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

07/15/2025

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) 60530 (Completion Date 07/15/2025) and 53448 (Completion Date 03/05/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 07/15/2025 and found no deficiencies.

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

WAC 388-78A-2210 Medication services.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

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, Allied Health 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

Intake ID: 162879

Compliance Determination #: 53448

Region/Unit #: RCS Region 3 / Unit D

Investigator: Woodetta Maulana

Investigation Date(s): 01/22/2025 through 03/05/2025

Complainant Contact Date(s):

Allegation(s):

1) Named resident had a resident to resident altercation and 911 was called, and the alleged perpetrator was arrested

Investigation Methods:

Sample:	Total residents: 24 Resident sample size: 6 Closed records sample size: 1
Observations:	staff to resident interaction resident to resident interaction residents general observation of the facility
Interviews:	staff residents
Record Reviews:	n/a

Investigation Summary:

The facility failed to investigate when there was an allegation of resident-to-resident altercation

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
Intake ID: 162021
Compliance Determination #: 53448
Region/Unit #: RCS Region 3 / Unit D
Investigator: Woodetta Maulana
Investigation Date(s): 01/22/2025 through 03/05/2025
Complainant Contact Date(s):

Allegation(s):

1) Named resident received a 30 day notice due to possibly notifying the state
2) Peer is being harassed and intimidated by another resident
3) Named resident not receiving medication timely

Investigation Methods:

Sample:	Total residents: 24 Resident sample size: 6 Closed records sample size: 1
Observations:	staff to resident interaction resident to resident interaction residents general observation of the facility
Interviews:	staff residents
Record Reviews:	resident assessments and medication administration records

Investigation Summary:

1)30 day notice given for safety concerns. Resident still residing in facility at time of investigation
2) Interviewed named resident who confirmed he does not feel comfortable around his peer. Interviewed Administrator who stated he was unaware of the resident's concern. Finding did not rise to a citation level
3) The Assisted Living Facility (ALF) failed to ensure named resident was given his medication as prescribed.

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
Intake ID: 161783
Compliance Determination #: 53448
Region/Unit #: RCS Region 3 / Unit D
Investigator: Woodetta Maulana
Investigation Date(s): 01/22/2025 through 03/05/2025
Complainant Contact Date(s):

Allegation(s):

1) Named resident concerned about poor food quality
2) Feces found on chairs and on residents
3) Residents poorly cleaned due to staff shortages
4) Meds aren't being given or getting out on time.
5) Med room slash office is not being kept up to code.
6) Gloves aren't being changed properly.
7) Blood draws are being done out in the TV room.
8) Peer of named resident following them and harassing named resident
9) Fire exits are being blocked by residents just being out in the hallways, and in the emergency exits.
10) alcohol and drug abuse in the facility by residents
11) no hot water in the women's wing or the men's wing on the 3rd floor of the men's wing

Investigation Methods:

Sample:	Total residents: 24 Resident sample size: 6 Closed records sample size: 1
Observations:	staff to resident interaction residents general observation of the facility water temperatures
Interviews:	staff residents
Record Reviews:	n/a

Investigation Summary:

1) observed meal and meal was appropriate, interviews sample residents who stated they had no issues with food portions or quality
2) Did not observe feces on the furniture
3)Unable to substantiate failed facility practice
4) The Assisted Living Facility (ALF) failed to ensure residents were given their

medication as prescribed.
5)Unable to substantiate failed facility practice
6)Unable to substantiate failed facility practice
7) Unable to substantiate failed facility practice
8)Interviewed named resident who confirmed he does not feel comfortable around his peer. Interviewed Administrator who stated he was unaware of the resident's concern. Finding did not rise to a citation level
9) previously cited for failure to come in compliance with fire marshal findings
10) Unable to substantiate failed facility practice
11) unable to substantiate failed 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
Intake ID: 161304
Compliance Determination #: 53448
Region/Unit #: RCS Region 3 / Unit D
Investigator: Woodetta Maulana
Investigation Date(s): 01/22/2025 through 03/05/2025
Complainant Contact Date(s):

Allegation(s):

1) Named resident received a 30 day notice that may be in retaliation for notifying the state
2) C-pa machine is missing
3) Bathroom is cold
4) Women's bathroom has cold water
5) Not receiving medication timely

Investigation Methods:

Sample:	Total residents: 24 Resident sample size: 6 Closed records sample size: 1
Observations:	staff to resident interaction residents water temperatures general observation of the facility
Interviews:	staff residents
Record Reviews:	medication administration record resident records

Investigation Summary:

1) Resident received a 30 day notice due to safety concerns and in resident in facility at time of investigation
2) Named resident stated a new one has been ordered and will be delivered to the facility
3) Facility already out of compliance for cold temperatures
4) Unable to substantiate failed facility practice
5) The Assisted Living Facility to ensure residents were given their medication as prescribed.

