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 Senior Care Corp

Six Star Senior Care Corp
35927 30th Ave S
Federal Way, WA 98003

RE: Six Star Senior Care Corp License # 754297

Dear Provider:

This letter addresses Compliance Determination(s) 56741 (Completion Date 03/18/2025) and 54008 (Completion Date 01/29/2025).

The Department completed a follow-up inspection of your Adult Family Home on 03/18/2025 and found that you have corrected the violations listed in the Full report dated 01/29/2025. Your home is back in compliance as of 03/14/2025 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 388-76-10015-1, WAC 388-76-10360, WAC 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10181-1, WAC 388-76-10181-1-a, WAC 388-76-10181-1-b, WAC 388-76-10650-2-a, WAC 388-76-10650-2-c

The Department staff who did the on-site verification:
Olga Petrov, NCI

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

Sincerely,

Lydia Owusu-Acheampong, Community 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

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 01/27/2025 of:

Six Star Senior Care Corp
31408 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:

Olga Petrov, 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) | 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 observation, interview, and record review, the Adult Family Home (AFH) failed to have a medical test site waver license (MTSW) for performing blood glucose (BS) testing for 1 of 1 resident (Resident 5). This failure led to the AFH performing the BS tests without a MTSW as required and placed the resident at risk of unmet care needs.

Findings included….

A review of AFH administrative records showed the AFH did not have a MTSW.

In interview, on 01/27/2025 at 9:32 AM, Staff B, Resident Manager, stated that they were checking Resident 5's Blood Sugar (BS) levels three times a day.

In separate observations on 01/27/2025 at 9:19 AM and 12:12 PM, showed Staff C, Caregiver checked Resident 5's BS level in the living room.

Review of Washington (WA) State Department of Social and Health Services, "Dear Provider" letter dated 04/01/2022, titled "Medical Test Site Waiver Regulatory Requirements", showed certain types of medical testing require a state Medical Test Site Waiver (MTSW) license. One type of activity requiring a MTSW license is testing residents for COVID-19 [an infectious disease by a new virus causing respiratory illness with symptoms including cough, fever, new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell, and in severe cases difficulty breathing that could result in severe impairment or death]. Other types of

medical testing requiring a MTSW license include, but are not limited to, blood glucose tests and urine tests."

Record review showed Resident 5 needed assistance with their BS check. Review of Resident 5's pharmacy generated January 2025 medication administration record (MAR) showed three times a day BS check from 1/01/2025-1/27/2025 (date of inspection).

In an interview, on 01/27/2024 at 11:14 AM, Staff A, Entity Representative stated that they (Staff A) were not aware of the needs of obtaining MTSW license for conducting blood sugar testing.

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 Senior Care Corp 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 388-76-10360 Negotiated care plan Timing of development Required. The adult family home must ensure the negotiated care plan is developed and completed within thirty days of the resident's admission.

This requirement was not met as evidenced by:

Based on interviews and record review, the Adult Family Home (AFH) failed to develop the Negotiated Care Plan (NCP) for 1 of 2 sampled residents (Resident 1) within thirty days of admission to the home. This placed Resident 1 at risk for unmet care needs.

Findings included…

In interview, on 01/27/2025 at 9:32 AM, Staff B, Resident Manager, stated that Resident 1 had exit seeking behaviors, need redirection, required assistance with their medications.

Record review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2024. No NCP was found for Resident 1.

In an interview, on 01/27/2025 at 10:21 AM, when asked about the timeframe to develop NCP, Staff B stated two weeks. Staff A, Entity Representative stated that the AFH had not developed Resident 1's NCP.

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 Senior Care Corp 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 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to have a system in place to ensure ordered medications were available for 1 of 2 sampled resident (Resident 2). In addition, the AFH failed to ensure medication log (ML) for 1of 2 residents (Resident 1) were kept current. These failures placed Residents 1 and 2 at risk of harm from medication errors, and unmet medication needs.

Findings included…

In an interview, on 01/27/2025 at 9:32 AM, Staff B, Resident Manager, stated they administered medications to Resident 1 and 2.

Medication log not current:

Observation on 01/27/2025 at 11:02 AM showed Resident 1's medications in a plastic

bin. There was a bubble pack of single dose of Lorazepam (used to relieve anxiety) 0.5 milligram (mg), with direction to take 1 tablet twice a day, as needed. The bubble pack indicated that the medication was filled by the pharmacy on 12/30/2024. Twenty-six pills of Lorazepam from the bubble pack were missing.

Review of Resident 1's January 2025 pharmacy generated ML did not show Lorazepam 0.5 mg, with direction to take 1 tablet twice a day, as needed was listed and/or initialed as being given by caregiver(s).

In an interview on 01/27/2025 at 11:03 AM when asked how often Lorazepam was given to Resident 1, Staff C, Caregiver stated that it was given 2-3 times a week. When asked if caregiver initialed Lorazepam as being given, Staff C stated that they did while looking at the medication log. When Staff C did not find their initials, Staff C stated they did not initial the ML. Staff C stated that they administered Lorazepam to Resident 1 when they had behaviors. When asked if Staff C documented the effect of the medication, Staff C stated that they did not.

