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) 67190 (Completion Date 10/14/2025) and 65225 (Completion Date 09/17/2025).

The Department completed a follow-up inspection of your Adult Family Home on 10/14/2025 and found that you have corrected the violations listed in the Follow up report dated 09/17/2025. Your home is back in compliance as of 09/15/2025 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 388-76-10430-1, WAC 388-76-10430-2-c, WAC 388-76-10485-1, WAC 388-76-10485-3

The Department staff who did the on-site verification:
Michele Grumke, AFH Licensor

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 an unannounced on-site follow-up on 09/05/2025 of:
Six Star Senior Care Corp
31408 8th Ave S
Federal Way, WA 98003

This document references the following SOD dated: 09/17/2025

The following sample was selected for review during the unannounced on-site visit: 1 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

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

Statement of Deficiencies	License #: 754297	Compliance Determination # 65225
Plan of Correction	Six Star Senior Care Corp	Completion Date
Page 2 of 7	Licensee: Six Star Senior Care Corp	09/17/2025

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.

Residential Care Services — 09/23/2025 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) — 9/24/2025 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 ensure their medication system met all laws and rules relating to medication administration and kept an up-to-date medication log for 1 of 1 resident (Resident 2). This failure placed Resident 2 at risk of worsening conditions from medication errors.

Findings included...

During a visit on 09/05/2025 at 2:19 PM, observation showed Resident 2 lived in and received care from the AFH. Further observation showed Staff D, Caregiver, worked alone in the AFH with residents.

Diabetic Management

A review of Resident 2's September 2025 pharmacy generated medication log showed Resident 2 was prescribed:

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 388-76-10430 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 ensure their medication system met all laws and rules relating to medication administration and kept an up-to-date medication log for 1 of 1 resident (Resident 2). This failure placed Resident 2 at risk of worsening conditions from medication errors.

Findings included…

During a visit on 09/05/2025 at 2:19 PM, observation showed Resident 2 lived in and received care from the AFH. Further observation showed Staff D, Caregiver, worked alone in the AFH with residents.

Diabetic Management

A review of Resident 2's September 2025 pharmacy generated medication log showed Resident 2 was prescribed:

-Humalog insulin, used to treat high blood sugar, 100 units/milliliter (ml), use Sliding Scale [(S/S) Humalog S/S 0-149=0 units; 150-200=4 unit; 201-250=7 units; 251-300=10 units; 301-350=13 units; Greater than 351=16 units] based on Blood Sugar (BS) prior to meals three times a day, 8:00 AM, 12:00 PM, and 5:00 PM. Further review showed Staff D had initialed the 5:00 PM dose on 09/04/2025 and the 8:00 AM dose on 09/05/2025. In addition, on 09/05/2025 at 3:51 PM review showed there was no documentation for the 12:00 PM dose on 09/05/2025.

-Lantus Solostar, for high blood sugar, 100 units/ml, inject 60 units under the skin every morning and inject 15 units in the evening. Further review showed Staff D had initialed the 5:00 PM dose on 09/04/2025 and the 8:00 AM dose on 09/05/2025.

A review of Resident 2's September 2025 Diabetic, a disease that impacts BS, Log showed no documentation for Resident 2's morning and lunch BS, Lantus Solostar, and Humalog for 09/05/2025.

In an interview on 09/05/2025 at 3:36 PM, Staff D stated that they had documented the residents 09/05/2025 morning and lunch BS, Lantus Solostar, and Humalog on the next available line on the Diabetic log. Staff D further stated that they did not realize they had documented 09/05/2025 in the blank entry for 09/04/2025.

Further review of Resident 2's September 2025 Diabetic Log showed on 09/04/2025 the resident's documented breakfast BS was 1112 and initialed by Staff D. Further review showed Resident 2's scheduled morning dosage of Lantus Solostar was documented as 50 units and initialed by Staff D.

In an interview on 09/05/2025 at 3:37 PM, Staff D stated that Resident 2's BS was 112 not 1112. Staff D further stated that they had made a mistake when they documented Resident 2's Lantus Solostar as 50 units instead of the prescribed 60 units.

Additional review of Resident 2's Diabetic Log showed on 09/04/2025 Staff D had initialed Resident 2's bedtime Lantus Solostar 20 units.

