



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

10/01/2025

6 Stars Health Care LLC
6 Stars Healthcare LLC
10816 18th Ave E
Tacoma, WA 98445

RE: 6 Stars Healthcare LLC # 2681

Dear Administrator:

This letter addresses deficiencies occurring in the report(s) for: Compliance Determination(s) 66317 (Completion Date 10/01/2025) and 57900 (Completion Date 06/13/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 10/01/2025 and found no deficiencies.

The Department found that deficiencies for the following licensing laws and regulations were corrected:

WAC 388-78A-2730 Licensee's responsibilities.

(1) The assisted living facility licensee is responsible for:

- (a) The operation of the assisted living facility;
- (b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and
- (c) The care and services provided to the assisted living facility residents.

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

(1) Individual's recent medical history, including, but not limited to:

- (a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;
- (b) Chronic, current, and potential skin conditions; or
- (c) Known allergies to foods or medications, or other considerations for providing care or

This document was prepared by Residential Care Services for the Locator website.

services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

- (ii) Document the evidence in the resident's record.
- (d) Other conditions affecting cognition, such as traumatic brain injury.
- (8) Individual's level of personal care needs, including:
 - (a) Ability to perform activities of daily living;
 - (b) Medication management ability, including:
 - (i) The individual's ability to obtain and appropriately use over-the-counter medications; and
 - (ii) How the individual will obtain prescribed medications for use in the assisted living facility.
- (9) Individual's activities, typical daily routines, habits and service preferences.
- (10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.
- (11) Who has decision-making authority for the individual, including:
 - (a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;
 - (b) The presence of any legal document that establishes a current substitute decision maker; and
 - (c) The scope of decision-making authority of any substitute decision maker.

WAC 388-78A-2710 Disclosure of services.

(1) The assisted living facility must disclose to residents, the resident's representative, if any, and interested consumers upon request, the scope of care and services it offers, on the department's approved disclosure forms. The disclosure form shall not be construed as an implied or express contract between the assisted living facility and the resident, but is intended to assist consumers in selecting assisted living facility services.

WAC 388-78A-2440 Resident register.

(1) The assisted living facility must maintain in the assisted living facility a single current register of all assisted living facility residents, their roommates and identification of the rooms in which such persons reside or sleep.

(2) The assisted living facility must maintain a readily available permanent, current book, computer file, or register with entries in ink or typewritten, of all individuals who resided in the assisted living facility within the past five years, including:

- (a) Move-in date;
- (b) Full name;
- (c) Date of birth;
- (d) Date of moving out;
- (e) Reason for moving out; and

(f) Location and address to which the resident was discharged.

(3) The assisted living facility must make this register immediately available to:

(a) Authorized department staff;

(b) Representatives of the long-term care ombud's office; and

(c) Representatives of the Washington state fire marshal when conducting fire safety inspections.

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

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

WAC 388-78A-2600 Policies and procedures.

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(r) When receiving and responding to resident grievances consistent with RCW 70.129.060 ; and

(3) The assisted living facility must make the policies and procedures specified in subsection (2) of this section available to staff persons at all times and must inform residents and residents' representatives of their availability and make them available upon request.

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

(1) To effectively provide the care and services agreed upon with the resident; and

(2) To respond appropriately in emergency situations.

WAC 388-78A-2950 Water supply. The assisted living facility must:

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

(1) Develop, implement and disclose to potential and current residents, policies regarding:

(a) The types of pets that are permitted in the assisted living facility; and

(b) The conditions under which pets may be in the assisted living facility.

(2) Ensure animals living on the assisted living facility premises:

(a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;

- (b) Are certified by a veterinarian to be free of diseases transmittable to humans;
- (c) Are restricted from central food preparation areas.

WAC 388-78A-2300 Food and nutrition services.

(1) The assisted living facility must:

(c) Ensure all menus:

(i) Are written at least one week in advance and delivered to residents' rooms or posted where residents can see them, except as specified in (f) of this subsection;

(ii) Indicate the date, day of week, month and year;

(iii) Include all food and snacks served that contribute to nutritional requirements;

(iv) Are kept at least six months;

(v) Provide a variety of foods; and

(vi) Are not repeated for at least three weeks, except that breakfast menus in assisted living facilities that provide a variety of daily choices of hot and cold foods are not required to have a minimum three-week cycle.

(f) Substitute foods of equal nutrient value, when changes in the current day's menu are necessary, and record changes on the original menu;

(g) Make available and give residents alternate choices in entrees for midday and evening meals that are of comparable quality and nutritional value. The assisted living facility is not required to post alternate choices in entrees on the menu one week in advance, but must record on the menus the alternate choices in entrees that are served;

(2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:

(a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:

(i) Available to and used by staff persons responsible for food preparation;

(ii) Approved by a dietitian; and

(iii) Reviewed and updated as necessary or at least every five years.

WAC 388-78A-3060 Storage space. The assisted living facility must:

(2) Provide separate, locked storage for disinfectants and poisonous compounds; and

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(i) Bathrooms and toilet rooms;

(ii) Resident living rooms and resident sleeping rooms; and

(iii) Corridors, as well as common and outdoor areas accessible to residents.

(b) Provide the resident with personal wireless communication devices, such as pendants or wristbands, when a communication device is not installed in the resident's sleeping room, and when wireless communications are used:

(i) The system must be designed and installed consistent with industry standards and perform reliably throughout the facility; and

(ii) The facility must have a policy and procedure describing the mitigating measures in the event of system disruption, including for maintenance and loss of power; and

(c) Provide residents, families, and other visitors with a means to contact a staff person inside the building from outside the building after hours.

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

WAC 388-78A-3090 Maintenance and housekeeping.

(1) The assisted living facility must:

(a) Provide a safe, sanitary and well-maintained environment for residents;

(b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;

(c) Keep facilities, equipment and furnishings clean and in good repair; and

(d) Ensure each resident or staff person maintains the resident's quarters in a safe and sanitary condition consistent with the negotiated service agreement.

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

(1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;

(4) Does not allow the person to have unsupervised access to any resident;

(5) Ensures direct supervision of the administrator, all caregivers, and staff persons; and

WAC 388-78A-24642 Background checks National fingerprint background check.

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

WAC 388-78A-3040 Laundry.

(2) The assisted living facility must handle, clean, and store linen according to acceptable methods of infection control. The assisted living facility must:

- (a) Provide separate areas for handling clean laundry and soiled laundry;
- (b) Ensure clean laundry is not processed in, and does not pass through, areas where soiled laundry is handled;
- (c) Ensure areas where clean laundry is stored are not exposed to contamination from other sources;
- (d) Ensure all staff persons wear gloves and use other appropriate infection control practices when handling soiled laundry; and
- (e) Have a utility sink and a table or counter for folding clean laundry.

(6) The assisted living facility must locate laundry equipment in rooms other than those used for open food storage, food preparation or food service.

(7) The assisted living facility must provide a laundry area or develop and implement policy and procedure to ensure residents have access to an area where residents' may do their personal laundry that is:

(a) Equipped with:

- (i) A utility sink;
- (ii) A table or counter for folding clean laundry;
- (iii) At least one washing machine and one clothes dryer; and
- (iv) Mechanical ventilation to the outside of the assisted living facility.

(b) Arranged to reduce the chances of soiled laundry contaminating clean laundry.

WAC 388-78A-2703 Safety of the built environment. The assisted living facility must provide a safe environment and promote the safety of each resident whenever the resident is on the premises or under the supervision of staff persons consistent with the resident's negotiated service agreement, and must maintain the premises and equipment used in resident care so as to be free of hazards, including:

(1) Providing handrails in halls, corridors, lobbies, and other circulation spaces accessible to residents appropriate to the population served and consistent with the facility functional program.

(2) Maintaining nonskid surfaces on all stairways and ramps used by residents.

(3) Keeping exterior grounds, assisted living facility structures, and component parts safe, sanitary, and in good repair.

WAC 388-78A-3011 Resident unit furnishings.

(1) The assisted living facility must ensure each resident sleeping room contains:

- (e) Bedding for each bed, in good repair; and

WAC 388-78A-2850 Required reviews of building plans.

(3) The assisted living facility must submit plans to construction review services as directed by construction review services and consistent with WAC 388-78A-2361 for approval prior to beginning any construction.

The Department staff who did the On Site verification:

Shirley Grew, LTC Surveyor

Kathy Heinz, Long Term Care Surveyor

If you have any questions, please contact me at (253)442-3013.

Sincerely,

Laurie Anderson

Laurie Anderson, Community Field Manager

Region 3, Unit D

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 #: 2681	Compliance Determination # 57900
Plan of Correction	6 Stars Healthcare LLC	Completion Date
Page 1 of 43	Licensee: 6 Stars Health Care LLC	06/13/2025

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Assisted Living Facility license.

