STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Six Star Elder Care LLC
Six Star Elder Care
31408 8th Ave South
Federal Way, WA 98003

RE: Six Star Elder Care License # 752965

Dear Provider:

This letter addresses Compliance Determination(s) 47615 (Completion Date 09/25/2024) and 42505 (Completion Date 08/08/2024).

The Department completed a follow-up inspection of your Adult Family Home on 09/25/2024 and found that you have corrected the violations listed in the Full report dated 08/08/2024. Your home is back in compliance as of 09/19/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10255-1, WAC 388-76-10420-7-b, WAC 388-76-10015-1, WAC 388-76-10290-2, WAC 388-76-10380-2, WAC 388-76-10840-1-d, WAC 388-76-10510-1, WAC 388-76-10460-1-a

The Department staff who did the on-site verification:
Marites Gatan, NCI

If you have any questions, please contact me at (253)234-6007.

Sincerely,

Lydia Owusu-Acheampong, Field Manager
Region 2, Unit G
Residential Care Services

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Statement of Deficiencies	License #: 752965	Compliance Determination # 42505
Plan of Correction	Six Star Elder Care	Completion Date
Page 1 of 12	Licensee: Six Star Elder Care LLC	08/08/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 06/10/2024 and 06/10/2024 of:
Six Star Elder Care
31801 8th Ave S
Federal Way, WA 98003

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 — 8-8-2024 Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20425 72nd Avenue S, Suite 400, Kent, WA 98032

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 06/10/2024 and 06/10/2024 of:

Six Star Elder Care
31801 8th Ave S
Federal Way, WA 98003

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Marites Gatan, NCI

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit G
20425 72nd Avenue S, Suite 400
Kent, WA 98032

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 Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Provider (or Representative)

8/15/2024
Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure that 1 of 4 staff (Staff C, Caregiver) performed proper hand hygiene before meal preparation in the AFH. Staff C failed to ensure that infection control procedure was followed while they performed personal care for a Resident. These failures placed all current residents at risk of acquiring infections.

Findings included...

In an interview on 06/10/2024 at 10:55 AM, Staff B, Resident Manager stated that they oversaw the AFH with six residents (Residents 1, 2, 3, 4, 5 and 6) who lived and received care from the AFH staff.

Hand Hygiene

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under "AFH Standard Precaution Table" is a guideline for Hand Hygiene and Staff Education. In the link "Hand Hygiene" number 4 stated to rinse hands with water and use disposable towels to dry. To use towel to turn off the faucet after hand washing.

Observation on 06/10/2024 at 11:45 AM, showed Staff C, Caregiver washed hands with soap and water in the kitchen sink before meal preparation for residents' lunch. Staff C rinsed their hands after washing hands turned off the faucet, using their washed hands before they obtained paper towel to dry their hands.

In an interview on 06/10/2024 at 11:46 AM, Staff C said they were not aware that their handwashing procedure was incorrect.

Infection Control

Provider (or Representative) Date

WAC 388-76-10255 Infection control. The adult family home must develop and implement an infection control system that:

(1) Uses nationally recognized infection control standards;

This requirement was not met as evidenced by:

Based on observation, interview and record review the Adult Family Home (AFH) failed to ensure that 1 of 4 staff (Staff C, Caregiver) performed proper hand hygiene before meal preparation in the AFH. Staff C failed to ensure that infection control procedure was followed while they performed personal care for a Resident. These failures placed all current residents at risk of acquiring infections.

Findings included…

In an interview on 06/10/2024 at 10:55 AM, Staff B, Resident Manager stated that they oversaw the AFH with six residents (Residents 1, 2, 3, 4, 5 and 6) who lived and received care from the AFH staff.

Hand Hygiene

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under “AFH Standard Precaution Table” is a guideline for Hand Hygiene and Staff Education. In the link “Hand Hygiene” number 4 stated to rinse hands with water and use disposable towels to dry. To use towel to turn off the faucet after hand washing.

Observation on 06/10/2024 at 11:45 AM, showed Staff C, Caregiver washed hands with soap and water in the kitchen sink before meal preparation for residents' lunch. Staff C rinsed their hands after washing hands turned off the faucet, using their washed hands before they obtained paper towel to dry their hands.