In an interview on 01/27/2025 at 11:07 AM, Staff B stated that they and Staff A, Entity Representative reconciled the resident's medications "last month (12/2024)." Staff B stated that they did not have an explanation for not having Lorazepam listed on the medication log and not initialed as being given.

Medication not available:

Review of Resident 2's January 2025 pharmacy generated ML showed Omega XL (medication used to support heart health), with the direction to take 2 capsules every day, "family supply" and was initialed from 01/01/2025-1/26/2025 by caregivers as being given.

Observation on 01/27/2025 at 11:02 AM showed Resident 2's medications in a plastic bin. No Resident 2's Omega XL found in the AFH.

In an interview on 01/27/2025 at 11:14 AM, Staff B stated that the AFH reconciled the resident medications in 12/2024. Staff B stated that they called Resident 2's family with request for medication but they did not bring it. Staff B stated that caregivers were initialed Omega XL as being given to the resident, without giving it. They added that they would fix the medication system.

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 Senior Care Corp 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 388-76-10181 Background checks Employment Nondisqualifying information.

(1) If any background check results show that an employee or prospective employee has a criminal conviction or pending charge for a crime that is not disqualifying under chapter 388-113 WAC, then the adult family home must:

(a) Determine whether the person has the character, competence and suitability to work with vulnerable adults in long-term care; and

(b) Document in writing the basis for making the decision, and make it available to the department upon request.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to determine 1 of 1 staff (Staff B, Resident Manager) the character, competence and suitability (CCS) to work with 6 of 6 residents (Residents 1, 2, 3, 4, 5 and 6). The AFH also failed to document in writing the basis for the AFH's determination. These failures placed all residents at risk of cared for by the unqualified staff.

Findings included…

In interview, on 01/27/2025 at 9:32 AM, Staff B, Resident Manager, stated that they worked part time at the AFH since 2019.

Review of Staff B's records showed a hire date of 11/20/2019. Staff B's name and date-of-birth background check showed, "Information reported by one or more background check sources that requires a character, competence and suitability review."

There was no documentation whether Staff B had the CCS to work with vulnerable adults, and the basis for making the decision.

In an interview, on 01/27/2025 at 11:32 AM, Staff B and Staff A, Entity Representative, stated that they were not aware they had to have a record of a CCS review for Staff B.

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 Senior Care Corp 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 388-76-10650 Medical devices.

(2) Before a medical device with a known safety risk is used by a resident, the home must:

(a) Ensure an assessment has been completed that identifies the resident's need and ability to safely use the medical device;

(c) Ensure the resident's negotiated care plan includes how the resident will use the medical device; and

This requirement was not met as evidenced by:

Based on observation, interview and record review, the adult family home (AFH) failed to have an assessment in place that identified the need and ability to safely use [redacted] for 2 of 2 residents with [redacted] (Residents 2 and 5). In addition, the AFH failed to care planned before the use of [redacted] for 1 of 2 residents (Resident 5). These failures placed Residents 2 and 5 at risk of misuse of [redacted] or harm from entrapment and/or injury if the [redacted] were not used properly.

Findings included…

In an interview, on 01/27/2025 at 9:32AM, Staff A, Entity Representative stated that Resident 2 was totally dependent on caregivers with transfers and caregivers used a [redacted] ([redacted]) for the transfers. (redundant) Staff A stated that resident 5 needed assistance with transfer and used a wheelchair for their mobility.

During an environmental tour of the home on 01/23/2025 at 12:12 PM, observation

showed Resident 2 in their [redacted] with all four [redacted] up. Observation showed Resident 5's [redacted] with [redacted].

Review of records showed the AFH admitted Resident 2 on [redacted]/2024. Resident 2's Annual assessment, dated 01/15/2024, showed they were [redacted]/[redacted], required physical assistance with positioning in bed and total dependence with transfer. The need for [redacted] use was not included in the assessment.

Review of Resident 5's records showed the AFH admitted the resident on [redacted]/2023. Resident 5's Annual assessment, dated 12/05/2024, showed the resident required physical assistance with positioning in bed and assistance with transfer. The need for [redacted] use was not included in the assessment.

Review of Resident 5's negotiated Care Plan (NCP), dated 03/01/2024, showed the resident depended on assistance from caregivers for transfers and was unable to position self in the bed. Resident 5's NCP had not included the need for use of [redacted] and the related safety plans.

In an interview on 01/27/2025 at 12:35 PM, Staff B, Resident Manager stated that Resident 2 and 5 used [redacted] to assist with reposition themselves in bed. Staff B stated that AFH had [redacted] assessments for both residents and would forward them to the Department.

On 1/28/2025, the Department received emailed from the AFH Resident 2 and 5s' [redacted] assessment, both dated 01/28/2025 (one day after the inspection).

In an interview on 01/30/2025 at 2:15 PM, Staff B stated that they were not aware of the needs of the [redacted] assessment for the residents. Staff B stated that they thought that having residents' representatives sign the pamphlet on risk and benefit of the [redacted] use, would fulfill the requirement.

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 Senior Care Corp 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