The department completed data collection for the unannounced on-site full inspection on 04/14/2025 and 04/30/2025 of:

6 Stars Healthcare LLC
10816 18th Ave E
Tacoma, WA 98445

The following sample was selected for review during the unannounced on-site visit: 7 of 22 current residents and 1 former residents.

The department staff that inspected the Assisted Living Facility:

Emily Boniface, Community Program Nurse Licensur
Anaya Balter, Community Programs Nurse Licensur and Complaint Investigator
Megan Zerby, Community ALF/AFH Licensur

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

This document was prepared by Residential Care Services for the Locator website.

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.



06/27/2025

Residential Care Services

Date

I understand that to maintain an Assisted Living Facility license, the facility must be in compliance with all the licensing laws and regulations at all times.



07/14/25

Administrator (or Representative)

Date

WAC 388-78A-2730 Licensee's responsibilities.

- (1) The assisted living facility licensee is responsible for:
 - (a) The operation of the assisted living facility;
 - (b) Complying at all times with the requirements of this chapter, chapter 18.20 RCW, and other applicable laws and rules; and
 - (c) The care and services provided to the assisted living facility residents.

This requirement was not met as evidenced by:

Based on interviews, observations and record reviews, the assisted living facility failed to ensure that the administrator did not defer responsibility for the daily operations of the facility to an unapproved staff member. This failure placed 22 out of 22 residents at risk of unmet care needs.

Findings included...

In an interview on 04/14/2025 at 10:24 PM, Staff C, Manager, stated that he is the administrator's designee.

In an interview on 04/14/2025 at 11:53 PM, Staff A, Administrator, said that the owner's were at the facility a few times per week and the owners, Staff A, Staff B, and Staff I, rotated who showed up to the facility.

In an observation and interview on 04/14/2025 at 12:02 PM, there was an uncovered yellow bin in the men's wing. The Department asked Staff A what the bin was meant to

contain but Staff A turned and asked Staff C, who stated that the bin was there to collect resident clothes that are removed during bath time and that the clothes are laundered all together.

In an observation and interview on 04/14/2025 at 12:47 PM, the Department asked Staff A what the purpose was of a 5-gallon bucket, half filled with water, sitting underneath a pipe along the side of the wall. Staff A called over Staff C to respond to the question.

In an observation and interview on 04/14/2025 at 12:48 PM, the Department asked Staff A when the last time was, that the water filter on one of the basement pipes was replaced and he asked the question to Staff C.

In an interview on 04/16/2025 at 12:33 PM, Staff A, Owner and Administrator, stated that they were not familiar with the Assisted Living Facility Regulations. Staff C stated that Staff A goes to the facility two times per week for 30-45 minutes each time.

In an interview on 04/21/2025 at 2:00 PM, Staff A stated that they go to the facility approximately twice per week on Monday and Fridays.

Plan/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, 6 Stars Healthcare LLC is or will be in compliance with this law and / or regulation on (Date) 8/11/2025.

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

 Malaysia Access

07/14/25

Administrator (or Representative)

Date

WAC 388-78A-2090 Full assessment topics. The assisted living facility must obtain sufficient information to be able to assess the capabilities, needs, and preferences for each resident, and must complete a full assessment addressing the following, within fourteen days of the resident's move-in date, unless extended by the department for good cause:

- (1) Individual's recent medical history, including, but not limited to:
 - (a) A licensed medical or health professional's diagnosis, unless the resident objects for religious reasons;
 - (b) Chronic, current, and potential skin conditions; or
 - (c) Known allergies to foods or medications, or other considerations for providing care or

services.

(2) Currently necessary and contraindicated medications and treatments for the individual, including:

(a) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to independently self-administer, or safely and accurately direct others to administer to him/her;

(b) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is able to self-administer when he/she has the assistance of a caregiver; and

(c) Any prescribed medications, and over-the-counter medications commonly taken by the individual, that the individual is not able to self-administer, and needs to have administered to him or her.

(3) The individual's nursing needs when the individual requires the services of a nurse on the assisted living facility premises.

(4) Individual's sensory abilities, including:

(a) Vision; and

(b) Hearing.

(5) Individual's communication abilities, including:

(a) Modes of expression;

(b) Ability to make self understood; and

(c) Ability to understand others.

(6) Significant known behaviors or symptoms of the individual causing concern or requiring special care, including:

(a) History of substance abuse;

(b) History of harming self, others, or property; or

(c) Other conditions that may require behavioral intervention strategies;

(d) Individual's ability to leave the assisted living facility unsupervised; and

(e) Other safety considerations that may pose a danger to the individual or others, such as use of medical devices or the individual's ability to smoke unsupervised, if smoking is permitted in the assisted living facility.

(7) Individual's special needs, by evaluating available information, or if available information does not indicate the presence of special needs, selecting and using an appropriate tool, to determine the presence of symptoms consistent with, and implications for care and services of:

(a) Mental illness, or needs for psychological or mental health services, except where protected by confidentiality laws;

(b) Developmental disability;

(c) Dementia. While screening a resident for dementia, the assisted living facility must:

(i) Base any determination that the resident has short-term memory loss upon objective evidence; and

(ii) Document the evidence in the resident's record.

(d) Other conditions affecting cognition, such as traumatic brain injury.

(8) Individual's level of personal care needs, including:

(a) Ability to perform activities of daily living;

(b) Medication management ability, including:

(i) The individual's ability to obtain and appropriately use over-the-counter medications; and

(ii) How the individual will obtain prescribed medications for use in the assisted living facility.

(9) Individual's activities, typical daily routines, habits and service preferences.

(10) Individual's personal identity and lifestyle, to the extent the individual is willing to share the information, and the manner in which they are expressed, including preferences regarding food, community contacts, hobbies, spiritual preferences, or other sources of pleasure and comfort.

(11) Who has decision-making authority for the individual, including:

(a) The presence of any advance directive, or other legal document that will establish a substitute decision maker in the future;

(b) The presence of any legal document that establishes a current substitute decision maker; and

(c) The scope of decision-making authority of any substitute decision maker.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to complete a full assessment within 14 days of the resident's move-in date for 9 of 9 sampled residents (Resident 2, Resident 3, Resident 4, Resident 6, Resident 7, Resident 8, Resident 10, Resident 11, and Resident 12 [R2, 3, 4, 6, 7, 8, 10, 11, and 12]). This failure placed these residents at risk for unidentified care needs and for not receiving the necessary care and services.

Findings included...

Record review of the Department's database showed the facility changed ownership on 11/07/2023.

Record review of the undated resident roster showed 9 of 22 residents moved in after

11/07/2023.

Record review of the facility's undated "Resident Handbook," showed that an initial assessment would occur after the resident moved into the facility and would inform the facility staff the services, needs, preferences, requests, and how those services would be implemented. The document states that the assessment after moving in is used to assist the resident, their family, and the facility in determining whether the facility was the appropriate place for the resident to live.

<Resident 2>

A record review of the undated resident roster showed R2 moved into the facility on [REDACTED]/2024.

Record review of R2's resident record showed no facility conducted assessment for R2 was available for review.

<Resident 3>

Record review of the undated resident roster showed R3 moved into the facility on [REDACTED]/2024.

Record review of R3's resident record showed no facility conducted assessment for R3 was available for review.

<Resident 4>

Record review of the undated resident roster showed R4 moved into the facility on [REDACTED]/2024.

Record review of R4's resident record showed no facility conducted assessment for R4 was available for review.

<Resident 6>

Record review of the undated resident roster showed R6 moved into the facility on [REDACTED]/2024.

Record review of R6's resident record showed there was no facility conducted

assessment for R6, including the identification of information related to personal care needs, vision impairments, and supports needed due to those conditions, available for review.

<Resident 7>

Record review of the undated resident roster showed R7 moved into the facility on [REDACTED]/2024.

Record review of R7's resident record showed there was no facility conducted assessment for R7, including who had decision-making authority and who would be the substitute decision-maker when needed in the future, available for review.

<Resident 8>

Record review of the undated resident roster showed R8 moved into the facility on [REDACTED]/2024.

Record review of R8's resident record showed that there was no facility-conducted full assessment for R8, including significant known behavioral needs that required special care, available for review.

<Resident 10>

Record review of the undated resident roster showed R10 moved into the facility on [REDACTED]/2024.

Record review of R10's resident record showed that no facility conducted assessment for R10 available for review.

<Resident 11>

Record review of the undated resident roster showed R11 moved into the facility on [REDACTED]/2024.

Record review of R11's resident record showed that no facility conducted assessment for R11 was available for review.

<Resident 12>

Record review of the undated resident roster showed R12 moved into the facility on [REDACTED]/2023.

Record review of R12's resident record showed that no facility-conducted assessment for R12 was available for review.