In an interview on 06/10/2024 at 11:46 AM, Staff C said they were not aware that their handwashing procedure was incorrect.

Infection Control

Statement of Deficiencies	License #: 752965	Compliance Determination # 42505
Plan of Correction	Six Star Elder Care	Completion Date
Page 3 of 12	Licensee: Six Star Elder Care LLC	08/08/2024

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under "AFH Standard Precaution Table" was a guideline for Hand Hygiene and Staff Education. In the link for "When to change gloves and clean hands" it stated that to change gloves if moving work on a soiled body site, to a clean body site on the same patient.

Observation on 06/10/2024 at 12:27 PM, showed Staff C assisted Resident 3 to use the toilet. Staff C donned gloves then removed Resident 3's shoes, pants and soiled incontinent briefs. Staff C rolled the soiled incontinent briefs and threw them away in the garbage. Staff C still wearing the gloves, was observed in the process of obtaining new clean incontinent briefs when department staff informed them not to.

In an interview on 06/10/2024 at 12:29 PM, Staff C had no response when informed of the incorrect procedure. Department staff informed Staff C to change their gloves as it had touched resident shoes and soiled incontinent briefs.

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, Six Star Elder Care is or will be in compliance with this law and / or regulation on (Date) 9/3/2024.

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

Provider (or Representative) 8/15/2024 Date

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) had failed to ensure that correct meal preparation was followed by 1 of 4 staff (Staff C, Caregiver) when they prepared lunch for Resident 3. This failure placed Resident 3 at risk for food borne illness.

Findings included...

On Washington State Department of Social and Health Services Information for Adult Family Home Providers website under “AFH Standard Precaution Table” was a guideline for Hand Hygiene and Staff Education. In the link for “When to change gloves and clean hands” it stated that to change gloves if moving work on a soiled body site, to a clean body site on the same patient.

Observation on 06/10/2024 at 12:27 PM, showed Staff C assisted Resident 3 to use the toilet. Staff C donned gloves then removed Resident 3’s shoes, pants and soiled incontinent briefs. Staff C rolled the soiled incontinent briefs and threw them away in the garbage. Staff C still wearing the gloves, was observed in the process of obtaining new clean incontinent briefs when department staff informed them not to.

In an interview on 06/10/2024 at 12:29 PM, Staff C had no response when informed of the incorrect procedure. Department staff informed Staff C to change their gloves as it had touched resident shoes and soiled incontinent briefs.

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, Six Star Elder Care 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.

_____ _____

Provider (or Representative) Date

WAC 388-76-10420 Meals and snacks. The adult family home must:

(7) Ensure food is:

(b) Safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) had failed to ensure that correct meal preparation was followed by 1 of 4 staff (Staff C, Caregiver) when they prepared lunch for Resident 3. This failure placed Resident 3 at risk for food borne illness.

Findings included…

Review of "Food Safety is Everybody's Business; Your Guide to Preventing Food Borne Illnesses" dated, May 2013 from Washington Department of Health, showed that single-use gloves may be used to prepare foods that need to be handled a lot, such as when making sandwiches, slicing vegetables, or arranging food on a platter. It is important to remember that gloves are used to protect the food from germs, not to protect your hands from the food. Gloves must be changed often to keep the food safe.

In an interview on 06/10/2024 at 10:55 AM, Staff B, Resident Manager stated that they oversaw the AFH with six residents (Residents 1, 2, 3, 4, 5 and 6) who lived and received care from the AFH staff.

Review of the AFH personnel records showed that Staff C, Caregiver was hired on 07/13/2023 and had a Food Handler card that expires on 12/29/2024.

Observation on 06/10/2024 at 11:47 AM, showed Staff C donned gloves, removed two pieces of bread from the plastic bag and placed the bread in the toaster. Staff C still wearing the same gloves, took two drinking glasses from the kitchen cabinet, poured water in one glass and poured juice in the other glass. Staff C attempted to pick up the bread from the toaster, when department staff interrupted Staff C to stop. Department staff informed Staff C to don new gloves to take out the bread from the toaster, as their hands were contaminated.

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, Six Star Elder Care is or will be in compliance with this law and / or regulation on (Date) 9/3/2024.