In an interview on 09/04/2025 at 3:38 PM, showed Staff D stated that they had made a mistake when they documented Resident 2's bedtime Lantus Solostar, it should have been 15 units not 20 units. Staff D further stated that the 09/04/2025 entry on Resident 2's Diabetic Log contained the 09/05/2025 morning and lunch documentation and the 09/04/2025 bedtime Lantus Solostar.

Further review of Resident 2's September 2025 Diabetic Log showed there was no entry on 09/04/2025 for Resident 2's dinner BS, Humalog administered, and bedtime BS.

In an interview on 09/05/2025 at 3:39 PM, Staff B, Resident Manager, stated that on

09/04/2025 Resident 2 had been out of the AFH during dinner and returned in the evening. Staff B further stated that on the evening of 09/04/2025, Staff D checked Resident 2's BS, Staff B administered the resident's Lantus Solostar, and Staff D documented on Resident 2's Diabetic Log and Resident 2's September 2025 pharmacy generated medication log. In addition, Staff B said Resident 2's BS was not documented for the evening of 09/04/2025, Staff B added stated that they remembered Resident 2's BS had been 158.

In a joint interview on 09/05/2025 at 3:40 PM, Staff B and Staff D both stated they did not know which of the dates was missing on Resident 2's Diabetic Log.

Continued review of Resident 2's September 2025 Diabetic log showed the entries on 09/01/2025, 09/02/2025, 09/03/2025, and 09/04/2025, all documented Resident 2's breakfast Lantus Solostar as 50 units. Resident 2's September 2025 pharmacy generated medication log showed Lantus Solostar 60 units was required.

In an interview on 09/05/2025 at 3:45 PM, Staff B stated that the entries on Resident 2's Diabetic Log for Lantus Solostar 50 units was a mistake.

A review of Resident 2's September 2025 pharmacy generated medication log showed on 09/01/2025 the 8:00 AM and 12:00 PM dose of Humalog and 8:00 AM dose of Lantus Solostar were initialed by Staff F, Caregiver. The resident's Diabetic Log showed the morning BS, Lantus Solostar, and Humalog as well as the lunch BS and Humalog were initialed by Staff E, Caregiver. Resident 2's September 2025 pharmacy generated medication log showed on 09/02/2025 12:00 PM and 5:00 PM dose of Humalog was initialed by Staff B and the Diabetic log showed the lunch and dinner BS and Humalog was initialed by Staff F. On 09/03/2025 Resident 2's September 2025 pharmacy generated medication log showed the 5:00 PM dose of Lantus Solostar was initialed by Staff E and the Diabetic log showed the bedtime BS and Lantus Solostar were initialed by Staff H, Former Caregiver. Resident 2's 2025 pharmacy generated medication log showed on 09/04/2025 Humalog 8:00 AM and 12:00 PM dose and Lantus Solostar 8:00 AM dose were initialed by Staff H, Former caregiver and the Diabetic Log showed Resident 2's breakfast BS, Humalog administered, Lantus administered, lunch BS and Humalog administered were initialed by Staff D.

In an interview on 09/10/2025 at 4:39 PM, Staff B stated that since it was so busy at mealtime, staff prepared all resident medication at the same time. Staff B further stated that staff placed each resident's medication cup on their meal tray and provided it to the resident. In addition, Staff B stated that staff were trained to pay close attention to the resident's during meals. Staff B further stated that staff initialed resident medication logs approximately 30 minutes after providing medication at mealtime. Additionally, Staff B stated that for bedtime medications, staff signed the resident's medication log immediately after providing the medication to the resident.

Review of email correspondence received by the department on 09/12/2025 at 4:05 PM from Staff B showed Resident 2's Lantus Solostar was given at 8:00 PM on

09/01/2025, per primary care provider order. Review further showed the pharmacy had made a mistake on Resident 2's pharmacy generated medication log and listed 5:00 PM instead of 8:00 PM.

Amlodipine Besylate

A review of Resident 2's September 2025 pharmacy generated medication log showed Resident 2 was prescribed Amlodipine Besylate, for high Blood Pressure (BP), 10 milligram (mg), take 1 tablet by mouth once daily. Hold for Systolic BP [(SBP), the amount of pressure in arteries when the heart beats] less than 100. Further review showed initialed entries for the 8:00 AM dose from 09/01/2025-09/05/2025.

A review of the AFH's " Vital Signs Log" showed no resident name. The AFH's "Vital Signs Log" was provided to department staff when a request was made for Resident 2's BP log. Review of Resident 2's Vital Signs Log showed no recorded BP entry for 09/01/2025 and 09/02/2025. In addition, review showed on 09/03/2025 Resident 2's BP was not recorded in the morning when Amlodipine Besylate was provided and was recorded for bedtime when the medication was not required.

