STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Morning Star AFH LLC

Morning Star AFH LLC
1023 108th St S
Tacoma, WA 98444

RE: Morning Star AFH LLC License # 753202

Dear Provider:

This letter addresses Compliance Determination(s) 31778 (Completion Date 10/27/2023) and 29908 (Completion Date 09/27/2023).

The Department completed a follow-up inspection of your Adult Family Home on 10/27/2023 and found that you have corrected the violations listed in the Full report dated 09/27/2023. Your home is back in compliance as of 10/05/2023 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 388-76-10015, WAC 388-76-10015-1, WAC 388-76-10015-2, WAC 388-76-10015-3, WAC 388-76-10530-1-b, WAC 388-76-10530-1-c, WAC 388-76-10530-1-d, WAC 388-76-10530-1-f, WAC 388-76-10530-1-g, WAC 388-76-10530-1-a, WAC 388-76-10530-1, WAC 388-76-10530-1-e, WAC 388-76-10380-4, WAC 388-76-10198-2-a, WAC 388-76-10198-2-b, WAC 388-76-10198-4

The Department staff who did the on-site verification:
Gary Fuentebella, Licensor

If you have any questions, please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A

Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 753202	Compliance Determination # 29908
Plan of Correction	Morning Star AFH LLC	Completion Date
Page 1 of 7	Licensee: Morning Star AFH LLC	09/27/2023

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 09/21/2023 and 09/21/2023 of:
Morning Star AFH LLC
1023 108th St S
Tacoma, WA 98444

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

The department staff that inspected the Adult Family Home:

Gary Fuentebella, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

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

09/29/2023
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)

10/03/2023
Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

(2) The provider is ultimately responsible for the day-to-day operation of each licensed home.

(3) The provider must promote the health, safety, and well-being of each resident residing in each licensed adult family home.

This requirement was not met as evidenced by:

Based on observation, interviews and record review the Adult Family Home (AFH) failed to obtain a Medical Test Site Waiver (MTSW) before providing blood sugar testing to 3 of 5 residents (Resident 1, Resident 2, and Resident 3) who had diagnoses of [redacted]. This failure placed the residents at risk of the AFH staff administering medical tests and interpreting test results without a required MTSW license.

Findings included...

On 04/01/2022 the Department sent a Dear Provider letter to AFH Providers requiring the need for a MTSW license if the AFH was administering medical tests and interpreting test results for residents' blood sugar.

On 09/21/2023 at 10:25 AM, during interview, Caregiver C stated Resident 1, Resident 2, and Resident 3 required blood sugar testing and that AFH staff were nurse delegated to do this task.

On 09/21/2023 at 12:20 PM, observation showed Caregiver A checking the blood sugar of Resident 1.

On 09/21/2023 at 2:00 PM, during interview, the Provider was asked if the AFH had applied for a MTWS license. The Provider stated no, and that they were not aware the AFH needed one.

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, Morning Star AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/05/2023 .

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

Provider (or Representative) — Date: 10/03/2023

WAC 388-76-10530 Resident rights Notice of rights and services.

(1) The adult family home must provide each resident written notice of the resident's rights and services provided in the home in a language the resident understands and before the resident is admitted to the home. The notice must be reviewed at least once every twenty-four months from the date of the resident's admission and must include the following:

(a) Information regarding resident rights, including rights under chapter 70.129 RCW;

(b) A complete description of the services, items, and activities customarily available in the home or arranged for by the home as permitted by the license;

(c) A complete description of the charges for those services, items, and activities, including charges for services, items, and activities not covered by the home's per diem rate or applicable public benefit programs;

(d) The monthly or per diem rate charged to private pay residents to live in the home;

(e) Rules of the home, which must not violate resident rights in chapter 70.129 RCW;

(f) How the resident can file a complaint concerning alleged abandonment, abuse, neglect, or financial exploitation with the state hotline; and

(g) If the home will be managing the resident's funds, a description of how the home will protect the resident's funds.

This requirement was not met as evidenced by:

Based on interview and record reviews the Adult Family Home (AFH) failed to provide a written Notice of Available Services (Admission Agreement) at least every twenty-four (24) months for 4 of 5 residents (Resident 1, Resident 3, Resident 4, and Resident 5). This failure prevented the residents from knowing what their rights were, what services, items, and activities were available in the home and its charges, the monthly or per diem rate, rules of the home, how to file a complaint, and how the home will protect residents' funds.

Findings included...

Record review revealed the following residents were last provided with a written Notice of Available Services on the following dates:
-Resident 1- 04/10/2020, forty-one (41) months ago.
-Resident 3- 04/16/2019, fifty-three (53) months ago.
-Resident 4- 08/05/2020, thirty-seven (37) months ago.
-Resident 5- 06/04/2021, twenty-seven (27) months ago.

On 09/21/2023 at 2:00 PM, during interview, the Provider had no explanation why the residents were not provided with the written Notice of Available Service as required.

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, Morning Star AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/05/2023 .