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

Provider (or Representative) 8/15/2024 Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on interview, and record review the Adult Family Home (AFH) failed to follow the required respiratory fit testing [checking whether a respirator (device used to protect a

Review of “Food Safety is Everybody’s Business; Your Guide to Preventing Food Borne Illnesses” dated, May 2013 from Washington Department of Health, showed that single-use gloves may be used to prepare foods that need to be handled a lot, such as when making sandwiches, slicing vegetables, or arranging food on a platter. It is important to remember that gloves are used to protect the food from germs, not to protect your hands from the food. Gloves must be changed often to keep the food safe.

In an interview on 06/10/2024 at 10:55 AM, Staff B, Resident Manager stated that they oversaw the AFH with six residents (Residents 1, 2, 3, 4, 5 and 6) who lived and received care from the AFH staff.

Review of the AFH personnel records showed that Staff C, Caregiver was hired on 07/13/2023 and had a Food Handler card that expires on 12/29/2024.

Observation on 06/10/2024 at 11:47 AM, showed Staff C donned gloves, removed two pieces of bread from the plastic bag and placed the bread in the toaster. Staff C still wearing the same gloves, took two drinking glasses from the kitchen cabinet, poured water in one glass and poured juice in the other glass. Staff C attempted to pick up the bread from the toaster, when department staff interrupted Staff C to stop. Department staff informed Staff C to don new gloves to take out the bread from the toaster, as their hands were contaminated.

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, Six Star Elder Care 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.

_____ _____

Provider (or Representative) Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

This requirement was not met as evidenced by:

Based on interview, and record review the Adult Family Home (AFH) failed to follow the required respiratory fit testing [checking whether a respirator (device used to protect a

person from inhaling hazardous fumes, vapors, gases, dust, or airborne causing disease) properly fits the face of someone who wears it] for 1 of 4 caregivers' (Staff C, Caregiver) who worked in the home. This failure placed all residents at risk of acquiring airborne transmitted illnesses, including COVID-19 (an infectious disease caused by respiratory virus).

Findings included...

A review of Washington State Department of Social and Health Services website under "Information for Adult Family Home Providers" in the quick link for "AFH Standard Precautions Table" for Respiratory Protection Program it stated "Fit test staff annually with N95 respirators, train staff on the importance of respiratory protection and have staff complete a medical clearance to wear an N95 respirator as required. You must have a written RPP and keep fit test, medical clearance, and training records in your home."

In an interview on 06/10/2024 at 10:55 AM, Staff B, Resident Manager stated that they oversaw the AFH with six residents (Residents 1, 2, 3, 4, 5 and 6) who lived and received care from the AFH staff.

Record review of AFH personnel records showed that Staff C, Caregiver was hired on 07/13/2023 and completed their orientation on 07/14/2023. Further review revealed that that Staff C had no respiratory fit testing completed.

In an interview on 06/10/2024 at 4:33 PM, Staff B stated that Staff C did not have any respiratory fit testing completed and they would schedule them for an appointment.

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, Six Star Elder Care is or will be in compliance with this law and / or regulation on (Date) 9|5|2024 .

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

Provider (or Representative) 8|15|2024 Date

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(2) Ensure each resident or employee with a positive test result is evaluated for signs

person from inhaling hazardous fumes, vapors, gases, dust, or airborne causing disease) properly fits the face of someone who wears it] for 1 of 4 caregivers' (Staff C, Caregiver) who worked in the home. This failure placed all residents at risk of acquiring airborne transmitted illnesses, including COVID-19 (an infectious disease caused by respiratory virus).

Findings included…

A review of Washington State Department of Social and Health Services website under "Information for Adult Family Home Providers" in the quick link for "AFH Standard Precautions Table" for Respiratory Protection Program it stated "Fit test staff annually with N95 respirators, train staff on the importance of respiratory protection and have staff complete a medical clearance to wear an N95 respirator as required. You must have a written RPP and keep fit test, medical clearance, and training records in your home."

In an interview on 06/10/2024 at 10:55 AM, Staff B, Resident Manager stated that they oversaw the AFH with six residents (Residents 1, 2, 3, 4, 5 and 6) who lived and received care from the AFH staff.