In an interview on 04/15/2025 at 10:15 AM, Staff I, Owner, stated that the facility did not conduct assessments of residents because the registered nurse delegator assessed the residents.

In an interview on 04/15/2025 at 11:52 AM, Staff I stated that the facility did not employ staff who were qualified assessors because the facility staff did not assess residents. Staff I stated that the facility relied on the department's case manager assessments because all the residents at the facility received Medicaid.

In an interview on 04/16/2025 at 12:33 PM, Staff C, Manager, stated that Staff B, Owner, was responsible for resident admissions to the facility.

In an interview on 04/16/2025 at 1:28 PM, Staff A, Owner and Administrator, and Staff I stated that Staff B was responsible for resident admissions.

In an interview on 04/16/2025 at 2:25 PM, Staff I stated that the facility did not have a policy related to resident assessments.

In an interview on 04/16/2025 at 6:30 PM, Collateral Contact 3 (CC3), Registered Nurse Delegator, stated that they did not conduct full assessment of residents for the facility.

In an interview on 04/17/2025 at 10:47 AM, Staff I stated they were not aware the facility was required to conduct a full assessment of residents.

In an interview on 04/22/2025 at 11:45 AM, Staff B stated that they were not aware the facility was required to assess residents, including 14 days after a new resident moved into the facility. Staff B confirmed no residents had received an assessment since the change of ownership occurred in November 2023.

Plan/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, 6 Stars Healthcare LLC is or will be in compliance with this law and / or regulation on (Date) 8/11/2025.

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



07/14/25

Administrator (or Representative)

Date

WAC 388-78A-2710 Disclosure of services.

(1) The assisted living facility must disclose to residents, the resident's representative, if any, and interested consumers upon request, the scope of care and services it offers, on the department's approved disclosure forms. The disclosure form shall not be construed as an implied or express contract between the assisted living facility and the resident, but is intended to assist consumers in selecting assisted living facility services.

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to provide a completed copy of their Disclosure of Services (DOS) for 6 of 6 sampled residents (Resident 1, Resident 2, Resident 3, Resident 4, and Resident 5[R1, 2, 3, 4, and 5]). This failure resulted in 6 of 6 residents, their representatives, and future residents from having knowledge of what services the facility provided.

Findings included...

Record review of the Department document titled, "Assisted Living Facility Request for Documentation", dated 04/14/2024, Attachment B, showed Disclosure of Services (Attachment L) was due to the licensor within two hours of entry of the facility.

On 04/14/2025 at 3:40 PM, Staff A, Administrator, provided the department with an undated disclosure of services form.

Record review of the form showed it was blank and did not have facility-specific information related to the care and services provided by the facility.

<Resident 1>

Record review of the undated DOS in R1's file showed that the document did not show which services the facility provides. The DOS was blank.

In an interview and observation on 04/14/2025 at 3:43 PM, Staff A was asked if they knew of any resident record that contained a disclosure of services with facility-specific information and Staff A proceeded to open R1's clinical chart and show the department the disclosure of services filed in R1's chart. The disclosure of services, observed along with Staff A, was also blank.

<Resident 2>

A record review of the undated resident roster showed R2 moved into the facility on [REDACTED]/2024.

Record review of the undated DOS in R2's file showed that the document did not show facility-specific services and which services the facility provides. The DOS was blank.

<Resident 3>

Record review of the undated resident roster showed R3 moved into the facility on [REDACTED]/2024.

Record review of the undated DOS in R3's file showed that the document did not show facility-specific services and which services the facility provides. The DOS was blank.

<Resident 4>

Record review of the undated resident roster showed R4 moved into the facility on [REDACTED]/2024.

Record review of the undated DOS in R4's file showed that the document did not show facility-specific services and which services the facility provides. The DOS was blank.

<Resident 5>

Record review of the undated resident roster showed R5 moved into the facility on [REDACTED]/2023.

Record review of the undated DOS in R5's file showed that the document did not show which services the facility provides. The DOS was blank.

<Resident 6>

Record review of the undated resident roster showed R6 moved into the facility on [REDACTED]/2024.

Record review of the undated DOS in R6's file showed that the document did not show which services the facility provides. The DOS was blank.

In an interview on 04/14/2025 at 3:43 PM, Staff A was asked where the facility-specific disclosure of services was, and they replied and pointed to the blank form. Staff A was asked how current and prospective residents would know what services the facility provided, and Staff A stated they did not know.

Plan/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, 6 Stars Healthcare LLC is or will be in compliance with this law and / or regulation on (Date) 07/14/25.

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



07/14/25

Administrator (or Representative)_____
Date**WAC 388-78A-2440 Resident register.**

(1) The assisted living facility must maintain in the assisted living facility a single current register of all assisted living facility residents, their roommates and identification of the rooms in which such persons reside or sleep.

(2) The assisted living facility must maintain a readily available permanent, current book, computer file, or register with entries in ink or typewritten, of all individuals who resided in the assisted living facility within the past five years, including:

- (a) Move-in date;
- (b) Full name;
- (c) Date of birth;
- (d) Date of moving out;
- (e) Reason for moving out; and
- (f) Location and address to which the resident was discharged.

(3) The assisted living facility must make this register immediately available to:

- (a) Authorized department staff;
- (b) Representatives of the long-term care ombud's office; and
- (c) Representatives of the Washington state fire marshal when conducting fire safety inspections.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the assisted living facility failed to maintain a readily available, single register, that showed all previous and current residents for the last five years for 1 of 1 facility. This failure placed 22 of 22 current residents and all previous residents at risk of unmet care needs.

Findings included...

On 04/14/2025 at 10:37 AM, the Department provided Staff C, Business Manager, with the Department form titled "Request for Documentation" (DSHS 10-360). This form requested a list of current residents as well as a list of residents discharged in the last six months with the reason for discharge, their contact information, and discharge location.

<Resident Roster>

At 10:35 AM, Staff C, Manager, provided the department with an undated characteristic roster. The document showed missing information including admission dates, room numbers and last names of residents. The roster did not show a last name for Resident 13 (R13). The roster showed Resident 21(R21) and Resident 25(R25) as resident's residing in the facility.

At 11:08 AM, Staff A, Administrator arrived, and the department repeated the request for an updated resident list.

At 11:54 AM, Staff A provided an updated version of the resident roster that still showed missing information for residents. This roster did not show R21 but still showed R25 as residing at the facility.

In an interview on 04/15/2025 at 10:45 AM, Staff I, Owner, stated that Staff B, Owner, maintains the resident roster.

Record review of the department's database showed a report about R25 and stated that R25 went missing on 01/03/2025.

The department was at the facility on 04/14/2025, 04/15/2025, 04/16/2025, 04/17/2025, 04/21/2025, and 04/22/2025. R25 was not seen during the full inspection.

In an interview on 04/25/2025 at 1:36 PM, Staff A was asked the last name of R13. Staff A replied "that's a good question."

On 05/08/2025 at 12:30 PM, the department sent another email requesting confirmation of the number of residents residing at the facility and to provide an accurate list of residents.

In an interview on 04/22/2025 at 12:00 PM, Staff B, Owner, was asked to confirm that they maintained the facility's resident roster. Staff B replied that they did not maintain the list and that they were only responsible for finding prospective residents but did not track them after that.

<Discharge Roster>

Record review of an email on 04/14/2025 at 2:11 PM, showed a second request from the department to Staff A asking for the facility's discharge register to review.

On 04/15/2025 at 4:22 PM Staff A sent emails to the department that showed the facility's record of resident discharges. The emails showed information for two residents, Resident 19 (R19) and Resident 20(R20). The discharged location, actual discharge date, and post-discharge contact information were not included.

In an interview on 04/16/2025 at 10:21 AM, Collateral Contact2 (CC2), the Department Case Manager stated that they have had eight residents on their case load discharge from the facility between August 2024 and April 2025, however, 1 of the 7 residents (Resident 13) had moved back in. The other six residents on CC2's caseload that discharged included R19, R20, Resident 21 (R21), Resident22 (R22), Resident 23 (R23), and Resident 24 (R24). The facility did not disclose to the department that R13, R21, R22, R23, and R24 had discharged from the facility.

In an interview on 04/16/2025 at 5:30 PM, Collateral Contact 1 (CC1), DSHS Case Manager, stated that Resident8 (R8) was on their caseload and discharged from the facility in [REDACTED] of 2025. CC1 stated that R8 moved into the facility in [REDACTED] 2024 but decompensated shortly after. CC1 stated that R8 was discharged to jail following an incident. The facility did not disclose to the department that R8 was discharged from the facility.

Record review of the undated facility's discharge register showed the facility did not have a resident discharge register record available to review. The facility did not have a record, including post-discharge contact information, location, or reason for discharge for R8, R13, R21, R22, R23, and R24.