In an interview on 09/05/2025 at 4:10 PM, Staff B stated that they did not know why Resident 2's vital signs were not recorded on the log for 09/01/2025, 09/02/2025, and the discrepancy for 09/03/2025. Staff B further stated that staff recorded resident vital signs on pieces of paper and transfer the information onto the resident's log later. In addition, Staff B stated that they were unable to locate any staff notes or reach the staff by phone concerning the missing vital signs for 09/01/2025, 09/02/2025, and the discrepancy on 09/03/2025.

This is an uncorrected deficiency previously cited on 08/19/2025.

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) 9/15/2025 .

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

Provider (or Representative) Date 9/24/2025

09/01/2025, per primary care provider order. Review further showed the pharmacy had made a mistake on Resident 2's pharmacy generated medication log and listed 5:00 PM instead of 8:00 PM.

Amlodipine Besylate

A review of Resident 2's September 2025 pharmacy generated medication log showed Resident 2 was prescribed Amlodipine Besylate, for high Blood Pressure (BP), 10 milligram (mg), take 1 tablet by mouth once daily. Hold for Systolic BP [(SBP), the amount of pressure in arteries when the heart beats] less than 100. Further review showed initialed entries for the 8:00 AM dose from 09/01/2025-09/05/2025.

A review of the AFH's " Vital Signs Log" showed no resident name. The AFH's "Vital Signs Log" was provided to department staff when a request was made for Resident 2's BP log. Review of Resident 2's Vital Signs Log showed no recorded BP entry for 09/01/2025 and 09/02/2025. In addition, review showed on 09/03/2025 Resident 2's BP was not recorded in the morning when Amlodipine Besylate was provided and was recorded for bedtime when the medication was not required.

In an interview on 09/05/2025 at 4:10 PM, Staff B stated that they did not know why Resident 2's vital signs were not recorded on the log for 09/01/2025, 09/02/2025, and the discrepancy for 09/03/2025. Staff B further stated that staff recorded resident vital signs on pieces of paper and transfer the information onto the resident's log later. In addition, Staff B stated that they were unable to locate any staff notes or reach the staff by phone concerning the missing vital signs for 09/01/2025, 09/02/2025, and the discrepancy on 09/03/2025.

This is an uncorrected deficiency previously cited on 08/19/2025.

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 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 resident's (Resident 2) refrigerated medication was stored in locked storage. This failure placed all ambulatory residents' (Residents 1, 4, and 5) at risk of accessing and taking medication not prescribed for their use.

Findings included…

During a visit on 09/05/2025 at 2:19 PM, observation showed Residents 1, 4, and 5 lived in and received care from the AFH.

On 09/05/2025 at 2:29 PM observation showed a rectangular metal storage container with a code lock in the door of the AFH's refrigerator in the kitchen. Observation further showed department staff was able to open the storage container without entering a code. In addition, observation showed 2 Humalog Insulin, for the treatment of high blood sugar pen syringe (a device to administer insulin injection) for Resident 2 inside the storage container.

In an interview on 09/05/2025 at 2:30 PM, Staff B, Resident Manager, stated that Staff D must have left the storage container unlocked after providing insulin to Resident 2. Staff B further stated that Residents 1, 4, and 5 ambulated independently with the use of a walker.

This is an uncorrected deficiency previously cited on 08/19/2025 for subsection (3).

Statement of Deficiencies	License #: 754297	Compliance Determination # 65225
Plan of Correction	Six Star Senior Care Corp	Completion Date
Page 7 of 7	Licensee: Six Star Senior Care Corp	09/17/2025

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) 9/16/2025 .

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

Provider (or Representative) Date 9/24/2025

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

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 #: 754297	Compliance Determination # 63334
Plan of Correction	Six Star Senior Care Corp	Completion Date
Page 1 of 13	Licensee: Six Star Senior Care Corp	08/19/2025

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 and complaint investigation on 07/29/2025 and 08/04/2025 of:
Six Star Senior Care Corp
31408 8th Ave S
Federal Way, WA 98003

This document references the following complaint numbers: 188648.

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Michele Grumke, AFH Licensor

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

Statement of Deficiencies	License #: 754297	Compliance Determination # 63334
Plan of Correction	Six Star Senior Care Corp	Completion Date
Page 2 of 13	Licensee: Six Star Senior Care Corp	08/19/2025

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.