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 # 53448
Plan of Correction	6 Stars Healthcare LLC	Completion Date
Page 1 of 5	Licensee: 6 Stars Health Care LLC	03/05/2025

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 an unannounced on-site complaint investigation on 01/22/2025 of:

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

This document references the following complaint number(s): 162928, 162879, 162021, 161783, 161820, 161304, 161327, 161322, 166250

The following sample was selected for review during the unannounced on-site visit: 6 of 24 current residents and 1 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.

Jody Jeat
Residential Care Services

03/07/2025
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)

03/19/2025
Date

WAC 388-78A-2210 Medication services.

(2) The assisted living facility must ensure the following residents receive their medications as prescribed, except as provided for in WAC 388-78A-2230 and 388-78A-2250 :

(a) Each resident who requires medication assistance and his or her negotiated service agreement indicates the assisted living facility will provide medication assistance; and

This requirement was not met as evidenced by:

Based on interview and record review the Assisted Living Facility (ALF) failed to ensure 4 of 4 sampled residents (Residents 1, 2, 3 and 4) were given their medication as prescribed. Failure to give residents their medications as prescribed placed all 4 residents at risk for health complications.

Findings included...

On 1/22/2025 at 12:10 p.m., during an interview, Resident 1(R1), who is medication assisted, stated he did not receive his evening medication on Thursday January 16th,2025, because there was no staff in the building.

On 1/22/2025 at 1:40 p.m., during an interview, Resident 2 (R2), who is medication assisted, stated he did not receive his medication when he asked for it, and would like to keep his medications, and take it when needed.

On 1/22/2025 at 12:20 p.m., during an interview, Resident 4 (R4), who is medication assisted, stated there were times that he did not receive his medications as prescribed.

On 1/22/2025 at 12:40 p.m., during an interview with Staff D, medication technician, stated that he left the facility at 1:00p.m., on Thursday January 16th, 2025. Staff D stated when he left the facility, there were other employees in the building to include the administrator (Staff A), the Resident Care Coordinator (Staff B) and the facility nurse (Staff C). Staff D Stated he later received a call from Staff B asking him to go back to the facility to give the resident's their medication. Staff D stated he informed Staff B that he could not go back to the facility because he had already worked 24 hours and had an appointment.

Review of the medication record (MAR) showed that R1, R2, R3, and R4 did not receive their prescribed medications on the following days and times:

R1 – noon medication of gabapentin (used to treat epilepsy and used to treat nerve pain) on January 16th,2025.

R2 – morning medication of Cetirizine (used to temporarily relieve symptoms of hay fever) and Levetiracetam (used to treat epilepsy) on January 16th,2025.

R3 (who is medication assisted) – noon medication of blood glucose testing for sliding scale insulin (used to lower blood glucose levels) on January 16th and noon January 17th, 2025.

R4 – noon medication of Cetirizine (used to temporarily relieve symptoms of hay fever), Fluoxetine (used to treat depression), Gabapentin (used to treat epilepsy and used to treat nerve pain), Metamucil (used to treat constipation), Pantoprazole (used to treat heartburn), prenatal vitamins and Tamsulosin (used to treat enlarged prostate gland) on January 16th and noon January 17th,2025.

On 3/4/2025 at 11:45 a.m., during an interview, Staff A, the administrator, confirmed he was in the building on 1/16/2025 along with Staff B, Staff C and Staff D. Staff A stated he left the facility at noon and confirmed Staff D left as well. Staff A stated he received a call from the police informing him of a resident's complaint of not receiving their medication. Staff A stated he contacted Staff B by phone at 6:00p.m., and Staff B stated he was in the building. Staff A stated he was unaware that residents did not receive their medication.

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) 03/19/2025 .

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

Administrator (or Representative) — Date: 03/19/2025

WAC 388-78A-2371 Investigations. The assisted living facility must:

(1) Investigate and document investigative actions and findings for any alleged or suspected abuse, neglect, or financial exploitation; or accident or incident jeopardizing or affecting a resident health or life;

This requirement was not met as evidenced by:

Based on interview and record review the facility failed to investigate an allegation of a resident-to-resident altercation for 1 of 4 sampled residents (Resident 5). Failure to investigate and document investigative actions and findings placed Resident 5 at risk for harm. This failure also placed all residents living in the facility at risk for not having allegations of abuse investigated in a timely manner and could lead to gaps in accountability and oversight.

Findings included...

On 1/22/2025, during an interview, Resident 5 (R5), stated he was attacked by Resident 6 (R6). R5 stated he had scratches on his back from the attack. R5 stated the staff notified the police, and when they arrived, they took R6 away in the police car.

On 3/4/2025, during an interview with Staff A, administrator, stated the facility notified the police but did not do an incident report because they did not witness the resident-to-resident altercation.

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) 03/19/2025 .

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

Administrator (or Representative) — Date: 03/19/2025