In an interview on 04/17/2025 at 11:06 AM, Staff A stated that the facility did not have a list of discharged residents that was available for review. Staff A stated that they would have to go through their records and create a discharge register document.

Plan/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, 6 Stars Healthcare LLC is or will be in compliance with this law and / or regulation on (Date) 8/11/2025.

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



07/14/25

Administrator (or Representative)

Date

WAC 388-78A-2484 Tuberculosis Two step skin testing. Unless the staff person meets the requirement for having no skin testing or only one test, the assisted living facility choosing to do skin testing, must ensure that each staff person has the following two-step skin testing:

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

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure that 2 of 4 sampled Staff (Staff G and Staff H) received their tuberculosis (TB) (a bacterial infection that typically affects the lungs but can also affect any part of the body) test within the required time frames. This failure placed 22 of 22 residents and staff at risk of exposure to TB.

Findings included...

Record review of the Centers of Disease Control document titled, "Testing for Tuberculosis: skin test", dated 04/22/2024, showed a TB skin test required two visits with a healthcare provider. If a person received a TB skin test, they would have two visits with the healthcare provider. During the first visit, the healthcare provider would inject a small amount of TB solution just under the skin on the lower part of the inner arm. On the second visit after two or three days, the person would return to the healthcare provider and have the skin test that was injected on the inner arm observed and determine if it was a positive or negative test result. Under the section titled, "two-step TB skin test", showed if someone was a healthcare worker they would have a two-step TB skin test. The two-step TB skin test could lower the chance that boosted reaction from an old TB infection would be misinterpreted as a recent infection. If the first-step TB skin test was classified as negative, a second-step TB skin test would be given one to three weeks after the first test was read.

On 04/14/2025 the Department initiated an unannounced full facility inspection. At 10:36 AM, Staff C, Manager, provided the department with the staff records binder for

review. At 2:16 PM, Staff A, Owner and Administrator, provided a handwritten staff list.

<Staff C>

Record review of the handwritten staff list, undated, showed Staff C, Manager, was hired on 03/25/2025.

Record review of Staff C's personnel file did not show a record of TB-test screening.

In an interview on 04/16/2025 at 1:28 PM, Staff C stated that they received their TB test a couple of months after their hire date when they were first hired in 2023 and had not received another test.

<Staff G>

Record review of the facility's new hire orientation document, dated 04/06/2024, showed Staff G, Previous Caregiver, was hired 04/06/2024.

Record review of TB screening document, dated 09/13/2024, showed Staff G received their first TB screening by Mantoux-method (test given by a small needle under the skin) on 09/13/2024. That same test was read on 09/16/2024. There were no additional records available to review.

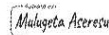
Staff G's TB testing series was initiated 160 days after their date of hire. Staff G's test was initiated 157 days late.

In an interview on 04/17/2025 at 10:23, Staff A, Owner and Administrator, and Staff I, Owner, stated that they were responsible for ensuring new staff were screened for TB within the first three days after hire. Staff A and Staff I acknowledged there were staff hired since they took over facility ownership who had not received TB screening within the required time frame.

Plan/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, 6 Stars Healthcare LLC is or will be in compliance with this law and / or regulation on (Date) 8/11/2025.

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

Mulageta Acres

07/14/25

Administrator (or Representative)_____
Date**WAC 388-78A-2600 Policies and procedures.**

(2) The assisted living facility must develop, implement and train staff persons on policies and procedures to address what staff persons must do:

(r) When receiving and responding to resident grievances consistent with RCW 70.129.060 ; and

(3) The assisted living facility must make the policies and procedures specified in subsection (2) of this section available to staff persons at all times and must inform residents and residents' representatives of their availability and make them available upon request.

This requirement was not met as evidenced by:

Based on observations, interviews and record review, the Assisted Living Facility (ALF) failed to develop and implement policies and procedures to provide the necessary care and services for residents and safely operate the facility for 1 of 1 facilities reviewed. This failure placed 22 out of 22 residents having unmet care needs and facility staff not knowing how to respond to situations.

Findings included...

In an interview on 04/17/2025 at 12:02 PM, Staff I, Owner, stated that the facility did not change any policies and procedures when they took over from the previous owner. They stated the only thing that they changed was hiring a nurse delegator.

In an interview on 04/22/2025 at 11:53 AM, Staff B, Owner, stated that the resident handbook mentions Collateral Contact 4 (CC4), an unrelated staff person at one of Staff B's other facilities (Ruthhaven ALF), because all the policies for the facility [6 Stars Healthcare LLC] including the resident handbook were "cannibalized" from Ruthhaven Assisted Living Facility. Staff B, then clarified that they meant the policies were plagiarized from the other facility.

In an interview on 05/07/2025 at 4:09 PM, Staff A, Administrator and Owner, stated that there were no unique policies for the facility. Staff A confirmed that all the policies provided were taken from Staff B other assisted living facility.

Record review of the facility's resident handbook, undated, showed that if residents had concerns grievances, then one of the steps, they could have taken is to contact the company owners, Staff B and CC4.

Record review of facility's staff roster, undated, showed that CC4 was not included on the current staff list.

Plan/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, 6 Stars Healthcare LLC is or will be in compliance with this law and / or regulation on (Date) 8/11/2025.

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

 Malageta Aceresa

07/14/25

Administrator (or Representative)

Date

WAC 388-78A-2390 Resident records. The assisted living facility must maintain adequate records concerning residents to enable the assisted living facility:

- (1) To effectively provide the care and services agreed upon with the resident; and
- (2) To respond appropriately in emergency situations.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to maintain adequate resident records for 9 of 9 sampled residents (Resident 2, Resident 3, Resident 4, Resident 6, Resident 7, Resident 8, Resident 10, Resident 11, and Resident 12 [R2, 3, 4, 6, 7, 8, 10, 11, and 12]). This failure placed these residents at risk for not receiving the care and services necessary to ensure their health and safety.

Findings included...

Record review of the Department's database showed the facility changed ownership on

11/07/2023.

On 04/14/2025, the Department initiated a routine full inspection of the facility. A characteristic roster and resident records were requested, including resident charts that included resident assessments, medication administration records, disclosure of services, progress notes, incident reports, and negotiated service agreements.

Throughout the inspection, Staff A, Administrator, provided the requested resident charts for review.

Record review of the undated resident roster showed 9 of 22 residents moved in after 11/07/2023. Those nine residents were R2, R3, R4, R6, R7, R8, R10, R11, and R12.

<Resident 2>

A record review of the undated resident roster showed R2 moved into the facility on [REDACTED]/2024.

Record review of R2's resident chart showed no progress notes, incident reports, assessments, nor negotiated service agreements available for review. The chart showed a blank disclosure of services form.

<Resident 3>

Record review of the undated resident roster showed R3 moved into the facility on [REDACTED]/2024.

Record review of R3's resident chart showed no progress notes, incident reports, assessments, nor negotiated service agreements available for review. The chart showed a blank disclosure of services form.

<Resident 4>

Record review of the undated resident roster showed R4 moved into the facility on [REDACTED]/2024.

Record review of R4's resident chart showed no progress notes, incident reports, assessments, nor negotiated service agreements available for review. The chart showed a blank disclosure of services form.

<Resident 6>

Record review of the undated resident roster showed R6 moved into the facility on [REDACTED]/2024.

Record review of R6's resident chart showed no progress notes, incident reports, assessments, nor negotiated service agreements available for review. The chart showed a blank disclosure of services form.

<Resident 7>

Record review of the undated resident roster showed R7 moved into the facility on [REDACTED]/2024.

Record review of R7's resident chart showed no progress notes, incident reports, assessments, nor negotiated service agreements available for review. The chart showed a blank disclosure of services form.

<Resident 8>

Record review of the undated resident roster showed R8 moved into the facility on [REDACTED]/2024.

Record review of R8's resident chart showed no progress notes, incident reports, assessments, nor negotiated service agreements available for review. The chart showed a blank disclosure of services form.

<Resident 10>

Record review of the undated resident roster showed R10 moved into the facility on [REDACTED]/2024.

Record review of R10's resident chart showed no progress notes, incident reports, assessments, nor negotiated service agreements available for review. The chart showed a blank disclosure of services form.

<Resident 11>

Record review of the undated resident roster showed R11 moved into the facility on [REDACTED]/2024.

Record review of R11's resident chart showed no progress notes, incident reports, assessments, nor negotiated service agreements available for review. The chart showed a blank disclosure of services form.

<Resident 12>

Record review of the undated resident roster showed R2 moved into the facility on [REDACTED]/2023.

Record review of R12's resident chart showed no progress notes, incident reports, assessments, nor negotiated service agreements available for review. The chart showed a blank disclosure of services form.