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

Provider (or Representative) _____ Date 10/03/2023

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on interview and record review the Adult family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 1) Negotiated Care Plan (NCP) was reviewed or revised at least every twelve (12) months. This failure placed Resident 1 at risk for unmet care and service needs.

Findings included...

Review of Resident 1's Assessment dated 03/14/2023, revealed diagnoses to include [redacted] and [redacted]. Further review of the same Assessment revealed Resident 1 had memory problems, made poor decisions, needed administration of medications, was easily irritable, verbally abusive, resistive to care, and was totally dependent on staff for locomotion, bed mobility, transfers, toilet use, dressing, personal hygiene and bathing.

Review of Resident 1's NCP revealed it was last reviewed or revised on 05/10/2022, sixteen (16) months ago.

On 09/21/2023 at 2:00 PM, the Provider verified the findings and stated they forgot to review or revise Resident 1's NCP.

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, Morning Star AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/05/2023 .

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

Provider (or Representative) _____ Date 10/03/2023

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:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(b) Cardiopulmonary resuscitation;

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

This requirement was not met as evidenced by:

Based on observations, interview and record review the Adult Family Home (AFH) failed to ensure 6 of 7 staff's (Provider, Caregiver A, Caregiver C, Caregiver D, Caregiver E and Former Caregiver F) personnel files were readily available for review. This failure placed all residents at risk for receiving care and services from unqualified staff.

Findings included...

On 09/21/2023 at 10:15 AM, Caregiver A and Caregiver B were observed working in the AFH with Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5.

On 09/21/2023 at 10:15 AM, Caregiver C arrived in the AFH. On 09/21/2023 at 10:40 AM, the Provider arrived in the AFH.

Record review revealed the following personnel files were not available for review:
-Provider: national fingerprint result, and 2023 continuing education (CE) training certificates were missing.
-Caregiver A: national fingerprint result was missing.
-Caregiver C: facility orientation and cardio-pulmonary resuscitation (CPR) card were missing.
-Caregiver D: facility orientation, background check result, and national fingerprint result were missing.
-Caregiver E: background check result was missing.
-Former Caregiver F: background check result and national fingerprint result were missing.

On 09/21/2023 at 2:00 PM, during interview, the Provider stated that they would fax the missing personnel files to the Department for review.

On 09/23/2023, the Department received some of the missing documents from the Provider:
-Provider: national fingerprint results (dated 11/13/2015, no findings), and 16 hours of CE training certificates.
-Caregiver A: national fingerprint result (dated 04/14/2023, with findings requiring character, competence and suitability [CC&S] review). No CC&S review was included in the fax.
-Caregiver C: facility orientation (dated 06/15/2023), CPR card (valid until Sept 2025).
-Caregiver D: national fingerprint result (dated 10/16/2022, no findings).
-Former Caregiver F: national fingerprint result (dated 04/18/2022, no findings).

As of 09/27/2023, the Department had not received the following personnel files from the Provider:
-Caregiver A's CC&S review
-Caregiver D's facility orientation and background check result
-Caregiver E's background check result
-Former Caregiver F: background check result

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, Morning Star AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/05/2023 .

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

Provider (or Representative) — Date: 10/05/2023

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

09/29/2023

Morning Star AFH LLC
Morning Star AFH LLC
1023 108th St S
Tacoma, WA 98444

RE: Morning Star AFH LLC # 753202

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/27/2023 and found that your home does not meet the Adult Family Home Licensing 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 the home 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';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250

Lakewood, WA 98496

• 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 388-76-10315 Resident record Required. The adult family home must:

(1) Create, maintain, and keep records for residents in the home where the resident lives and ensure that the records:

(g) Be available so that department staff may review them when requested; and

Resident 1's 2023 Assessment was not readily available for review. During interview, the Provider stated that Resident 1's 2023 Assessment was in their personal computer that was not in he Adult Family Home (AFH). On 09/25/2023 the Department received a copy of the above-mentioned document to correct the issue.

WAC 388-76-10201 Succession plan.

(1) The adult family home must have a written plan addressing how they will continue to meet the requirements of this chapter and provide care and services to residents in the event that the provider or entity representative is unable to fulfill their duties in the home and make it available upon request of the department.

The Adult Family Home (AFH) did not have a written succession plan. The Provider immediately wrote a succession plan and designated Caregiver E (Provider's wife) to be in-charge of the AFH in the event the Provider was unable to provide care and services to the residents.

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

Record review of the fire drill log showed an eighty (80) day gap between evacuation drills conducted on 09/14/2022 and 12/03/2022. During interview, the Provider stated they were aware of the regulation but had no explanation about the 80 day gap. All other drills from 12/03/2022 till the present were conducted every two months.

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:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

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

If You Have Any Questions:

• Please contact me at (253)983-3826.

Sincerely,

Lisa Cramer, Field Manager
Region 3, Unit A
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:
Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:
• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Lisa Cramer, Field Manager
Residential Care Services
Region 3, Unit A
PO Box 99250
Lakewood, WA 98496

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:
Request an Informal Dispute Resolution (IDR) meeting within 10 working days after

the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.gov/altsa/idr

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Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDRs** the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600