Residential Care Services

8-19-2025
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)

8/22/2025
Date

WAC 388-112A-0720 What are the CPR and first-aid training requirements?

(1) Adult family homes.

(a) Adult family home applicants, providers, entity representatives, and resident managers must have and maintain a valid CPR and first-aid card or certificate before they obtain a license.

WAC 388-76-10130 Qualifications Provider, entity representative, and resident manager. The adult family home must ensure that the provider, entity representative on behalf of an entity provider, and resident manager have the following minimum qualifications:

(11) Obtain and keep valid cardiopulmonary resuscitation (CPR) and first-aid card or certificate as required in chapter 388-112A WAC; 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 1 staff (Staff D, Caregiver) had a valid Cardiopulmonary Resuscitation (CPR) and first-aid card or certificate. This failure placed all residents at risk of receiving incorrect care in case of medical emergencies, requiring CPR and/or first-aid occurred.

Findings included...

During a visit on 07/29/2025 at 9:16 AM, observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH. Further observation showed Staff D was the only staff working in the AFH.

A review of Staff D's personnel file showed a hire date of 07/09/2025. Further review showed Staff D's CPR/first-aid card expired on January 2025.

In an interview on 07/29/2025 at 12:15 PM, Staff A, Entity Representative, stated that they were not aware Staff D's CPR/first aid had expired.

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) 7/29/2025 .

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

Provider (or Representative) Date 8/22/2025

WAC 388-76-10165 Background checks Washington state name and date of birth background check Valid for two years National fingerprint background check Valid indefinitely.

(1) A Washington state name and date of birth background check is valid for two years from the initial date it is conducted. The adult family home must ensure:

(a) A new DSHS background authorization form is submitted to the department's background check central unit every two years for each individual listed in WAC 388-76-10161 ;

(b) There is a valid Washington state background check for all individuals listed in WAC 388-76-10161 .

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 1 staff (Staff D, Caregiver) had a valid Washington state name and date of birth Background Inquiry (BGI). In addition, the AFH failed to ensure a new background check authorization form was submitted to the background check unit for Staff D. This failure placed all residents at risk of harm from staff with an unknown current criminal background.

Findings included...

During a visit on 07/29/2025 at 9:16 AM, observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH. Further observation showed Staff D worked

alone with the residents in the AFH.

A review of Staff D's personnel records showed a hire date of 07/09/2025. Further review showed Staff D's BGI had expired on 07/13/2025.

In an interview on 07/29/2025 at 12:15 PM, Staff A, Entity Representative, stated that Staff D had been hired and worked in the other AFH owned by Staff A and recently transferred to this home. In addition, Staff A stated that they were not aware Staff D's BGI had expired. Staff A further stated they would check their records as they may have another BGI for Staff D and send it to the department.

Faxed records received by the department on 08/01/2025 at 4:59 PM from Staff A showed a BGI for Staff D dated 08/01/2025. Further review showed that Staff D's BGI dated 08/01/2025 showed they had disqualifying information that the applicant could not have unsupervised access to vulnerable adults. In addition, records showed Staff D's initial BGI was completed before the disqualifying crime occurred.

In an interview on 08/04/2025 at 11:07 AM, Staff A stated that Staff D was terminated immediately when their BGI showed the disqualifying information.

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) 8/1/2025 .

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

Provider (or Representative) 8/22/2025 Date

WAC 388-76-10195 Adult family home Staff Generally. The adult family home must ensure:

(1) When one or more residents are in the home, enough staff are available in the home to meet the needs of each resident, except as provided in WAC 388-76-10200 ;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to ensure enough staff were available in the home to meet the needs of 1 of 1 resident

(Resident 4). This failure placed Resident 4 at risk of harm or serious injury in the event of an emergency requiring evacuation from the AFH occurred and placed Resident 4 at risk of unmet care needs.

Findings included...

During a visit on 07/29/2025 at 9:16 AM, observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH. Further observation showed Staff D, Caregiver, worked alone in the AFH.

In an interview on 07/29/2025 at 9:52 AM, Staff A, Entity Representative, stated that Resident 4 had a [redacted], to safely transfer residents from one place to another, and required 2 staff for transfers. Staff A further stated that they owned another AFH down the street and could be at this AFH in 2 minutes to assist in any caregiving needs that required 2 staff.