<Interviews about Resident Records>

In an interview on 04/16/2025 at 1:37 PM, Staff A, Administrator, stated that staff do not document about residents care and services. Staff A was asked how staff knew what care and services the residents received on any given day and Staff A stated the staff were only expected to verbally report to the on-going shift. Staff A confirmed that the facility does not maintain on-going progress notes for residents.

Record review of an email sent by the facility to the department on 04/17/2025 at 10:19 PM showed a department assessment for a resident that did not reside at the assisted living facility. According to the notes on the assessment, the resident resided at a different facility owner by Staff A known as Four Sisters Adult Family Home.

In an interview on 05/08/2025 at 1:36 PM, Staff A acknowledged they provided records from a different facility.

Plan/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, 6 Stars Healthcare LLC is or will be in compliance with this law and / or regulation on (Date) 8/11/2025.

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



07/16/25

Administrator (or Representative)_____
Date**WAC 388-78A-2950 Water supply. The assisted living facility must:**

(6) Provide all sinks in resident rooms, toilet rooms and bathrooms, and bathing fixtures used by residents with hot water between 105 F and 120 F at all times; and

This requirement was not met as evidenced by:

Based on interview and observation, the facility failed to maintain safe water temperature temperatures in 4 of 4 resident accessible sinks (Women's bathroom, Women's hallway bathroom, 2nd floor bathroom, and 3rd floor bathroom). This failure placed all 22 of 22 residents and staff at risk for skin burns due to scalding temperatures.

Findings included...

On 04/14/2025 at 10:00 AM, the department entered the facility and initiated a full inspection.

On 04/14/2025, water temperatures of resident accessible sinks were measured and showed:

- Temperature of 134.6 degree F (Fahrenheit) at sink in women's bathroom at 12:19 PM
- Temperature of 139.8 degree F at sink in women's hallway bathroom at 12:22 PM
- Temperature of 137.1 degree F at sink in third floor bathroom at 1:53 PM

In an interview and observation on 04/14/2025 at 12:26 PM, the water in the women's hallway bathroom measured 139.8 degrees Fahrenheit. Staff A, Administrator and Owner, acknowledged the water temperature was high.

On 04/14/2025 at 12:33PM, Staff A was observed placing their hand in the sink water. Staff A stated that the water was hot. Staff A stated that staff check the water temperature once per month. However, Staff A did not know where the thermometer was kept and stated that they did not know when the last time it was actually checked because they do not write it down.

The facility provided a hot water safety plan and provided it to the department. The facility called and had a plumber evaluate and service the hot water issue. Prior to the department leaving the facility on 04/14/2025, additional water temperatures were measured and resulted in safe water temperatures below 120 degree F.

The department was on-site 04/25/2025, 04/16/2025, 04/17/2025, 04/21/2025 and 04/22/2025. Water temperatures were rechecked on 04/22/2025 and showed the following:

- Temperature of 127 degree F at sink in the women's wing at 11:31 AM
- Temperature of 139 degree F at sink in the 2nd floor bathroom at 11:39 AM
- Temperature of 133.4 degree F at sink on the 3rd floor bathroom at 11:47 AM

In an interview on 04/22/2025 at 3:00 PM, Staff A acknowledged the water temperatures were still too high and out of compliance with the statutes. Staff A created another safety plan based on recommendations from the contracted plumber and emailed results to the Department on 04/22/2025.

Plan/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, 6 Stars Healthcare LLC is or will be in compliance with this law and / or regulation on (Date) 8/11/2025.

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


Milageta Aseresu

07/14/25

Administrator (or Representative)

Date

WAC 388-78A-2620 Pets. If an assisted living facility allows pets to live on the premises, the assisted living facility must:

- (1) Develop, implement and disclose to potential and current residents, policies

regarding:

- (a) The types of pets that are permitted in the assisted living facility; and
- (b) The conditions under which pets may be in the assisted living facility.
- (2) Ensure animals living on the assisted living facility premises:
 - (a) Have regular examinations and immunizations, appropriate for the species, by a veterinarian licensed in Washington state;
 - (b) Are certified by a veterinarian to be free of diseases transmittable to humans;
 - (c) Are restricted from central food preparation areas.

This requirement was not met as evidenced by:

Based on observation, interview, and record review the facility failed to ensure 3 of 3 sampled pets (Resident 10's [R10] two pets and Resident 17's [R17] pet) living on the premises had regular examinations and were certified by a veterinarian to be free of diseases transmittable to humans. This failure placed 22 of 22 residents, staff, and visitors at risk of being exposed to diseases that could impact their health.

Findings included...

On 04/14/2025 at 10:00 AM, the department entered the facility and initiated a full inspection.

On 04/14/2025 at 11:08 AM, Staff A, Administrator and Owner, received the department's request for facility records, including the facility's pet policy and health records for all pets residing at the facility.

A record review of the facility's undated "Resident Handbook" showed that it was not the facility's policy to allow residents' pets to permanently reside at the facility. However, visitors' pets would be allowed to visit the facility. The document stated that visiting pets required proof of current immunization and a health certificate and that those records would be photocopied and kept in the office in management files.

A record review of the facility's pet policy showed no separate pet policy available for review.

A record review of the facility's pet records showed the facility did not provide any pet records for review.

In an interview on 04/16/2025 at 11:30 AM, Collateral Contact 2 (CC2), Case Manager,

stated that four cats lived at the facility, 3 of 4 belonged to R10 and the other belonged to R17.

In an interview on 04/17/2025 at 10:32 AM, R10 stated that they had two cats living in their room. R10 stated that they were upset because Staff A informed them not to disclose to the department that they had two cats living in their room and that they must obtain pet insurance that day or risk losing their residence at the facility. R10 stated that they immediately obtained the pet insurance, but that cost \$40 per month, and they only received \$100 income per month.

In an interview on 04/17/2025 at 10:53 AM, Staff A was again asked about the facility's pet policy. Staff A replied that the facility did not have a policy. Staff A acknowledged that one cat (R10's) resided at the facility, and they did not have immunization or health records for that cat.

In an interview on 04/22/2025 at 2:30 PM, R17 stated that they had a cat that lived in their room with them and that the cat had lived there for a while.

In an interview on 04/22/2025 at 3:30 PM, Staff A confirmed they did tell R10 they were required to obtain pet insurance that same day the department initiated the full inspection on 04/14/2025. Staff A stated they thought pet insurance was the regulatory requirement related to resident pets. Staff A was then asked to confirm how many pets resided at the facility and they stated at least 3 cats lived on the facility premises. Staff A confirmed they did not have pet records for any of those pets.

Plan/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, 6 Stars Healthcare LLC is or will be in compliance with this law and / or regulation on (Date) 8/11/2025.

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


Malugeta Aceresa

07/14/25

Administrator (or Representative)

Date

WAC 388-78A-2300 Food and nutrition services.

(1) The assisted living facility must:

(c) Ensure all menus:

(i) Are written at least one week in advance and delivered to residents' rooms or posted where residents can see them, except as specified in (f) of this subsection;

- (ii) Indicate the date, day of week, month and year;
- (iii) Include all food and snacks served that contribute to nutritional requirements;
- (iv) Are kept at least six months;
- (v) Provide a variety of foods; and
- (vi) Are not repeated for at least three weeks, except that breakfast menus in assisted living facilities that provide a variety of daily choices of hot and cold foods are not required to have a minimum three-week cycle.
- (f) Substitute foods of equal nutrient value, when changes in the current day's menu are necessary, and record changes on the original menu;
- (g) Make available and give residents alternate choices in entrees for midday and evening meals that are of comparable quality and nutritional value. The assisted living facility is not required to post alternate choices in entrees on the menu one week in advance, but must record on the menus the alternate choices in entrees that are served;
- (2) The assisted living facility must plan in writing, prepare on-site or provide through a contract with a food service establishment located in the vicinity that meets the requirements of chapter 246-215 WAC, and serve to each resident as ordered:
 - (a) Prescribed general low sodium, general diabetic, and mechanical soft food diets according to a diet manual. The assisted living facility must ensure the diet manual is:
 - (i) Available to and used by staff persons responsible for food preparation;
 - (ii) Approved by a dietitian; and
 - (iii) Reviewed and updated as necessary or at least every five years.

This requirement was not met as evidenced by:

Based on the observations, interviews and record reviews, the assisted living facility failed to ensure that a current dietician approved menu was posted and accessible to residents for 1 of 1 facility reviewed. This failure placed 22 of 22 residents at risk for unmet nutritional needs and prevented these residents from making informed meal choices.

Findings included...

