resident manager. Staff B stated that they were not the current AFH resident manager.

Record review of AFH staff records showed that Staff B was hired on 02/05/2025. Record review showed that Staff B did not obtain a Department of Health (DOH) credential at any time prior to employment at the AFH or at the time of inspection.

| Statement of Deficiencies | License #: 752371 | Compliance Determination #:60360 |
|---|---|---|
| Plan of Correction | ALL STAR AFH | Completion Date |
| Page 3 of 3 | Licensee: ALL STAR ADULT FAMILY HOME LLC | 06/12/2025 |

During a joint interview with Staff B on 06/12/2025 at 12:21 PM, Staff B stated that they have never been issued a DOH credential during their employment at the AFH. Staff B stated they are in the process of completing all their required classes.

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, ALL STAR AFH is or will be in compliance with this law and / or regulation on (Date) 7/27/25 .

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

Provider (or Representative) — Date: 7/4/25

During a joint interview with Staff B on 06/12/2025 at 12:21 PM, Staff B stated that they have never been issued a DOH credential during their employment at the AFH. Staff B stated they are in the process of completing all their required classes.

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, ALL STAR AFH 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