STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

Star of the Sea Adult Family Home, LLC
Star of the Sea Adult Family Home
23 S Eden Ln
Spokane Valley, WA 99016

RE: Star of the Sea Adult Family Home License # 756984

Dear Provider:

This letter addresses Compliance Determination(s) 63807 (Completion Date 08/11/2025) and 60539 (Completion Date 06/11/2025).

The Department completed a follow-up inspection of your Adult Family Home on 08/11/2025 and found that you have corrected the violations listed in the Full report dated 06/11/2025. Your home is back in compliance as of 06/16/2025 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 388-76-10015-1, WAC 388-76-10175-1, WAC 388-76-10175-3, WAC 388-76-10198-4, WAC 388-76-10265-1-a, WAC 388-76-10335-2, WAC 388-76-10335-4-b, WAC 388-76-10335-4-c, WAC 388-76-10335-4-d, WAC 388-76-10335-12, WAC 388-76-10335-12-a, WAC 388-76-10335-12-b, WAC 388-76-10335-12-c, WAC 388-76-10335-13, WAC 388-76-10650-2-a, WAC 388-76-10650-2-b, WAC 388-76-10865-1, WAC 388-76-10895-2-a

The Department staff who did the on-site verification:
Valorie Bradley, AFH/ALF Licensor

If you have any questions, please contact me at (509)598-0182.

Sincerely,

Selena Clemons, Interim Community Field Manager

Region 1, Unit E
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

8517 E Trent Ave, Ste 102, Spokane Valley, WA 99212

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 06/03/2025 of:

Star of the Sea Adult Family Home
23 S Eden Ln
Spokane Valley, WA 99016

The following sample was selected for review during the unannounced on-site visit: 5 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Valorie Bradley, AFH/ALF Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 1 , Unit E
8517 E Trent Ave, Ste 102
Spokane Valley, WA 99212

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 388-76-10015 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

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to obtain a Medical Test Site Waiver (MTSW) before completing blood glucose testing for 1 of 6 residents (Resident 6). This failure resulted in the AFH performing blood glucose testing for one resident without oversite and placed the resident at risk of receiving inaccurate test results.

Findings included . . .

Review of Medication Administrative Record (MAR) dated May 2025 showed staff performed blood glucose testing on Resident 6 four times daily.

In an interview on 04/03/2025 at 10:59 AM Staff A, Provider, stated they did not know a MTSW was required to perform blood glucose testing for residents.

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 of the Sea 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 388-76-10175 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. An adult family home may conditionally employ a person directly or by contract, pending the result of a Washington state name and date of birth background check, provided the home:

(1) Submits the Washington state name and date of birth background check no later than one working day after conditional employment;

(3) Does not allow the individual to have unsupervised access to any resident;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family home (AFH) failed to ensure that there was a valid Washington State name and date of birth background check completed no later than one day of employment and for 3 of 5 staff members (Staff B, Staff C, & Staff D) and 3 of 5 former staff (Staff F, Staff I and Staff J). This failure placed residents at risk of receiving care from personnel with disqualifying findings.

Findings included…

Observation on 06/03/2025 at 8:15 AM showed Staff C, Caregiver, transport Resident 2 from the dining room to the bathroom unsupervised.

On 06/03/2025 review of staff records showed the following:

Staff B, Caregiver, was hired on 02/05/2025. The documentation showed Staff B obtained a Washington State name and date of birth background check expired on 02/15/2025 (10 days after hire date).

Staff C was hired on 06/01/2025. The documentation showed Staff C obtained a

Washington State name and date of birth background check on 06/03/2025 (Two days after hire date).

Staff D, Caregiver, was hired on 10/08/2024. The documentation showed Staff D obtained a Washington State name and date of birth background check on 11/29/2024 (52 days after hire date).

Staff F, Former Caregiver, was hired on 12/01/2024. The documentation showed Staff F obtained a Washington State name and date of birth background check on 01/06/2025 (36 days after hire date).

Staff H, Former Caregiver, was hired on 03/13/2024 and left employment in November 2024. There was no documentation to show Staff H had obtained a Washington State name and date of birth background check (215 days at the time employment ended).

Staff I, Former Caregiver, was hired on 09/23/2024. The documentation showed Staff I obtained a Washington State name and date of birth background check on 10/26/2024 (64 days after hire date).

Staff J, Former Caregiver, was hired on 03/13/2024 and left employment in November 2024. There was no documentation to show that Staff J obtained a Washington State name and date of birth background check (215 days at the time employment ended).

