STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 74243 (Completion Date 04/06/2026) and 69635 (Completion Date 01/29/2026).

The Department completed a follow-up inspection of your Assisted Living Facility on 04/06/2026 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-2040-1, WAC 388-78A-2371-1, WAC 388-78A-2371-2, WAC 388-78A-2371-3, WAC 388-78A-2640-2-a

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: 202387

Compliance Determination #: 69635

Region/Unit #: RCS Region 3 / Unit D

Investigator: Woodetta Maulana

Investigation Date(s): 12/04/2025 through 01/29/2026

Complainant Contact Date(s):

Allegation(s):

1) Failed fire marshal inspection

Investigation Methods:

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

Investigation Summary:

1) The facility failed to ensure residents resided in a safe environment that was approved of by the State Fire Marshal.

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: 202378

Compliance Determination #: 69635

Region/Unit #: RCS Region 3 / Unit D

Investigator: Woodetta Maulana

Investigation Date(s): 12/04/2025 through 01/29/2026

Complainant Contact Date(s):

Allegation(s):

1) Named resident wanted to discharged and the Administrator did not want the resident to leave but instead go into one of their Adult Family Homes
2) The facility did not notify the case manager that the resident went to the hospital. Failed practice identified. Citation issued.
3) The facility was noted to have bed bugs

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
Record Reviews:	n/a

Investigation Summary:

1) Named resident was not denied moving out. Named resident moved out on the stated move out date. Failed practice not identified
2) The assisted living facility failed to notify the agency responsible for paying for two sample residents when they were admitted to the hospital.
3) The facility had bed bugs and hired a professional company come out to treat the bed bugs routinely and as needed. Failed practice not identified.

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: 202414
Compliance Determination #: 69635
Region/Unit #: RCS Region 3 / Unit D
Investigator: Woodetta Maulana
Investigation Date(s): 12/04/2025 through 01/29/2026
Complainant Contact Date(s):

Allegation(s):
Fall with injury

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
Record Reviews:	resident records

Investigation Summary:
1) The assisted living facility failed to investigate the circumstances of a fall for two sample residents. Facility failed practice identified. Citation issued.

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: 203607

Compliance Determination #: 69635

Region/Unit #: RCS Region 3 / Unit D

Investigator: Woodetta Maulana

Investigation Date(s): 12/04/2025 through 01/29/2026

Complainant Contact Date(s):

Allegation(s):

Fall with injury

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
Record Reviews:	resident records

Investigation Summary:

1) The assisted living facility failed to investigate the circumstances of a fall for two sample residents. Facility failed practice identified. Citation issued.

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
HOME AND COMMUNITY LIVING 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 complaint investigation on 12/04/2025 of:

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

This document references the following complaint number(s): 202068, 202387, 202378, 202414, 203607

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, Home and Community Living Administration
Residential Care Services, Region 3 , Unit D
PO Box 99250
Lakewood, WA 98496

Statement of Deficiencies	License #: 2681	Compliance Determination # 69635
Plan of Correction	6 Stars Healthcare LLC	Completion Date
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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

02/09/2026
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)

02/12/2026
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 ensure 26 of 26 residents (Resident 1 through Resident 26) resided in a safe environment that is approved of by the State Fire Marshal. This failure placed all residents at risk of harm, injury, and potential fire hazards related to unsafe environmental conditions.

Findings included...

Review of the document titled" Washington State Patrol Fire Protection Bureau", dated 11/05/2025, showed the facility failed a fourth state fire marshal inspection. The document identified multiple fire safety violations which included: 1. Second floor entry hallway had electrical boxes above the room doors with exposed wires; 2. Facility failed to provide the following documentation for the fire sprinkler system: three-year dry system full flow trip test; 3. Facility was unable to provide documentation for the semi-annual fire alarm system inspection and battery testing. The fire alarm was in trouble; it showed an account two trouble. The document showed the facility failed to meet the required fire safety regulations.