Record review of AFH personnel records showed that Staff C, Caregiver was hired on 07/13/2023 and completed their orientation on 07/14/2023. Further review revealed that that Staff C had no respiratory fit testing completed.

In an interview on 06/10/2024 at 4:33 PM, Staff B stated that Staff C did not have any respiratory fit testing completed and they would schedule them for an appointment.

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, Six Star Elder Care 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.

_____ _____

Provider (or Representative) Date

WAC 388-76-10290 Tuberculosis Positive test result. When there is a positive result to tuberculosis skin or blood testing the adult family home must:

(2) Ensure each resident or employee with a positive test result is evaluated for signs

and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff C, Caregiver) with a positive Tuberculosis[(TB)disease caused by bacteria that are spread from person to person through the air that usually affects the lungs but can attack other part of the body and if not treated properly can be fatal] test had a TB signs and symptoms evaluation when they were hired. This failure placed all the residents at risk of exposure to TB.

Findings included...

In an interview on 06/10/2024 at 10:55 AM, Staff B, Resident Manager stated that six residents (Residents 1, 2, 3, 4, 5 and 6) lived and received care from the AFH staff. Staff C, Caregiver and Staff B took care of the residents.

Review of Staff C, Caregiver's records showed a hire date of 07/13/2023 with skin test done on 03/16/2023, and test result read on 03/18/2023 with a positive result of 20 millimeter. Staff C had chest x-ray done on 04/09/2023 with result of negative for active TB. There was no record of a TB sign and symptoms evaluation for Staff B when they were hired on 07/13/2023.

In an interview on 06/10/2024 at 3:50 PM, Staff B stated that they were informed by their AFH consulting council that they did not have to complete TB screening.

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, Six Star Elder Care is or will be in compliance with this law and / or regulation on (Date) 9/19/2024 .

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

Provider (or Representative) 8/15/2024 Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and

and symptoms of tuberculosis; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff C, Caregiver) with a positive Tuberculosis[(TB)disease caused by bacteria that are spread from person to person through the air that usually affects the lungs but can attack other part of the body and if not treated properly can be fatal] test had a TB signs and symptoms evaluation when they were hired. This failure placed all the residents at risk of exposure to TB.

Findings included…

In an interview on 06/10/2024 at 10:55 AM, Staff B, Resident Manager stated that six residents (Residents 1, 2, 3, 4, 5 and 6) lived and received care from the AFH staff. Staff C, Caregiver and Staff B took care of the residents.

Review of Staff C, Caregiver's records showed a hire date of 07/13/2023 with skin test done on 03/16/2023, and test result read on 03/18/2023 with a positive result of 20 millimeter. Staff C had chest x-ray done on 04/09/2023 with result of negative for active TB. There was no record of a TB sign and symptoms evaluation for Staff B when they were hired on 07/13/2023.

In an interview on 06/10/2024 at 3:50 PM, Staff B stated that they were informed by their AFH consulting council that they did not have to complete TB screening.

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, Six Star Elder Care 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.

_____ _____

Provider (or Representative) Date

WAC 388-76-10380 Negotiated care plan Timing of reviews and revisions. The adult family home must ensure that each resident's negotiated care plan is reviewed and revised as follows:

(2) When the plan, or parts of the plan, no longer address the resident's needs and

preferences;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure that 1 of 2 sampled resident's (Resident 3) Negotiated Care Plan (NCP) was revised when parts of the plan no longer addressed the resident needs and preferences. This failure placed Resident 3 at risk of unmet needs and worsening of condition.

Findings included…

In an interview on 06/10/2024 at 10:55 AM, Staff B, Resident Manager stated that they oversaw the AFH with six residents (Residents 1, 2, 3, 4, 5 and 6) who lived and received care from the AFH staff.

Review of Resident 3's 01/11/2024 assessment under "ambulation/mobility" showed that Resident 3 was not walking and used wheelchair. Assessment under "Pain management" showed that Resident 3 had chronic pain related to hip fracture and had order for as needed pain (PRN) medication. Assessment under "Significant behaviors" showed Resident 3 was resistive to care.