In an interview on 06/11/2025 at 2:42 PM Staff A, Provider stated they had forgotten to complete Staff B, Staff C, Staff D, Staff F, Staff G and Staff I's Washington State name and date of birth background checks within one day of being hired. Staff A did not know if Staff H and Staff J had obtained Washington State name and date of birth background checks.

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 of the Sea 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 388-76-10198 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 record review and interview, the Adult Family Home (AFH) failed to ensure that staff background check results were available to the Department during an inspection for 1 of 5 current staff (Staff A). This failure resulted in the Department being unable to determine if AFH staff members were qualified to care for residents.

Findings included….

On 06/03/2025 review of staff records showed Staff A, Provider, did not have Washington State name and date of birth background check results available for review during the inspection.

On 06/03/2025 review of the Department's Secure Online Tracking System (STARS) showed Staff A obtained a Washington State name and date of birth background check at time of initial licensing on 12/04/2023.

Review of email correspondence dated 06/04/2025 showed Staff A obtained a Washington State name and date of birth background check on 06/04/2025.

In an interview on 06/11/2025 at 2:45 PM Staff A stated they did not know where their original Washington State name and date of birth background check was located so they obtained a new one the day after the inspection.

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 of the Sea 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 388-76-10265 Tuberculosis Testing Required.

(1) The adult family home must develop and implement a system to ensure the following persons have tuberculosis testing within three days of employment:

(a) Provider;

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure that tuberculosis (TB) test results were obtained within three days of employment for 1 of 5 staff (Staff A). This failure placed residents at risk for respiratory infection.

Findings included….

Review of the Department's Secure Online Tracking System (STARS) showed the home was licensed on 01/25/2024.

On 06/03/2025 review of Staff records showed Staff A, Provider, obtained a one-step TB skin test on 09/27/2021 (850 days before the home was licensed).

In an interview on 06/03/2025 at 10:24 AM Staff A stated they did not know they were required to obtain a TB test within three days of obtaining their license to open the home.

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 of the Sea 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 388-76-10335 Resident assessment topics. The adult family home must ensure that each resident's assessment includes the following minimum information:

(2) Current prescribed medications, and contraindicated medications, including but not limited to, medications known to cause adverse reactions or allergies;

(4) Medication management:

(b) The amount of medication assistance needed;

(c) If medication administration is required; or

(d) If a combination of the elements in (a) through (c) above is required.

(12) Preferences and choices about daily life that are important to the resident, including but not limited to:

(a) The food that the resident enjoys;

(b) Meal times; and

(c) Sleeping and nap times.

(13) Activities.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure that a preliminary assessment contained information including medical history, currently prescribed medications, medical diagnoses, level of medication assistance needed, medical device needs and usage, cognitive status, history of mental illness, activities, and food preferences and choices, for 1 of 6 residents (Resident 4). This failure put the resident at risk of having unmet care needs.

Findings included….

Observation on 06/02/2025 at 9:13 AM showed Resident 4 had a [redacted] next to their bed.

During an interview on 06/03/2025 at 11:13 AM Resident 4 stated they used the [redacted] to transfer from their bed to their wheelchair.

Review of admission records showed Resident 4 was admitted to the home on [redacted]/2024.

Review of Medication Administration Record (MAR) dated [redacted] 2024 showed Resident 4 received the following medications:
-Linzess (for constipation), 145 micrograms (mcg), take one capsule every morning.
-Nuplazid (a medication for hallucinations), 34 mg, take one capsule every morning
-Quetiapine (a medication for depression), 100 milligrams (mg), take one tablet at bedtime.
-Quetiapine (a medication for depression), 50 mg, take 0.5 tablets (25 mg) every morning.
-Quetiapine (a medication for depression), 50 mg, take one tablet every afternoon.
-Remeron (a medication for depression), 15 mg, take one tablet at bedtime.
-Rytary, (a medication for muscle control and coordination related to Parkinson's disease), 36.5 mg, take one capsule five times daily.
-Sinemet CR, (a medication to control tremors related to Parkinson's disease) 25-100 mg, take two tablets four times daily.

Review of a preliminary assessment dated [redacted]/2024 showed the assessment did not include information about Resident 4's medical history, [redacted] diagnosis, [redacted] and [redacted]. The assessment did not include a list of currently prescribed medications and the level of medication assistance that Resident 4 required. The assessment did not include information about Resident 4's need for or usage of a [redacted]. The assessment did not include information about Resident 4's activities and food choices and preferences.

In an interview on 06/03/2025 at 9:16 AM Staff A, Provider stated that Resident 4 required medication administration from care staff.

In an interview on 06/11/2025 at 1:58 PM Resident 4's representative stated that Resident 4 had been diagnosed with [redacted] eight years ago.