During an interview on 01-26-2026 at 12:30 p.m., Staff A, Administrator, stated that it is an old building and they were doing the best they could.

Statement of Deficiencies	License #: 2681	Compliance Determination # 69635
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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) 02/27/2026

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

Administrator (or Representative) Date 02/12/2026

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;

(2) Determine the circumstances of the event;

(3) When necessary, institute and document appropriate measures to prevent similar future situations if the alleged incident is substantiated; and

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to investigate the circumstances of a fall for 2 of 2 sampled residents (Resident 1 and Resident 2). This failure placed Resident 1 and Resident 2 at risk for repeated falls and injuries.

Findings included...

Review of Resident 1's (R1) progress note, dated 11/05/2025, documented that staff went into R1's room and found them on the bed with a bruise on one knee and under their eye . Review of R1's records showed no documentation that the facility completed an investigation to assess the contributing factors for the fall and to determine any measures needed to prevent future similar incidents.

Review of Resident 2's (R2) progress note, dated 11/27/2025, documented that staff saw R2 lying on the ground, face down. Review of R2's records showed no documentation that the facility completed an investigation to assess the contributing factors for the fall and to determine any measures needed to prevent future similar incidents.

Statement of Deficiencies	License #: 2681	Compliance Determination # 69635
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Page 4 of 5	Licensee: 6 Stars Health Care LLC	01/29/2026

On 12/04/2025 at 11:30 a.m., during an interview, Staff B, resident care coordinator, stated that R1 reported that they fell. Staff B stated that they did not complete an investigation. Staff B stated that they only charted the incident in the system.

On 01/29/2025 at 2:51 p.m., during an interview, Staff A, Administrator, did not have any clear explanation as to why they did not complete investigations for incidents or accidents.

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) 02/27/2026

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

Administrator (or Representative) Date 02/12/26

WAC 388-78A-2640 Reporting significant change in a resident's condition.

(2) The assisted living facility must notify any agency responsible for paying for the resident's care and services as soon as possible whenever:

(a) The resident is relocated to a hospital or other health care facility; or

This requirement was not met as evidenced by:

Based on interview and record review, the assisted living facility (ALF) failed to notify the agency responsible for paying for the resident's care for 2 of 2 sampled residents (Resident 2 and Resident 3) when they were admitted to the hospital. This failure placed Resident 2 and Resident 3 at risk for disrupted services and potential billing issues.

Findings included...

Review of Resident 2's (R2) progress note, dated [redacted]/2025, showed that R2 was transported to the hospital on [redacted]/2025. Review of R2's records showed no documentation that the facility notified the case manager.

On 12/18/2025 at 2:31 p.m., during an interview, collateral contact (CC1- case manager) stated that on 11/13/2025, they were contacted by the hospital's care

coordinator that R2 admitted to the hospital on [redacted]/2025. CC1 stated that this was the first time they were aware of R2's hospitalization. CC1 confirmed that the ALF never informed them that R2 was admitted to the hospital.

Review of Resident 3's (R3) progress note, dated [redacted]/2025, showed that R3 was transported to the hospital on [redacted]/2025. Review of R3's records showed no documentation that the facility notified the case manager.

On 12/18/2025 at 2:31 p.m., during an interview, CC1 stated that on 11/18/2025, they received a call from the hospital that R3 admitted to the hospital on [redacted]/2025. CC1 stated that the ALF never informed them that R3 was admitted to the hospital.

On 12/04/2025 at 11:30 a.m., during an interview, Staff B, resident care coordinator, stated that they inform Staff A, Administrator, when residents go to the hospital. Staff B stated that they were unsure what happened after Staff A was notified.

On 01/29/2025 at 2:51 p.m., during an interview, Staff A stated that Staff B was supposed to notify the case manager when residents were admitted to the hospital.

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) 02/27/2026

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

Administrator (or Representative) — Date: 02/12/2026