In an interview on 07/29/2025 at 9:54 AM, Staff C, Caregiver, stated that in an emergency 1 staff could navigate the [redacted] and get Resident 4 safely out of bed.

In an interview on 07/29/2025 at 10:14 AM, Staff A stated that Staff D worked part time and lived in the AFH when they worked.

In an interview on 07/29/2025 at 11:32 AM, Collateral Contact (CC1) stated that they had been visiting the home for over a year on a regular basis. CC1 further stated that they had observed 1 staff in the AFH during their visits. In addition, CC1 stated that due to resident transfers, there should be 2 staff on duty.

In an interview on 08/06/2025 at 11:01 AM, Collateral Contact 2 (CC2) stated that since the AFH only had 6 residents they had 1 staff on shift. CC2 further stated that they had a meeting scheduled with Staff A who wanted to move Resident 4 to their other AFH which had 2 staff on shift.

A review of Resident 4's current Annual Assessment dated 06/11/2025 showed Resident 4 required 2 person assistance with transfers, repositioning, and toileting.

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) 9/29/2025 .

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

Provider (or Representative) 8/22/2025 Date

WAC 388-76-10355 Negotiated care plan. The adult family home must use the resident assessment and preliminary care plan to develop a written negotiated care plan. The home must ensure each resident's negotiated care plan includes:

(3) When and how the care and services will be provided;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to include in 1 of 1 resident (Resident 4) Negotiated Care Plan (NCP) the number of staff required to assist Resident 4 with transfers, repositioning, and toileting. This failure placed Resident 4 at risk of unmet care needs.

Findings included...

During a visit on 07/29/2025 at 9:16 AM, observation showed Resident 4 lived in and received care from the AFH. Observation further showed Staff D, Caregiver, worked alone in the AFH with the residents.

In an interview on 07/29/2025 at 9:52 AM, Staff A, Entity Representative, stated that Resident 4 had a [redacted], to safely transfer residents from one place to another, and required 2 staff for transfers. Staff A further stated that they owned another AFH down the street and could be at this AFH in 2 minutes to assist in any caregiving needs that required 2 staff.

In an interview on 07/29/2025 at 10:14 AM, Staff A stated that Staff D worked part time and lived in the AFH when they worked.

A review of Resident 4's current Annual Assessment dated 06/11/2025 showed Resident 4 required 2-person assistance with transfers, repositioning, and toileting.

A review of Resident 4's 02/02/2025 NCP showed Resident 4 was admitted to the AFH on [redacted]/2024. Resident 4's NCP further showed staff were to complete transfers of Resident 4 with a [redacted], reposition Resident 4 while in bed, and assist Resident 4 with toileting. Resident 4's NCP showed no information that 2 staff were required to assist Resident 4 with transfers, repositioning, or toileting.

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) 8/6/2025.

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

Provider (or Representative) 8/22/2025 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 ensure their medication system met all laws and rules regarding medication administration for 1 of 2 residents (Resident 2) when medication was provided to the resident without an order from the resident's Primary Care Physician (PCP). In addition, the AFH failed to keep 2 of 2 residents' (Resident 2 and Resident 4) medication logs current. This failure placed Resident 2 at risk of worsening of condition and placed Resident 2 and Resident 4 at risk of medication errors.

Findings included...

Resident 2

On 07/29/2025 at 2:07 PM observation showed Resident 2 had a bottle of Refresh (for dry eyes) and Systane (for dry eyes) eye drops with their medication.

A review of Resident 2's July 2025 pharmacy generated medication log showed no entry for Refresh or Systane eye drops.

In an interview on 07/29/2025 at 2:09 PM, Resident 2 stated that they were currently using both Refresh and Systane. Resident 2 further stated that staff administered the eye drops in the morning.

In an interview on 07/29/2025 at 2:10 PM, Staff A, Entity Representative, stated that they were not sure why Resident 2's Refresh or Systane were not on the residents July 2025 medication log. Staff A stated that they did not have an order from Resident 2's PCP for Refresh or Systane.

Resident 4

On 08/04/2025 at 2:33 PM, a skin assessment of Resident 4's perineal area, genital and anus areas by department staff showed the presence of cream.

On 08/04/2025 at 3:02 PM observation showed Staff A provided department staff with a tube of Phytoplex Z-Guard Paste Protectant (for treatment and prevention of skin irritation).