Record review of the facility's undated resident handbook stated "Snacks and beverages are located in the facility for your enjoyment throughout the day. Meals are served family style in our dining room. While we do not assign seating at the dining table, residents may have their favorite seats. Please feel free to select your seat or ask for assistance you may receive meal trays in your suite during periods of illness. All meals prepared will be low sodium and low concentrated sweet focused. If you do not enjoy the featured entrée during that meal period, you can request a sandwich or salad for your enjoyment. We are unable to prepared fried, over easy, or soft-boiled eggs, due

to possible salmonella contamination."

Record review of the facility's menus dated 03/31/2025 through 04/27/2025 showed that a dietitian's signature dated 10/10/2021 and stated Ruthaven Assisted Living Facility.

In an observation on 04/15/2025 at 12:00 PM, the menu posted in the dining room was dated for the week of 06/21/2021. There were no other menus posted in the facility.

In an observation and interview on 04/16/2023 at 11:18 AM, Resident 14 (R14) was seen exiting the facility's kitchen. They told the Department that they were asking Staff E, Kitchen and Laundry, what was going to be served for dinner.

In an observation on 04/16/2025 at 12:03 PM, the lunchtime meal served to residents were chicken sandwiches, a mayonnaise-based salad, and tortilla chips.

Record review of facility menus dated 03/31/2025 through 04/27/2025 showed that the scheduled lunchtime meal for 04/16/2025 was a toasted bagel, a turkey sandwich with cream cheese and the soup of the day.

In an interview on 04/16/2025 at 12:33 PM, Staff C, Manager, stated that Staff B, Owner, orders all the food for the facility. Staff C stated that the food is ordered from Costco about every other week.

In an interview on 04/16/2025 at 1:24 PM, Staff E stated that Staff B does the menu and they just warm the food up. They then stated that the facility needs a designated cook and a team to correctly run the kitchen.

In an observation on 04/17/2025 at 11:57 am, the lunchtime meal served to residents were ham sandwiches with coleslaw and cantaloupe.

Record review of facility menus dated 03/31/2025 through 04/27/2025, showed that the scheduled lunchtime meal for 04/17/2025 was a chicken burger with salad and fruit of the day.

In an interview on 04/21/2025 at 2:45 PM, Resident 4 (R4) stated that the meals served does not match the posted menu, and that a peanut butter and jelly sandwich was the only alternative.

In an interview on 04/22/2025 at 11:34, Staff B said that the facility paid for dietitian approved menus through Grove Menus, but they no longer pay for the service and have

been recycling those menus to plan the meals.

Plan/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, 6 Stars Healthcare LLC is or will be in compliance with this law and / or regulation on (Date) 8/11/2025.

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



07/16/25

Administrator (or Representative)_____
Date**WAC 388-78A-3060 Storage space. The assisted living facility must:**

(2) Provide separate, locked storage for disinfectants and poisonous compounds; and

This requirement was not met as evidenced by:

Based on interview and observation the facility failed to ensure chemicals were properly secured and stored for 1 of 2 resident rooms (Resident 7's and Resident 9's room[R7 and R9]). This failure placed these two residents at risk for consuming hazardous substances.

Findings included...

<Resident 7>

Record review of the facility's resident characteristics roster, undated, showed that R7 moved in on [REDACTED]/2024, and required medication administration services. The roster showed that R7 shared a room with R9.

Record review of R7's NSA dated 04/10/2024, showed that R7 had a primary diagnosis of [REDACTED].

In an interview on 04/16/2025 at 6:00 PM, Collateral Contact 1 (CC1), the Department Case Manager, stated that R7 had dementia, but their condition had progressively worsened since their move in because R7 could no longer respond to CC1's questions during R7's last assessment.

<Resident 9>

Record review of the facility's undated resident characteristic roster showed R9 moved into the facility on [REDACTED]/2017.

In an observation on 04/17/2025 at 10:44 AM, R7 and R9's room was observed and showed that the two residents shared a room. In the room was a dresser. In the bottom drawer of the dresser was an empty can of Zep-brand disinfectant and sanitizer aerosol. The front label of can said caution keep out of reach of children.

In an interview on 04/17/2025 at 10:44 AM, Staff I, Owner, stated that medications should not be in the resident rooms and they should be in a locked cabinet. Staff I was observed removing the uncapped Zep-brand disinfectant from R7 and R9's room.

In an interview on 04/17/2025 at 10:50 AM, Staff A, Administrator and Owner, stated that cleaning supplies and medication should not be in a resident's room.

Plan/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, 6 Stars Healthcare LLC is or will be in compliance with this law and / or regulation on (Date) 8/11/2025.

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


Malageta Acereci

07/16/25

Administrator (or Representative)

Date

WAC 388-78A-2930 Communication system.

(1) The assisted living facility must:

(a) Provide residents and staff persons with the means to summon on-duty staff assistance from all resident-accessible areas including:

(i) Bathrooms and toilet rooms;

(ii) Resident living rooms and resident sleeping rooms; and

(iii) Corridors, as well as common and outdoor areas accessible to residents.

(b) Provide the resident with personal wireless communication devices, such as pendants or wristbands, when a communication device is not installed in the resident's

sleeping room, and when wireless communications are used:

- (i) The system must be designed and installed consistent with industry standards and perform reliably throughout the facility; and
- (ii) The facility must have a policy and procedure describing the mitigating measures in the event of system disruption, including for maintenance and loss of power; and
- (c) Provide residents, families, and other visitors with a means to contact a staff person inside the building from outside the building after hours.

This requirement was not met as evidenced by:

Based on observations, interviews and record reviews, the facility failed to provide a means to summon on-duty staff assistance for 3 out of 5 sampled residents (Resident 1, Resident 5, and Resident 10 [R1, 5, and 10]). This failure placed these residents at risk for unmet care needs.

Findings included...

In an interview on 04/15/2025 at 1:17 PM, R10 stated that they pulled the call light, and it was on for four hours without a response from the staff. R10 stated that when they told the staff, they thought the call light was pulled by accident.

In an observation on 04/15/2025 at 2:56 PM, the Department activated the communication system (call light system) in the activities room. On 04/15/2025 at 3:54 PM, there was no response to the call light system at 3:54 PM.

In an interview on 04/16/2025 at 1:18 PM, Staff C, Manager, stated that the call light system stopped working in November of 2024.

In an observation and interview on 04/17/2025 at 2:30 PM, Staff I, Owner, stated the call light system was going to be fixed emergently that day.

In an interview and observation on 04/17/2025 at 12:14 PM, there was beeping noise coming from the computer in the medication room. Staff A, Owner, and Staff I were present but did not respond to the sound, the beeping continued. At 12:18 PM, the Department asked Staff A what the beeping sound was. Staff I responded that the beeping noise coming from the computer was the call bell used to notify staff that the call light was pulled. Staff A, then sent Staff J, Caregiver, to the third floor to respond to the call light.

In an observation and interview on 04/17/2025 at 2:30 PM, Staff I acknowledged the call light system had been broken, but stated that they did not recall for how long it was not working. Staff I stated the call light system was going to be fixed emergently that day.

In an interview on 04/21/2025 at 12:22 PM, R1 stated that they stopped using the communication (call light) system at the facility because no one ever responded to the calls.

In an observation on 04/21/2025 at 3:12 PM, R5's room did not have a string attached to the call light system. R5 lives on the third floor of the building.

In an interview on 05/09/2025 at 9:29 AM, Staff A stated that there were no issues with the facility's call light system.

Plan/Attestation Statement

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


Malageta Aseresu

07/14/25

Administrator (or Representative)

Date

WAC 388-78A-2305 Food sanitation. The assisted living facility must:

(1) Manage food, and maintain any on-site food service facilities in compliance with chapter 246-215 WAC, Food service;

This requirement was not met as evidenced by:

Based on the observations and interviews, the assisted living facility failed to ensure that kitchen staff maintained 1 of 1 on-site food preparation facilities (Kitchen) in accordance with the Washington state food code guidelines. This failure placed 22 out of 22 residents at risk of food borne illness.

Findings included...

WAC 246-215-05255 Location and placement—Handwashing sinks (FDA Food Code 5-204.11).

A handwashing sink must be located:(1) To allow convenient use by employees;(2)

Statement of Deficiencies	License #: 2681	Compliance Determination # 57900
Plan of Correction	6 Stars Healthcare LLC	Completion Date
Page 31 of 43	Licensee: 6 Stars Health Care LLC	06/13/2025

Within twenty-five feet, or as approved, of food preparation, food dispensing, and warewashing areas; and (3) In, or immediately adjacent to, toilet rooms.

WAC 246-215-06500 Methods—Repairing (FDA Food Code 6-501.11). physical facilities must be maintained in good repair.

WAC 246-215-03351 Preventing contamination from the premises— Food storage (FDA Food Code 3-305.11). (1) Except as specified in subsections (2) and (3) of this section, FOOD must be protected from contamination by storing the FOOD: (a) In a clean, dry location; (b) Where it is not exposed to splash, dust, or other contamination; and (c) At least six inches (15 cm) above the floor.

