STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 72879 (Completion Date 02/12/2026) and 72231 (Completion Date 01/30/2026).

The Department completed a follow-up inspection of your Adult Family Home on 02/12/2026 and found that you have corrected the violations listed in the Full report dated 01/30/2026. Your home is back in compliance as of 02/06/2026 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 388-76-10198-2-a, WAC 388-112A-0118-2, WAC 388-76-10201-1

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

If you have any questions, please contact me at (253)208-3090.

Sincerely,

Rathana Duong, AFH Field Manager
Region 3, Unit A
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
PO Box 99250, Lakewood, WA 98496

Statement of Deficiencies	License #: 755083	Compliance Determination # 72231
Plan of Correction	Morning Star AFH LLC B	Completion Date
Page 1 of 4	Licensee: Morning Star AFH LLC	01/30/2026

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 01/30/2026 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 3 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Gary Fuentebella, Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 3 , Unit A
PO Box 99250
Lakewood, WA 98496

Statement of Deficiencies	License #: 755083	Compliance Determination # 72231
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Page 2 of 4	Licensee: Morning Star AFH LLC	01/30/2026

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.

Residential Care Services

02/04/2026
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)

2/06/2026
Date

WAC 388-112A-0118 What documentation is required for completion of each training?

(2) The long-term care worker must be given documentation of the proof of completion of the training that the student should retain. The provider and the training entity must keep a copy of the proof of completion as described in WAC 388-76-10198 for adult family homes, chapter 388-107 WAC for enhanced services facilities, and WAC 388-78A-2450 for assisted living facilities.

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 observation, interview and record review the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Resident Manager) personnel files we readily available for review. This failure placed all residents at risk for receiving care and services from an unqualified Resident Manager.

Findings included...

On 01/30/2026 at 9:40 AM, observation showed the Resident Manager (RM) working in

the AFH.

On 01/30/2026, review of personnel files revealed no documentation to show the RM completed Facility Orientation training.

On 01/30/2026 at 12:15 PM, during interview the Provider stated that the RM completed Facility Orientation and would send the Department a copy of their training certificate for review.

On 01/30/2026, the Department received via email from the Provider a copy of the RM's Facility Orientation training certificate (dated 11/24/2025).

This is a repeated deficiency previously cited on 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) 02/06/2026

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

Provider (or Representative) — Date: 02/06/2026

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 show documentation of a written succession plan. This failure placed 3 of 3 residents (Resident 1, Resident 2 and Resident 3) at risk for unmet care needs in the event the Provider was unable to perform their duties.

Statement of Deficiencies	License #: 755083	Compliance Determination # 72231
Plan of Correction	Morning Star AFH LLC B	Completion Date
Page 4 of 4	Licensee: Morning Star AFH LLC	01/30/2026

Findings included...

On 01/30/2026, review of administrative records revealed no documentation to show that the AFH had a written succession plan.

On 01/30/2026 at 12:15 PM, during interview the provider stated that they had a written succession plan and would send copy to the Department for review.

On 01/30/2026, the Department received via email from the Provider a copy of the AFH's written succession plan.

This is a repeated deficiency previously cited on 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) 02/06/2026

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

Provider (or Representative) — Date 02/06/2026

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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 # 755083

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 01/30/2026 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 Return the Plan/Attestation Statement and report with signatures to:

Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:

eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
PO Box 99250
Lakewood, WA 98496

• Complete correction(s) within 45 calendar days of Last Date of Data Collection (01/30/2026), no later than 03/16/2026 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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

On 01/30/2026 at 10:13 AM, observation of the kitchen refrigerator showed five (5) boxes of insulin injections belonging to Resident 3 were inside a medication storage box that was not locked. The Provider immediately locked the medication storage box and stated he had reminded staff to always keep it locked. There was no negative outcome to the residents.

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

On 01/30/2026, record review revealed Resident 2's Disclosure of Chargers document was not signed by the resident. The Provider immediately had Resident 2 sign the document to correct the issue.

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;

On 01/30/2026, review of the evacuation drill record revealed all fire drills conducted between 03/16/2025 and 01/02/2026, were done between 10:00 AM and 11:00 AM. At 01/30/2026 at 12:15 PM, during interview the Provider stated that the residents preferred to do the fire drills in the morning, but staff would do them in a different shift the next time they do a drill.

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(2) Have a United States high school diploma or high school equivalency certificate as provided in RCW 28B.50.536 , or any English or translated government document of the following:

(a) Successful completion of government approved public or private school education in a foreign country that includes an annual average of one thousand hours of instruction a year for twelve years, or no less than twelve thousand hours of instruction;

(8) Have completed at least one thousand hours of successful direct care experience in the previous sixty months obtained after age eighteen to vulnerable adults in a licensed or contracted setting before operating or managing a home. Individuals holding one of the following professional licenses are exempt from this requirement:

(a) Physician licensed under chapter 18.71 RCW;

(b) Osteopathic physician licensed under chapter 18.57 RCW;

(c) Osteopathic physician assistant licensed under chapter 18.57A RCW;

(d) Physician assistant licensed under chapter 18.71A RCW; or

(e) Registered nurse, advanced registered nurse practitioner, or licensed practical nurse licensed under chapter 18.79 RCW;

On 01/30/2026, record review revealed no documentation to show that the Resident Manager (RM) had completed at least a high school education and completed one thousand (1,000) hours of caregiving experience before being delegated in their position. On 01/30/2026, the Department received via email from the Provider, copies of the RM's high school diploma (dated 07/03/2019), and notarized Caregiver Experience Attestation (CEA) document (dated 01/30/2026), to correct the issue.

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)208-3090.

Sincerely,

Rathana Duong, AFH 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:
Rathana Duong, AFH Field Manager
Residential Care Services
Region 3, Unit A
Preferred methods:
eFax: (253) 589-7240
Email: rcsregion3email@dshs.wa.gov
Optional method:
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 make an IDR request and find directions on the IDR 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 supporting documents to:

Email: RCSIDR@dshs.wa.gov; or
Fax: (360) 725-3225