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 B
8806 E D St
Tacoma , WA 98445

RE: Morning Star AFH LLC B License # 755083

Dear Provider:

This letter addresses Compliance Determination(s) 32339 (Completion Date 11/09/2023) and 30195 (Completion Date 10/02/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/09/2023 and found that you have corrected the violations listed in the Full report dated 10/02/2023. Your home is back in compliance as of 10/19/2023 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 388-76-10285-1, WAC 388-76-10285-2, WAC 388-76-10285, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10320-10, WAC 388-76-10198-2-a, WAC 388-76-10255-1, WAC 388-76-10201-1

The Department staff who did the on-site verification:
Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

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 #: 755083	Compliance Determination #:30195
Plan of Correction	Morning Star AFH LLC B	Completion Date
Page 1 of 6	Licensee: Morning Star AFH LLC	10/02/2023

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 09/25/2023 and 09/25/2023 of:
Morning Star AFH LLC B
8806 E D St
Tacoma , WA 98445

The following sample was selected for review during the unannounced on-site visit: 2 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Brian Takagi, Adult Family Home Licensor/Long-Term Care Surveyor

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 — 10/03/2023 (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) 10/15/2023 Date

WAC 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment, and

(2) A second test done one to three weeks after the first test.

This requirement was not met as evidenced by:

Based on interview and record reviews, the adult family home failed to ensure 3 of 5 staff (Resident Manager, Caregiver B and Caregiver C) completed two-step tuberculosis (TB, an infectious disease) skin tests. This failure placed all residents at risk for being exposed to an infectious disease.

Findings included...

On 09/25/2023, record review showed the Resident Manager (RM)'s hire date was 06/15/2023. The RM completed a two-step TB test on 04/09/2021. There was no documentation of another TB test within three days of hire.

On 09/25/2023, record review showed Caregiver B (CG B) started the first step in the TB skin test process on 08/30/2023 but did not return to get it read to complete the one-step. There was no documentation of a second step of TB testing.

On 09/25/2023, record review showed Caregiver C (CG C) did not have any documentation of TB testing.

On 09/25/2023, when asked why the RM, CG B, and CG C did not complete their two-step TB skin tests, the Provider did not answer.

Attestation Statement

Statement of Deficiencies	License #: 755083	Compliance Determination #30195
Plan of Correction	Morning Star AFH LLC B	Completion Date
Page 3 of 6	Licensee: Morning Star AFH LLC	10/02/2023

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 B is or will be in compliance with this law and / or regulation on (Date) 10/15/2023.

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

Provider (or Representative) _____ Date 10/15/2023

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure 2 of 4 residents (Resident 1 and Resident 2) had their Personal Belongings Inventory forms documented and signed. This failure placed Resident 1 and Resident 2 at risk for missing items by not having proper documentation of their belongings at the AFH.

Findings included...

On 09/25/2023, record review showed Resident 1 (R1) and Resident 2's (R2) Personal Belongings Inventory forms were blank. There was no signature or date from the resident or a representative and the AFH representative.

On 09/25/2023, at 2:10 pm, when asked why the forms for R1 and R2 were not filled out, dated, and signed, the Provider did not answer.

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 B is or will be in compliance with this law and / or regulation on (Date) 10/15/2023

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

Statement of Deficiencies	License #: 755083	Compliance Determination # 30195
Plan of Correction	Morning Star AFH LLC B	Completion Date
Page 4 of 6	Licensee: Morning Star AFH LLC	10/02/2023

Provider (or Representative) — Date: 10/15/2023

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;

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to have documentation showing 1 of 5 staff's (Caregiver C) hiring date and orientation date to the adult family home. This failure placed 4 of 4 residents at risk by being cared for by a staff member without documentation of completing basic training and orientation.

Findings included...

On 09/25/2023, record review showed Caregiver C (CG C) did not have documentation in their staff file of a hiring date or orientation to the adult family home.

On 09/25/2023 at 2:10 pm, when asked why CG C did not have a hiring date and orientation documented, the Provider did not respond.

On 10/02/2023 at 4:48 pm, when asked if the Provider had the hiring date and orientation date for CG C, the Provider could not remember the dates.

Attestation Statement

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

Provider (or Representative) 10/15/2023 Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home failed to ensure 5 of 5 (Provider, Resident Manager, Caregiver A, Caregiver B, Caregiver C) adult family home (AFH) staff had documentation of a fit test for an N95 (respirator) mask within the last twelve months. This failure placed all four residents at risk of being cared for by staff without the proper personal protection equipment during an infectious disease outbreak.

Findings included...

On 09/25/2023, record review showed fit testing for N-95 masks expired for all staff in 2022.

On 09/25/2023 at 2:10 pm, when asked why the staff had not renewed their N-95 respirator fitting, the Provider responded they did not have a chance to renew for 2023.

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 B is or will be in compliance with this law and / or regulation on (Date) 10/15/2023.

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

Provider (or Representative) 10/15/2023 Date

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.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to have a written succession plan in the event the Provider was unable to perform their duties. This failure placed 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) at risk of no alternate Provider/Delegate to operate day to day operations of the AFH when the Provider was unavailable.

Findings included...

On 09/26/2023, record review showed the AFH did not have a written succession plan documenting who was the designated person to take over the day-to-day operations of the AFH when the Provider was no longer available to do so.

On 09/26/2023 at 2:10 pm, when asked why the AFH did not have a written succession plan, the Provider responded they will draft a plan and email it to the department.

On 09/29/2023, record review showed a written succession plan was not submitted to the department.

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 B is or will be in compliance with this law and / or regulation on (Date) 10/15/2023

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

Provider (or Representative) _____ Date 10/15/2023