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

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 follow-up on 01/22/2025 of:
6 Stars Healthcare LLC
10816 18th Ave E
Tacoma, WA 98445

This document references the following SOD dated: 02/11/2025

The following sample was selected for review during the unannounced on-site visit: 25 of 25 current residents and 0 former residents.

The department staff that inspected 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.

Jody Just
Residential Care Services

02/24/2025
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.

Administrator (or Representative) Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review, the Assisted Living Facility (ALF) failed to maintain compliance with the local and state fire ordinance. These failures posed a significant risk to the safety and well-being of all residents, staff and visitors.

Findings included...

Record review of an email sent to the department dated 12/12/2024 from the State Fire Marshal showed the ALF failed an initial inspection on 03/28/2024, the first reinspection on 07/23/2024, and a 2nd reinspection on 12/12/2024 for the following findings:

"FIRE DRILLS
1) Unable to provide records showing that twelve planned and unannounced fire drills have been conducted in the past 12 months, per WAC 212-12444. Must be performed quarterly for each shift.
2) Facility has failed to conduct night shift fire drills since November 2023.
3) Facility shall be required to conduct a fire drill for Day and Night shifts in the month of December 2024, January and February 2025, to be in compliance at time of re-inspection.

APPLICATION AND USE
Power strip found plugged into another power strip in nurse's office, under glass desk.

CLEANING
1) Unable to provide reports showing that two semi-annual kitchen hood cleanings were performed in the past 12 months.
2) Kitchen hood was found past due for semiannual cleaning - last performed November 2023.

OWNERS'S RESPONSIBILITY
Unable to provide documentation showing that annual fire wall inspection has been performed in the past 12 months.

INSPECTION AND MAINTENANCE
1) Unable to provide record showing that fire doors have been annually inspected, tested and repaired in the past 12 months.
2) Fire door between dining room and kitchen has open penetration covered with duct tape-cover plate required.

SIGNS
Facility shall install permanent signage on the 2nd and 3rd floors, interior stairwell door, designed to be kept normally closed. that reads: FIRE DOOR---KEEP CLOSED. Doors found wedged open.

TESTING AND MAINTENANCE
Facility was unable to provide fire sprinkler system documentation for the following:
1) Quarterly inspection reports - three performed in the last 12months.
2) Last 3-year full flow trip test report for dry fire sprinkler system
3) Last 5-year inspection/test report(s)
4) Last annual forward flow test report for backflow control valve

INSPECTION, TESTING AND MAINTENANCE
Tape found on heat detector located in main floor living room.

SMOKE DETECTOR SENSITIVITY
Unable to provide documentation showing that smoke detectors sensitivity testing has been performed in the last past 5 years.

MAINTENANCE
1) Unable to provide documentation showing that monthly inspection of the facility carbon monoxide alarms has been performed in fie past 12 months.
2) No carbon monoxide detector found in kitchen-installation required.
3) Facility shall verify that all locations containing fuel burning equipment has a carbon monoxide detector installed.

ACTIVATION TEST
Unable to provide documentation showing that 30-second monthly battery testing of the facility's emergency lighting and exit signs has been performed in the last 12 months.

POWER TEST
1) Unable to provide documentation showing that minute annual battery testing of the emergency lighting and exit signs has been permed in the past 12 months.
2) Facility will need to conduct a 90-minute annual test of all emergency lighting and exit signs in the building to be in compliance t time of 30-day re-inspection."

On 02/11/2025 at 2:40 p.m., during an interview with Staff A, Administrator confirmed that the facility failed their 3rd State Fire Marshall inspection, on 12/12/2024.

This is an uncorrected deficiency previously cited on 10/23/2024.

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)_____ .

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

_____ _____
Administrator (or Representative) Date

Residential Care Services
Investigation Summary Report

Provider/Facility: 6 Stars Healthcare LLC

Provider Type: Assisted Living Facility

License/Cert.#: 2681

Intake ID: 142624

Compliance Determination #: 48789

Region/Unit #: RCS Region 3 / Unit D

Investigator: Woodetta Maulana

Investigation Date(s): 10/15/2024 through 10/23/2024

Complainant Contact Date(s):

Allegation(s):

Facility failed their fire and life safety inspection

Investigation Methods:

Sample:	Total residents: 25 Resident sample size: 25 Closed records sample size: 0
Observations:	staff to resident interaction residents general observation of the facility
Interviews:	Executive Director
Record Reviews:	department records

Investigation Summary:

The assisted living facility failed their fire and life safety inspection.

Conclusion / Action:

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

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 # 48789
Plan of Correction	6 Stars Healthcare LLC	Completion Date
Page 1 of 2	Licensee: 6 Stars Health Care LLC	10/23/2024

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 10/15/2024 and 10/15/2024 of:

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

This document references the following complaint number(s): 142624, 148966

The following sample was selected for review during the unannounced on-site visit: 25 of 25 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

11/04/2024

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.

Administrator (or Representative) Date

WAC 388-78A-2040 Other requirements.

(1) The assisted living facility must comply with all other applicable federal, state, county and municipal statutes, rules, codes and ordinances, including without limitations those that prohibit discrimination.

This requirement was not met as evidenced by:

Based on interview and record review it was determined that the assisted living facility (ALF) failed their fire and life safety inspection which is required for licensure. This failure posed a significant risk to the safety and well-being of all residents, staff and visitors.

Findings included…

Review of the Fire Marshall report showed the facility failed their fire and life safety inspection on the following dates:
1st failed inspection: 03/28/2024
2nd failed inspection: 07/23/2024

During an interview on 10/23/2024 at 2:15 p.m., Staff A, Executive Director confirmed the facility failed their fire and life safety inspection.

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)_____ .

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

Administrator (or Representative) Date