WAC 246-215-03610 Labeling—Food labels (FDA Food Code 3-602.11). (1) FOOD PACKAGED in a FOOD ESTABLISHMENT must be labeled as specified in LAW, s. (2) Label information must include: (a) The common name of the FOOD or, absent a common name, an adequately descriptive identity statement.

WAC 246-215-03510 Temperature and time control— —Time/temperature control for safety food, hot and cold holding (FDA Food Code 3-501.16). (1) Except during active preparation for up to two hours, cooking, or cooling or when time is used as the public health control as specified under WAC 246-215-03530, and except as specified in subsections (2) and (3) of this section, TIME/TEMPERATURE CONTROL FOR SAFETY FOOD must be maintained: (a) At 135°F (57°C) or above, except that roasts cooked to a temperature and for a time specified under WAC 246-215-03400(2) or reheated as specified under WAC 246-215-03440 may be held at a temperature of 130°F (54°C) or above; or (b) At 41°F (5°C) or less.

Record review of the facility's undated handbook stated "Snacks and beverages are located in the facility for your enjoyment throughout the day. Meals are served family style in our dining room. While we do not assign seating at the dining table, residents may have their favorite seats. Please feel free to select your seat or ask for assistance you may receive meal trays in your suite during periods of illness. All meals prepared will be low sodium and low concentrated sweet focused. If you do not enjoy the featured entrée during that meal period, you can request a sandwich or salad for your enjoyment. We are unable to prepared fried, over easy, or soft boiled eggs, due to possible salmonella contamination."

Record review of the Assisted Living Facility Food Preparation and Service Policy, undated, showed that food must be stored and thawed according to food safety standards (USDA and FDA). The document also states that all kitchen and dining areas will be cleaned and sanitized regularly.

In an interview and observation on 04/16/2025 at 12:21 PM, a box of food was seen on the ground in the kitchen. Staff A, Administrator stated that staff do place food on the floor when it is received from deliveries.

On 04/16/2025 at 12:25 PM, the kitchen was observed and showed that there was a shelf next to the sink with an open, unlabeled, container that was filled with white powder inside it. Also seen were seven clear plastic bags filled with unlabeled dry foods and an unlabeled squeeze bottle with a sticky brown substance that coated the outside of the bottle, sitting on the shelves next to the stove. There was also an open 12-quart container of unlabeled white substances on the pantry floor.

In an observation on 04/16/2025 at 12:28 PM, five plates containing chicken sandwiches and two plates containing a mayonnaise-based salad were wrapped on the kitchen counter not under any temperature-controlled surface or mechanism. There was only one sink located in the kitchen that was also used for meal preparation and clean up. The refrigerator located outside the rear kitchen door was 65.5 degrees Fahrenheit using a department provided thermometer. At 1:22 PM, chicken sandwich plates and the salad plates were still present on the kitchen counter.

In an observation on 04/16/2025 at 12:28 PM, Collateral Contact 5 (CC5), Anonymous Staff, entered the kitchen and did not wash their hands.

In an interview on 04/16/2025 at 1:24 PM, Staff E, Kitchen and Laundry, stated that Staff B, Owner, does the menu and they just warm the food up from the book. They then stated that the facility needs a designated cook and a team to correctly run the kitchen.

In an interview on 04/16/2025 at 1:34 PM, Staff E, stated that staff are to wash hands upon entering and leaving the kitchen and after each task. They stated that there is no cleaning schedule for the kitchen, and that there needs to be a team to properly run the kitchen.

In an interview on 04/17/2025 at 2:30 PM Collateral Contact 7 (CC7), Anonymous Staff Member, was asked why residents report food, especially meat, being cold for their meals. CC7 stated that the staff members cooking the food were probably not cooking it all the way because they were not trained to be cooks and there was no cook at the facility.

In an interview on 05/07/2025 at 4:09 PM, Staff A, Administrator and Owner, stated that there were no unique policies for the facility. Staff A confirmed that all the policies provided were taken from Staff B's other assisted living facility.

Plan/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, 6 Stars Healthcare LLC is or will be in compliance with this law and / or regulation on (Date) 8/11/2025.

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

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07/16/25

Administrator (or Representative)_____
Date**WAC 388-78A-3090 Maintenance and housekeeping.**

(1) The assisted living facility must:

- (a) Provide a safe, sanitary and well-maintained environment for residents;
- (b) Keep exterior grounds, assisted living facility structure, and component parts safe, sanitary and in good repair;
- (c) Keep facilities, equipment and furnishings clean and in good repair; and
- (d) Ensure each resident or staff person maintains the resident's quarters in a safe and sanitary condition consistent with the negotiated service agreement.

This requirement was not met as evidenced by:

Based on interview, observation and record review, the assisted living facility failed to conduct maintenance on 2 resident rooms (Resident 4's [R4] Room and Resident 5's [R5] Room). This failure placed 2 out of 8 residents at risk of unmet care needs.

Findings included...

Record review of facility's Resident Handbook, showed that the facility was responsible for the upkeep of the facility and resident suite. Residents were instructed to report maintenance concerns to the Business Office Director.

In an interview on 04/14/2025 at 12:25 PM, Staff A, Administrator and Owner, stated that the facility does not have an in-house maintenance employee, they just call a maintenance company to come and fix anything that is needed.

In an interview on 04/17/2025 at 12:02 PM, Staff I, Owner, stated that Staff B, Owner, was responsible for the facility's maintenance.

In an observation and interview on 04/21/2025 at 2:45 PM, the electrical outlet had dark marks coming out of it. R4 states that they asked the staff to put a piece of tape on the outlet because the outlet sparked when R4 plugged a surge protector into it. R4 also mentioned that the light switch was twitching, and he reported it to staff in January 2025, the staff did not fix it until March 2025.

In an observation and interview on 04/21/2025 at 3:12 PM, there was a 4.2 inch diameter hole in the wall that the plaster was removed, and the wood underneath was exposed in R5's room. R5 stated that the hole was in the wall before they moved in on [REDACTED]/2023, resident stated that he asked the facility staff to fix it, but the facility never did.

Plan/Attestation Statement

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


Mulogeta Aseresa

07/14/25

Administrator (or Representative)

Date

WAC 388-78A-2468 Background checks Employment Conditional hire Pending results of Washington state name and date of birth background check. The assisted living facility may conditionally hire an administrator, caregiver, or staff person directly or by contract, pending the result of the Washington state name and date of birth background check, provided that the assisted living facility:

- (1) Submits the background authorization form for the person to the department no later than one business day after he or she starts working;
- (4) Does not allow the person to have unsupervised access to any resident;
- (5) Ensures direct supervision of the administrator, all caregivers, and staff persons; and

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a Washington state name and date of birth background check was completed for 2 of 2 staff reviewed (Staff G and Staff H)). This failure placed 22 of 22 residents at risk of being cared for by staff members with a potentially disqualifying history.

Findings included...

<Staff G>

Record review of new hire orientation document, dated 04/06/2024, showed Staff G, previous caregiver, was hired on 04/06/2024.

Record review of Staff G's personnel file showed Staff G's initial background check occurred on 07/01/2024. The record showed Staff G's final fingerprint resulted 08/14/2024.

Staff G's Washington State Name and Date of birth background check was 86 days late.

<Staff H>

Record review of the facility's new hire orientation document, dated 10/30/2023, showed Staff H, Previous Caregiver, was hired 10/30/2023.

Record review of Staff H's personnel file showed Staff H's initial background check occurred on 12/17/2023.

Staff H's Washington State Name and Date of birth background check was 45 days late.

In an interview on 04/16/2025 at 1:29 PM, Staff A, Administrator, stated that they were responsible for conducting background checks for new employees.

In an interview on 05/08/2025 at 4:35 PM, Staff A, Administrator, stated that they were working on processing background checks for "a bunch of staff."

Plan/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, 6 Stars Healthcare LLC is or will be in compliance with this law and / or regulation on (Date) 8/11/2025.

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07/14/25

Administrator (or Representative)_____
Date**WAC 388-78A-24642 Background checks National fingerprint background check.**

(1) Administrators and all caregivers who are hired after January 7, 2012 and are not disqualified by the Washington state name and date of birth background check, must complete a national fingerprint background check and follow department procedures.

This requirement was not met as evidenced by:

Based on interview and record review, the facility failed to ensure a final fingerprint background check was conducted for 1 of 2 sampled staff (Staff H). This failure placed 22 of 22 residents at risk of being cared for by staff members with a potentially disqualifying history.

Findings included...

<Staff H>

Record review of the facility's new hire orientation document, dated 10/30/2023, showed Staff H, Previous Caregiver, was hired 10/30/2023.