Review of Resident 3's NCP signed 02/10/2024, showed resident was admitted to the AFH on [redacted]/2023. Review of the NCP under "Mobility" showed Resident 3 used walker. NCP under "Psychosocial/Cognitive status" showed not able to put his needs into words, visibly anxious related to need to use the toilet for bowel movement. The NCP did not address Resident 3's resistant to care behavior and pain.

In an interview on 06/10/2024 at 11:03 AM, Staff B stated that Resident 3 used wheelchair as their assistive mobility device. Staff B stated that Resident 3 had behaviors of screaming related to knee pain and behavior of whistling.

-Observation on 06/10/204 at 12:25 PM, showed Staff C, assisted Resident 3 to transfer from the recliner chair to the wheelchair. Staff C wheeled Resident 3 to the hallway bathroom. Staff C assisted Resident 3 to sit down in the toilet.

-Observation on 06/10/2024 at 12:27 PM, showed Resident 3 was seated at the toilet and screamed unrecognizable word. Staff C stated that Resident scream was related to their "knee problem.

-Observation on 06/10/2024 at 1:01 PM, showed Resident 3 sat at their wheelchair at the dining area and was whistling.

-Observation on 06/10/2024 at 3:37 PM, showed Resident 3 sat in their wheelchair at the living room area and was whistling.

In an interview on 06/10/2024 at 6:05 PM, Staff B had no response when department staff mentioned missing information on Resident 3's NCP.

In an email received on 06/11/2024, Staff B stated that Resident 3's NCP was updated to include their use of wheelchair.

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, Six Star Elder Care is or will be in compliance with this law and / or regulation on (Date) 9/10/2024 .

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

Provider (or Representative) 8/15/2024 Date

WAC 388-76-10840 Emergency food supply.

(1) The adult family home must have an on-site emergency food supply that:

(d) Is sufficient, safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family home (AFH) failed to ensure their emergency food supply kept in the home was not expired for 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6). This failure placed all residents at risk of food poisoning if they consumed expired food in the event of an emergency.

Findings included...

In an interview on 06/10/2024 at 10:55 AM, Staff B, Resident Manager stated that they oversaw the AFH with six residents (Residents 1, 2, 3, 4, 5 and 6) who lived and received care from the AFH staff.

Review of Washington state's Food Handler's Guide showed that food products that are past manufacturer's expiration date should not be used or stored.

-Observation on 06/10/2024 at 3:37 PM, showed Resident 3 sat in their wheelchair at the living room area and was whistling.

In an interview on 06/10/2024 at 6:05 PM, Staff B had no response when department staff mentioned missing information on Resident 3's NCP.

In an email received on 06/11/2024, Staff B stated that Resident 3's NCP was updated to include their use of wheelchair.

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, Six Star Elder Care 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.

_____ _____

Provider (or Representative) Date

WAC 388-76-10840 Emergency food supply.

(1) The adult family home must have an on-site emergency food supply that:

(d) Is sufficient, safe, sanitary, and uncontaminated.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family home (AFH) failed to ensure their emergency food supply kept in the home was not expired for 6 of 6 residents (Residents 1, 2, 3, 4, 5, and 6). This failure placed all residents at risk of food poisoning if they consumed expired food in the event of an emergency.

Findings included…

In an interview on 06/10/2024 at 10:55 AM, Staff B, Resident Manager stated that they oversaw the AFH with six residents (Residents 1, 2, 3, 4, 5 and 6) who lived and received care from the AFH staff.

Review of Washington state's Food Handler's Guide showed that food products that are past manufacturer's expiration date should not be used or stored.

Review of AFH's personnel records showed that Staff B had Washington State Food Worker Card that expires on 06/11/2026. Staff C, Caregiver had Washington State Food Worker Card that expires on 12/29/2024.

Observation on 06/10/2024 at 11:42 AM, showed AFH stored their emergency food supply in their garage. Department staff observed a can of refried beans, showed an expiration date of 12/04/2022, can of kidney beans with expiration date of 12/02/2023, and a can of chili con carne with an expiration date of 12/05/2023.

In an interview on 06/10/2024 at 11:44 AM, Staff B acknowledged that the canned goods were expired.

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, Six Star Elder Care is or will be in compliance with this law and / or regulation on (Date) 9/3/2024 .

