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

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

RE: 6 Stars Healthcare LLC License # 2681

Dear Administrator:

This letter addresses Compliance Determination(s) 46897 (Completion Date 09/09/2024) and 34726 (Completion Date 02/20/2024).

The Department completed a follow-up inspection of your Assisted Living Facility on 09/09/2024 and found no deficiencies. Your facility meets the Assisted Living Facility licensing requirements.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-78A-2210-1-b, WAC 388-78A-2120-4

The Department staff who did the on-site verification:
Woodetta Maulana,

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

Sincerely,

Manfay Chan, Field Manager
Region 3, Unit D
Residential Care Services

Residential Care Services
Investigation Summary Report

Provider/Facility: 6 Stars Healthcare LLC
Provider Type: Assisted Living Facility
License/Cert.#: 2681
Compliance Determination #: 34726
Intake ID: 109944
Investigator: Woodetta Maulana
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 01/04/2024 through 02/20/2024
Complainant Contact Date(s):

Allegation(s):

1) Patient refused to take mediation, provider not notified and patient admitted to hospital
2)Patient burned when carrying hot coffee

Investigation Methods:

Sample:	Total residents: Resident sample size: 3 Closed records sample size:
Observations:	staff to resident interaction resident to resident interaction residents general observation of the facility
Interviews:	staff residents
Record Reviews:	resident records

Investigation Summary:

1) The facility failed to take appropriate action when they did not notify the provider named resident refused to take their medication.
2) Unable to substantiate failed facility practice

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

Residential Care Services
Investigation Summary Report

Provider/Facility: 6 Stars Healthcare LLC
Provider Type: Assisted Living Facility
License/Cert.#: 2681
Compliance Determination #: 34726
Intake ID: 111012
Investigator: Woodetta Maulana
Region/Unit #: RCS Region 3 / Unit D
Investigation Date(s): 01/04/2024 through 02/20/2024
Complainant Contact Date(s):

Allegation(s):
Resident took the wrong medication

Investigation Methods:

Sample:	Total residents: Resident sample size: 3 Closed records sample size:
Observations:	staff to resident interaction medication cart residents general observation of the facility
Interviews:	staff residents
Record Reviews:	resident records

Investigation Summary:
The facility failed to ensure safe medication service when named resident took the wrong medication.

Conclusion / Action:

- [x] Failed Provider Practice Identified / Citation(s) Written
- [ ] Failed Provider Practice Not Identified / No Citation Written
- [ ] N/A

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Statement of Deficiencies	License #: 2681	Compliance Determination #34726
Plan of Correction	6 Stars Healthcare LLC	Completion Date
Page 1 of 4	Licensee: 6 Stars Health Care LLC	02/20/2024

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 an unannounced on-site complaint investigation on 01/04/2024 and 02/04/2024 of:

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

This document references the following complaint number(s): 107023, 107575, 109844, 111012, 111681

The following sample was selected for review during the unannounced on-site visit: 3 of 9 current residents and 0 former residents.

The department staff that investigated the Assisted Living Facility:

Woodetta Maulana,

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

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report

Residential Care Services — 02/21/2024 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.

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Statement of Deficiencies	License # 2681	Compliance Determination # 34726
Plan of Correction	6 Stars Healthcare LLC	Completion Date
Page 2 of 4	Licensee: 6 Stars Health Care LLC	02/20/2024

Administrator (or Representative) 02/27/24 Date

WAC 388-78A-2210 Medication services.

(1) An assisted living facility providing medication service, either directly or indirectly, must:

(b) Develop and implement systems that support and promote safe medication service for each resident.

This requirement was not met as evidenced by:

Based on observation and interviews the facility failed to ensure safe medication service when 1 of 2 sampled residents (Resident 1 [R1]) took the wrong medication. This failure placed all residents at risk for harm.

Findings included...

On 01/04/2024 at 11:35 a.m., during an interview, Staff B, Medication Technician, stated R1 took the wrong medication. Staff B stated he placed the medication on the table for a different resident (Resident 2 [R2]) and went to get R1 his medication. Staff B stated when he returned, he saw R1 with R2's empty medication packaging. Staff B stated R1 was aware that his medication comes in bottles and not packaging, and aware that the medication he took did not belong to him. During the same interview, Staff B stated after R1 took the wrong medication, staff did not see any changes, but. R1 stated he was feeling dizzy, so they called 911. Staff B stated R1 was taken to the hospital for further evaluation and returned the same day.

On 01/04/2024 at 11:50 a.m., during an interview, R1 stated Staff B placed the medication on the table and walked away. R1 stated Staff B did not say who the medication was for, so he took the medication and was told afterwards the medication was intended for the resident sitting next to him.

Observation on 01/04/2024 at 11:40 a.m. of the medication cart with Staff B showed that the medication for R1 came in bottles and the medication for Resident 2 came in pre-filled packaging.

Plan/Attestation Statement

Administrator (or Representative) Date

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Plan/Attestation Statement

Statement of Deficiencies	License #: 2681	Compliance Determination #34726
Plan of Correction	6 Stars Healthcare LLC	Completion Date
Page 3 of 4	Licensee: 6 Stars Health Care LLC	02/20/2024

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) 02/27/2024

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

Administrator (or Representative) — Date: 02/27/2024

WAC 388-78A-2120 Monitoring residents' well-being. The assisted living facility must:

(4) Take appropriate action in response to each resident's changing needs.

This requirement was not met as evidenced by:

Based on interview and records review the facility failed to take the appropriate action when they did not notify the provider that 1 of 3 sampled residents (Resident 3 [R3]) refused to take their medication. This failure placed this resident at risk to not receive appropriate and timely medical intervention.

Findings included...

Review of the Medication Administration Record (MAR) showed R3 refused to take their medication from December 7, 2023 - December 10, 2023.

Review of the progress note dated [redacted]2023, documented, "Earlier yesterday, around 12:30 p.m., R3 had been taken to the hospital by the fire department because she had been acting aggressive and refusing to eat or take her medication. Around 8:45 p.m., at night, the hospital called to inform the caregiver that R3 will be staying at the hospital for at least one week and will be admitted into mental health care." Further review of the record did not show the facility had notified the provider that the resident had not taken their medication prior to being sent to the emergency department for further evaluation and treatment.

Review of the MAR for January 2024 showed R3 refused to take their medication January 1, 2024 – January 4, 2024. When asked, Staff B stated the provider had not been notified.

On 01/04/2024 at 12:40 p.m., during an interview, Staff B, Medication Technician, stated R3 stopped taking their medication for two weeks in December of 2023. Staff B stated they called 911 and the resident was transported to the hospital and admitted to the hospital for treatment. When asked, Staff B stated that was the first time anyone was notified that

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the resident had stopped taking their medication.

Plan/Attestation Statement

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