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) 70348 (Completion Date 12/18/2025) and 66530 (Completion Date 10/21/2025).

The Department completed a follow-up inspection of your Assisted Living Facility on 12/18/2025 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-2650-1, WAC 388-78A-2371-1

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

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

Residential Care Services
Investigation Summary Report

Provider/Facility: 6 Stars Healthcare LLC
Provider Type: Assisted Living Facility

License/Cert.#: 2681
Intake ID: 194337
Compliance Determination #: 66530
Region/Unit #: RCS Region 3 / Unit D
Investigator: Woodetta Maulana
Investigation Date(s): 10/01/2025 through 10/21/2025
Complainant Contact Date(s):

Allegation(s):

1) Named resident's ability to walk is fading and they need medical attention
2) Named resident is not getting money and they took the resident's phone and debit cared
3) Named resident started a fire

Investigation Methods:

Sample:	Total residents: Resident sample size: Closed records sample size:
Observations:	staff to resident interaction residents general observation of the facility
Interviews:	staff residents others not associated with the facility
Record Reviews:	resident records

Investigation Summary:

1) Named resident is routinely followed by their providers and they are aware of named resident's condition
2) Named resident denied that their money is being withheld
3) Based on observation, interview and record review, the assisted living facility (ALF) failed to failed to notify the department and failed to to investigate to determine the circumstances of the event.

Conclusion / Action:

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

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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 10/01/2025 of:

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

This document references the following complaint number(s): 194337, 195039, 195078

The following sample was selected for review during the unannounced on-site visit: 0 of 0 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

Statement of Deficiencies	License #: 2661	Compliance Determination #66530
Plan of Correction	6 Stars Healthcare LLC	Completion Date
Page 2 of 4	Licensee: 6 Stars Health Care LLC	10/21/2025

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.

Laurie Anderson — Residential Care Services

10/23/2025 — 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)

10/27/2025 — Date

WAC 388-78A-2660 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(1) Any accidental or unintended fire, or any deliberately set but improper fire, such as arson, in the assisted living facility;

This requirement was not met as evidenced by:

Based on observation and interview, the assisted living facility (ALF) failed to notify the department when 1 of 1 resident (Resident 1) ignited a wooden picnic table located in the facility's outdoor area. Failure to report the incident denied the state the opportunity to investigate and ensure resident safety and placed all 25 residents at risk for harm.

Findings included...

On 10/01/12025 at 11:30 a.m., observation with Staff B, resident care coordinator, showed a wooden picnic table located in the facility's outdoor area that was charcoal in color.

On 10/21/2025 at 9:50 a.m., during an interview, Staff A, administrator, confirmed that they were aware that Resident 1 ignited the wooden picnic table. Staff A confirmed that they did not notify the state of the incident.

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

Residential Care Services | Date

I understand that to maintain an 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-2650 Reporting fires and incidents. The assisted living facility must immediately report to the department's aging and disability services administration:

(1) Any accidental or unintended fire, or any deliberately set but improper fire, such as arson, in the assisted living facility;

This requirement was not met as evidenced by:

Based on observation and interview, the assisted living facility (ALF) failed to notify the department when 1 of 1 resident (Resident 1) ignited a wooden picnic table located in the facility's outdoor area. Failure to report the incident denied the state the opportunity to investigate and ensure resident safety and placed all 25 residents at risk for harm.

Findings included...

On 10/01/12025 at 11:30 a.m., observation with Staff B, resident care coordinator, showed a wooden picnic table located in the facility's outdoor area that was charcoal in color.

On 10/21/2025 at 9:50 a.m., during an interview, Staff A, administrator, confirmed that they were aware that Resident 1 ignited the wooden picnic table. Staff A confirmed that they did not notify the state of the incident.

Statement of Deficiencies	License #: 2661	Compliance Determination #:66530
Plan of Correction	6 Stars Healthcare LLC	Completion Date
Page 3 of 4	Licensee: 6 Stars Health Care LLC	10/21/2025

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) 10/27/2025.

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

Administrator (or Representative) — Date: 10/27/25

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 observation and interview, the assisted living facility (ALF) failed to investigate to determine the circumstances of the event when 1 of 1 resident (Resident 1) ignited a fire on the premises. This failure limited the facility's ability to identify safety risks and prevent similar events and placed all 25 residents at risk for harm.

Findings included...

On 10/01/2025 at 11:30 a.m., observation with Staff B, resident care coordinator, showed a wooden picnic table located in the facility's outdoor area that was charcoal in color.

On 10/21/2025 at 9:50 a.m., during an interview, Staff A, administrator, stated that they were made aware that Resident 1 ignited the table. Staff A confirmed that the facility did not investigate to determine the circumstances of the event.

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

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 observation and interview, the assisted living facility (ALF) failed to investigate to determine the circumstances of the event when 1 of 1 resident (Resident 1) ignited a fire on the premises. This failure limited the facility's ability to identify safety risks and prevent similar events and placed all 25 residents at risk for harm.

Findings included...

On 10/01/2025 at 11:30 a.m., observation with Staff B, resident care coordinator, showed a wooden picnic table located in the facility's outdoor area that was charcoal in color.

On 10/21/2025 at 9:50 a.m., during an interview, Staff A, administrator, stated that they were made aware that Resident 1 ignited the table. Staff A confirmed that the facility did not investigate to determine the circumstances of the event.

Statement of Deficiencies	License #: 2681	Compliance Determination #66230
Plan of Correction	6 Stars Healthcare LLC	Completion Date
Page 4 of 4	Licensee: 6 Stars Health Care LLC	10/21/2025

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) 10/27/2025 .

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

Administrator (or Representative) 10/27/2025 Date

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