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

Provider (or Representative) 8/15/2024 Date

WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(1) Receives appropriate necessary services, as identified in the assessment and negotiated care plan;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff C, Caregiver) knew how to identify assessed resident care needs using developed Negotiated Care Plan (NCP). This failure placed residents at potential risk of not receiving quality care and services from the AFH staff.

Findings included...

Review of AFH's personnel records showed that Staff B had Washington State Food Worker Card that expires on 06/11/2026. Staff C, Caregiver had Washington State Food Worker Card that expires on 12/29/2024.

Observation on 06/10/2024 at 11:42 AM, showed AFH stored their emergency food supply in their garage. Department staff observed a can of refried beans, showed an expiration date of 12/04/2022, can of kidney beans with expiration date of 12/02/2023, and a can of chili con carne with an expiration date of 12/05/2023.

In an interview on 06/10/2024 at 11:44 AM, Staff B acknowledged that the canned goods were expired.

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, Six Star Elder Care 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.

_____ _____

Provider (or Representative) Date

WAC 388-76-10510 Resident rights Basic rights. The adult family home must ensure that each resident:

(1) Receives appropriate necessary services, as identified in the assessment and negotiated care plan;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 4 staff (Staff C, Caregiver) knew how to identify assessed resident care needs using developed Negotiated Care Plan (NCP). This failure placed residents at potential risk of not receiving quality care and services from the AFH staff.

Findings included…

Statement of Deficiencies	License #: 752965	Compliance Determination # 42505
Plan of Correction	Six Star Elder Care	Completion Date
Page of 12	Licensee: Six Star Elder Care LLC	08/08/2024

In an interview on 06/10/2024 at 10:55 AM, Staff B, Resident Manager stated that they oversaw the AFH with six residents (Residents 1, 2, 3, 4, 5 and 6) who lived and received care from the AFH staff.

Record review of AFH personnel records showed that Staff C, Caregiver was hired on 07/13/2023 and completed their orientation on 07/14/2023.

Observation on 06/10/2024 at 11:47 AM, showed Staff C prepared lunch for Resident 3.

Observation on 06/10/2024 at 12:27 PM, Staff C assisted Resident 3 to use the toilet.

Observation on 06/10/2024 at 12:40 PM, showed Staff C gave medication for Resident 3.

In an interview on 06/10/2024 at 5:37 PM, Staff C stated that they do not remember the answer to the question when asked, "How do you know what each resident needs? Staff C also stated that they did not know where residents' records were kept in the AFH.

In an interview on 06/10/2024 at 5:50 PM, department staff provided example that resident's medications are found in the medication log and physician orders. When asked again, "How do you know what each resident needs?" Staff C stated that they do not remember the name of the resident's record.

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, Six Star Elder Care is or will be in compliance with this law and / or regulation on (Date) 9/10/2024 .

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

Provider (or Representative) 8/15/2024 Date

WAC 388-76-10460 Medication Negotiated care plan. The adult family home must ensure that each resident's negotiated care plan addresses:

(1) The amount of medication assistance needed by each resident, including but not limited to:

(a) The reasons why a resident needs that amount of medication assistance; and

In an interview on 06/10/2024 at 10:55 AM, Staff B, Resident Manager stated that they oversaw the AFH with six residents (Residents 1, 2, 3, 4, 5 and 6) who lived and received care from the AFH staff.

Record review of AFH personnel records showed that Staff C, Caregiver was hired on 07/13/2023 and completed their orientation on 07/14/2023.

Observation on 06/10/2024 at 11:47 AM, showed Staff C prepared lunch for Resident 3.

Observation on 06/10/2024 at 12:27 PM, Staff C assisted Resident 3 to use the toilet.

Observation on 06/10/2024 at 12:40 PM, showed Staff C gave medication for Resident 3.

In an interview on 06/10/2024 at 5:37 PM, Staff C stated that they do not remember the answer to the question when asked, “How do you know what each resident needs? Staff C also stated that they did not know where residents’ records were kept in the AFH.

In an interview on 06/10/2024 at 5:50 PM, department staff provided example that resident’s medications are found in the medication log and physician orders. When asked again, “How do you know what each resident needs?” Staff C stated that they do not remember the name of the resident’s record.