Record review of Staff H's personnel file showed Staff H's initial background check occurred on 12/17/2023. There was no final fingerprint available to review for Staff H.

In an interview on 04/16/2025 at 1:29 PM, Staff A, Administrator, stated that they were responsible for conducting background checks for new employees.

In an interview on 05/08/2025 at 4:35 PM, Staff A stated that they were working on processing background checks for "a bunch of staff."

Plan/Attestation Statement

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Meliuga Azeres

07/14/25

Administrator (or Representative)_____
Date**WAC 388-78A-3040 Laundry.**

(2) The assisted living facility must handle, clean, and store linen according to acceptable methods of infection control. The assisted living facility must:

- (a) Provide separate areas for handling clean laundry and soiled laundry;
 - (b) Ensure clean laundry is not processed in, and does not pass through, areas where soiled laundry is handled;
 - (c) Ensure areas where clean laundry is stored are not exposed to contamination from other sources;
 - (d) Ensure all staff persons wear gloves and use other appropriate infection control practices when handling soiled laundry; and
 - (e) Have a utility sink and a table or counter for folding clean laundry.
- (6) The assisted living facility must locate laundry equipment in rooms other than those used for open food storage, food preparation or food service.
- (7) The assisted living facility must provide a laundry area or develop and implement policy and procedure to ensure residents have access to an area where residents' may do their personal laundry that is:
- (a) Equipped with:
 - (i) A utility sink;
 - (ii) A table or counter for folding clean laundry;
 - (iii) At least one washing machine and one clothes dryer; and
 - (iv) Mechanical ventilation to the outside of the assisted living facility.
 - (b) Arranged to reduce the chances of soiled laundry contaminating clean laundry.

This requirement was not met as evidenced by:

Based on interviews, observations, and record reviews the assisted living facility failed to provide an area and procedure for residents to do their personal laundry for 1 of 1 facility reviewed. This failure placed 22 out of 22 residents at risk of unmet care needs.

Findings included...

Record review of the facility's Resident Handbook showed that all laundry services were provided and done by 6 Stars Health Care LLC staff only. The document also stated that residents were not allowed to do their own laundry or enter the laundry room.

In an observation on 04/14/2025 at 3:00 PM, Staff A, Owner, showed the department the only laundry room in the facility. The laundry room was located downstairs in the basement.

In an interview on 04/14/2025 at 3:07 PM, Staff A confirmed residents were not allowed to use the laundry room and that there was not a laundry room available for resident use. In the basement in the same room as the laundry room were refrigerators and freezers with food inside.

In an interview on 04/21/2025 at 3:00 PM, R4 stated that no laundry services conducted on the weekends, even after an accident or when soiled.

Plan/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, 6 Stars Healthcare LLC is or will be in compliance with this law and / or regulation on (Date) 8/11/2025.

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


Mulgeta Asereza

07/14/25

Administrator (or Representative)

Date

WAC 388-78A-2703 Safety of the built environment. The assisted living facility must provide a safe environment and promote the safety of each resident whenever the resident is on the premises or under the supervision of staff persons consistent with the resident's negotiated service agreement, and must maintain the premises and equipment used in resident care so as to be free of hazards, including:

(1) Providing handrails in halls, corridors, lobbies, and other circulation spaces accessible to residents appropriate to the population served and consistent with the

facility functional program.

(2) Maintaining nonskid surfaces on all stairways and ramps used by residents.

(3) Keeping exterior grounds, assisted living facility structures, and component parts safe, sanitary, and in good repair.

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the facility failed to provide and maintain the safety of 2 of 2 areas (interior and exterior) used by residents. This failure placed all residents and visitors at risk for injury due to unmaintained facility premises.

Findings included...

In an observation on 04/14/2025 at 10:00 AM, there were loose bricks on the steps leading to the front door of the facility.

In an observation on 04/17/2025 at 09:29 AM, there were loose bricks on the steps leading to the front door of the facility.

In an observation on 04/14/2025 at 1:15 PM, a loose handrail that was not secured to the wall in the men's wing observed.

In an observation on 04/21/2025 at 12:19 PM, there was a loose handrail that was not secured to the wall in the men's wing.

In an interview on 04/15/2025 at 1:17 PM, Resident 10 (R10) stated that the handrail going towards the men's wing has been broken for who knows how long. R10 also stated that there are two blind residents that are unable to receive accommodations from staff needed to safely maneuver around the facility.

Plan/Attestation Statement

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07/16/25

Administrator (or Representative)

Date

WAC 388-78A-3011 Resident unit furnishings.

(1) The assisted living facility must ensure each resident sleeping room contains:

(e) Bedding for each bed, in good repair; and

This requirement was not met as evidenced by:

Based on interviews and observations, the facility failed to ensure resident bed linens were provided and in good repair for 2 of 2 residents (Resident 2 and Resident 3 [R2 and 3]). This failure placed these two residents at risk for unmet care needs and decreased quality of life.

Findings included...

Record review of the facility's undated resident handbook showed that resident "Suites are cleaned on a daily basis. Staff will vacuum, clean your toilet, sink, and mirror and lightly dust. Trash will be emptied daily. Beds will be made daily, and linens will be changed weekly on shower day, unless requested more frequently.

<Resident 2>

In an interview and observation on 04/16/2025 3:32 PM R2's room was observed. In their room was a bed with a blue mattress that did not have a sheet covering the mattress. R2 stated that no one had come to clean their room since a previous staff person who used to clean it was fired about 2 months prior.

<Resident 3>

In an observation on 04/15/2025 at 3:30PM, R3 showed the department their bedroom. R3's bed was observed to have a piece of plastic covering the mattress and did not have bed linens.

In an interview on 04/15/2025 at 3:35 PM, R3 stated that their bed had been without bed sheets for a while, and they were waiting for them to be replaced. R3 stated that the bed linens had been removed after they were soiled weeks ago due to an infection. R3 stated they did not remember how long they had been without bed linens.

In an observation on 04/16/2025 at 5:02 PM, Staff I, Owner, was observed removing new bed linens from their packaging.

In an observation and interview on 04/17/2025 at 12:34 PM, Staff E, Kitchen and Laundry staff, was laundering packages of new bed sheets. Staff E was asked if the bed sheets were new and they replied that they were.

Plan/Attestation Statement

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Malugeta Aseresu

07/16/25

Administrator (or Representative)

Date

WAC 388-78A-2850 Required reviews of building plans.

(3) The assisted living facility must submit plans to construction review services as directed by construction review services and consistent with WAC 388-78A-2361 for approval prior to beginning any construction.

This requirement was not met as evidenced by:

Based on interview, observation, and record review, the facility failed to submit the required notices to Construction Review Services (CRS) prior to initiating the process for 3 of 3 construction projects (lobby flooring, kitchen, and new building construction). This failure placed all residents, staff, and visitors at risk of harm due to unapproved construction potentially not meeting necessary safety standards.

Findings included...

Record review of the department's database showed the facility changed ownership on 11/08/2023.

Record review of Construction Review Services, accessed on 04/13/2025, did not show any record for the facility.

<New Facility Construction>

Record review of the Pierce County Permits webpage, accessed on 04/14/2025, showed that the facility had submitted a request for approval to demolish and build a new facility.

In an interview on 04/14/2025 at 12:37 PM, Staff A, Administrator, stated that the three owners (including Staff A) had planned to build a new facility. Staff A stated they did not know if that was still going to happen but confirmed the architect drew plans up and Staff B, Owner, had submitted permit requests with the county.

In an interview on 04/22/2025 at 11:54 AM, Staff B stated they did not submit an application with CRS and did not know that was a requirement.

<Kitchen>

On 04/14/2025 at 11:00 AM, a double oven was observed in the game room.

On 04/21/2025 at 4:52 PM, 1 of 2 facility ovens were observed with a missing door. The oven door was stacked on a shelf next to the oven.

On 04/22/2025 at 11:47 AM, Staff B stated that the oven they were observed leaning on in the game room was the replacement oven. Staff B stated that the new oven was going to be installed in the next couple of days. Staff B did not have an exact date or time of installation.

In an interview on 04/22/2025 at 4:00 PM, Staff B stated that they would apply for construction review for the kitchen as they confirmed an application was required.

<Lobby Flooring>

In an interview on 04/21/2025 10:15 AM, Staff I, Owner showed the department the new

flooring in the lobby area and stated that it was replaced in November of 2024.

Record review of an email sent by Staff B, Owner, was received on 04/23/2025 at 3:59 AM by the department. The email showed an attached application to Construction Review Services for two projects. The first project listed was to remove a broken stove and replace it with a new one. The second project was for a flooring project that had already been completed. Staff B stated they were aware the application should have been submitted prior to completion.

Plan/Attestation Statement

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


Malageta Aceresa

07/14/25

Administrator (or Representative)_____
Date