In an interview on 06/11/2025 at 2:48 PM Staff A, Provider stated they had very limited information about Resident 4 when they conducted Resident 4's preliminary assessment. Staff A stated that the [redacted] was installed in Resident 4's room when Resident 4 was admitted to the AFH.

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 of the Sea 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;

(b) Provide the resident and his or her family or legal representative with information about the device's benefits and safety risks to enable them to make an informed decision about whether to use the device;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to complete a safety assessment and supply risks and benefit information for the [redacted] used by 1 of 6 residents (Resident 4). This failure placed the resident at risk for entrapment and injury.

Findings included...

Observation on 06/03/2025 at 9:13 AM showed Resident 4 had a [redacted] next to their bed.

On 06/02/2025 review of resident records showed there was no documentation in Resident 4’s record to show completion of a safety assessment, and no risk and benefit disclosure related to the medical device.

During an interview on 06/03/2025 at 11:13 AM Resident 4 stated they used the [redacted] to ensure safe transfers between their wheelchair and bed. Resident 4 stated they did not know if a safety assessment had been completed or if they had received risk and benefit information about the [redacted].

During an interview on 06/03/2025 at 12:39 PM, Staff A, Provider, stated that they did not know a safety assessment must be completed, and they did not know they were required to provide Resident 4 with risk and benefit information related to the [redacted].

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 of the Sea 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 388-76-10865 Resident evacuation from adult family home.

(1) The adult family home must be able to evacuate all residents from the home to a safe location outside the home in five minutes or less.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure the home was able to evacuate all residents to a safe location outside the home for 6 of 6 residents (Residents 1, 2, 3, 4, 5 & 6). This failure placed residents at risk for harm in the event of an evacuation.

Findings included….

Observation on 06/03/2025 at 8:36 AM showed Staff B, Caregiver, providing standby assistance to Resident 3. Staff B held both of Resident 3's hands and verbally guided Resident 3 as they walked to the dining room.

Observation on 06/03/2025 at 8:39 AM showed Staff C, Caregiver, transporting Resident 2 in their wheelchair.

On 06/03/2025, the review of emergency evacuation drills logs showed the following:

An emergency evacuation drill was conducted on 03/12/2025. Documentation showed Staff A, Provider took 25 minutes to evacuate all residents from the home (20 minutes over the five-minute regulation requirement).

An emergency evacuation drill was conducted on 12/28/2024. Documentation showed Staff A took 16 minutes to evacuate all residents from the home (11 minutes over the five-minute regulation requirement).

An emergency evacuation drill was conducted on 10/25/2024. Documentation showed Staff A took 20 minutes to evacuate all residents from the home (15 minutes over the five-minute regulation requirement).

An emergency evacuation drill was conducted on 08/28/2024. Documentation showed Staff A took 15 minutes to evacuate all residents from the home (10 minutes over the five-minute regulation requirement).

An emergency evacuation drill was conducted on 05/23/2024. Documentation showed Staff A took 25 minutes to evacuate all residents from the home (20 minutes over the five-minute regulation requirement).

An emergency evacuation drill was conducted on 03/26/2024. Documentation showed Staff A took 20 minutes to evacuate all residents from the home (15 minutes over the five-minute regulation requirement).

In an interview on 06/03/2025 at 10:14 AM Staff A stated that they conduct evacuation drills without additional staff in case an evacuation is necessary at night when only one caregiver is working.

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 of the Sea 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 388-76-10895 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;

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure emergency evacuation drills were conducted every sixty days for 6 of 6 current residents (Residents 1, 2, 3, 4, 5 and 6). This failure placed residents at risk of harm in the event of a fire or emergency.

Findings included….

Review of the Department's Secure Online Tracking System (STARS) showed the home was licensed on 01/25/2024.

Observation on 06/03/2025 at 8:36 AM showed Resident 1, Resident 2 and Resident 3 receiving care and services in the home.

Observation on 06/03/2025 at 9:13 AM showed Resident 4 receiving care and services in their room.

Observation on 06/03/2025 at 9:10 AM showed Resident 5 in their bedroom.

On 06/03/2025 review of evacuation drills logs showed the AFH conducted evacuation drills on 03/12/2025, 12/28/2024 (74 days overdue), 10/25/2024, 08/28/2024,

05/23/2024 (97 days overdue) and 03/26/2024. The log showed no drills had been conducted in April, May or June (83 days overdue).

In an interview on 06/03/2025 at 10:13 AM Staff A, Provider stated that they did not know emergency evacuation drills must be conducted every sixty days.

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 of the Sea 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 _____