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, Six Star Elder Care 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.

_____ _____

Provider (or Representative) Date

WAC 388-76-10460 Medication Negotiated care plan. The adult family home must ensure that each resident's negotiated care plan addresses:

(1) The amount of medication assistance needed by each resident, including but not limited to:

(a) The reasons why a resident needs that amount of medication assistance; and

Statement of Deficiencies	License #: 752865	Compliance Determination # 42505
Plan of Correction	Six Star Elder Care	Completion Date
Page of 12	Licensee: Six Star Elder Care LLC	08/08/2024

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) of 1 of 2 sampled residents (Resident 3) showed medication assistance needed and reasons for the assistance. This failure placed Resident 3 at risk of harm from unmet medication needs and medication errors.

Findings included...

In an interview on 06/10/2024 at 10:55 AM, Staff B, Resident Manager stated that they oversaw the AFH with six residents (Residents 1, 2, 3, 4, 5 and 6) who lived and received care from the AFH staff.

Review of Resident 3's AFH records on 06/10/2024, showed they were admitted to the home on [redacted]/2023. Consent for Nurse Delegation [ND (a Washington state law that allows nursing assistants in certain settings like AFH, to perform certain tasks like administration of prescription medications, normally performed by licensed nurses)] process was signed by Resident 3's family member on 01/27/2024. ND form for crushing oral medications, administration of nasal spray, administration of topical medications and administration of psychotropic medications was completed and signed on 01/11/2024 and 05/10/2024.

Review of Resident 3's Negotiated Care Plan (NCP) dated and signed on 02/10/2024, under Administration Nurse Delegated, marked "No." Under Medication Administration, stated that Resident 3 was able to take medications from the cup.

In an interview on 06/10/2024 at 11:15 AM, Staff B stated that Resident 3 required assistance with medication and required ND.

Observation on 06/10/2024 at 12:40 PM, showed Staff C prepared medication for Resident 3. Staff C crushed medication pill and mixed it with apple sauce. Staff C spoon fed the crushed medication to Resident 3.

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, Six Star Elder Care is or will be in compliance with this law and / or regulation on (Date) 9/10/2024.

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

This requirement was not met as evidenced by:

Based on observation, interview and record review, the Adult Family Home (AFH) failed to ensure the Negotiated Care Plan (NCP) of 1 of 2 sampled residents (Resident 3) showed medication assistance needed and reasons for the assistance. This failure placed Resident 3 at risk of harm from unmet medication needs and medication errors.

Findings included…

In an interview on 06/10/2024 at 10:55 AM, Staff B, Resident Manager stated that they oversaw the AFH with six residents (Residents 1, 2, 3, 4, 5 and 6) who lived and received care from the AFH staff.

Review of Resident 3's AFH records on 06/10/2024, showed they were admitted to the home on [redacted]/2023. Consent for Nurse Delegation [ND (a Washington state law that allows nursing assistants in certain settings like AFH, to perform certain tasks like administration of prescription medications, normally performed by licensed nurses)] process was signed by Resident 3's family member on 01/27/2024. ND form for crushing oral medications, administration of nasal spray, administration of topical medications and administration of psychotropic medications was completed and signed on 01/11/2024 and 05/10/2024.

Review of Resident 3's Negotiated Care Plan (NCP) dated and signed on 02/10/2024, under Administration Nurse Delegated, marked "No." Under Medication Administration, stated that Resident 3 was able to take medications from the cup.

In an interview on 06/10/2024 at 11:15 AM, Staff B stated that Resident 3 required assistance with medication and required ND.

Observation on 06/10/2024 at 12:40 PM, showed Staff C prepared medication for Resident 3. Staff C crushed medication pill and mixed it with apple sauce. Staff C spoon fed the crushed medication to Resident 3.

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, Six Star Elder Care 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.

Statement of Deficiencies	License #: 752965	Compliance Determination # 42505
Plan of Correction	Six Star Elder Care	Completion Date
Page of 12	Licensee: Six Star Elder Care LLC	08/08/2024

Provider (or Representative)

8/15/2024
Date

Provider (or Representative) Date