In an interview on 08/04/2025 at 3:00 PM, Staff A stated that they applied Phytoplex Z-Guard Paste Protectant to Resident 4's perineal area every 2-3 weeks as needed.

A review of Resident 4's July 2025 and August 2025 pharmacy generated medication log showed no entry for Phytoplex Z-Guard Paste Protectant.

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) 8/4/2025 .

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

Provider (or Representative) 8/22/2025 Date

WAC 388-76-10485 Medication storage. The adult family home must ensure all prescribed and over-the-counter medications are stored:

(1) In locked storage;

(3) Appropriately for each medication, such as if refrigeration is required for a medication and the medication is kept in refrigerator in locked storage.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 resident (Resident 2) medication remained in locked storage. This failure placed all ambulatory residents' (Resident 1 and Resident 5) at risk of accessing and taking medication not prescribed for their use.

Findings included...

During a visit on 07/29/2025 at 9:16 AM, observation showed Residents 1, 2, and 5 lived in and received care from the AFH. Observation further showed Resident 1 and Resident 5 both ambulated independently with the use of a walker. In addition, observation showed Staff D, Caregiver, worked alone in the AFH.

On 07/29/2025 at 9:18 AM, observation showed Resident 2 was seated in a wheelchair at the kitchen table. Further observation showed an unsupervised open nylon bag with 2 insulin (for blood sugar) pens on the kitchen table near Resident 2.

In an interview on 07/29/2025 at 9:19 AM, Staff D stated that they had been providing insulin to Resident 2 when department staff rang the doorbell and they had left the bag on the table.

On 07/29/2025 at 11:23 AM observation showed a metal storage box with a key lock in

the refrigerator. Further observation showed department staff opened the box without the use of a key. In addition, the contents of the container showed three insulin pens Humalog (for blood sugar) 100 unit/milliliter, use sliding scale, amount of insulin to provide, based on blood sugar for Resident 2.

In an interview on 07/29/2025 at 11:24 AM, Staff C, Caregiver, stated that Staff D had forgotten to lock the storage box.

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) 7|29|2025 .

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

Provider (or Representative) Date 8|22|2025

WAC 388-76-10490 Medication disposal Written policy Required.

(2) The adult family home must develop and implement a written policy addressing the safe disposal of resident medications that have been discontinued, have expired, or were refused by the resident. The policy must:

(b) Address the safe disposal of medications for current residents, deceased residents, and residents who have discharged from the facility; and

(i) For current residents the facility must safely dispose of discontinued medications, expired medications, and refused medications within 30 calendar days of discontinuation, expiration, or resident refusal;

This requirement was not met as evidenced by:

Based on observation, interview, and record review, the Adult Family Home (AFH) failed to dispose of 1 of 1 resident (Resident 4) expired medication within 30 days of expiration. This failure placed Resident 4 at risk of worsening condition.

Findings included...

Emailed records received on 08/09/2025 at 12:48 PM from Staff A, Entity Representative, revealed the AFH's undated "Disposal of Medication" policy showed

expired medication would be sent to the pharmacy within 30 days of expiration.

On 08/04/2025 at 2:33 PM, a skin assessment of Resident 4's perineal area, genital and anus areas, by department staff showed the presence of cream.

On 08/04/2025 at 3:02 PM observation showed Staff A provided department staff a tube of Phytoplex Z-Guard Paste Protectant with an expiration date of January 2023.

In an interview on 08/04/2025 at 3:00 PM, Staff A stated that they had applied Phytoplex Z-Guard Paste Protectant to Resident 4's perineal area earlier in the day and every 2-3 weeks as needed.

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) 8/4/2025 .

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

Provider (or Representative) 8/22/2025 Date

WAC 388-76-10895 Emergency evacuation drills Frequency and participation.

(2) The adult family home must conduct:

(a) Partial emergency evacuation drills which occur during random staffing shifts at least every sixty days, with each resident participating in at least one each calendar year;

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 1 AFH provider completed emergency evacuation drills during random staffing shifts. This failure placed all residents' (Residents 1, 2, 3, 4, and 5) at risk of harm or injury in the event an emergency requiring evacuation from the AFH occurred.

Findings included...

During a visit on 07/29/2025 at 9:16 AM, observation showed Residents 1, 2, 3, 4, and 5 lived in and received care from the AFH. Further observation showed Staff D, Caregiver, worked alone in the AFH. In addition, observation showed Resident 1 and Resident 5 both ambulated independently with the use of a walker, Resident 2 and Resident 3 required staff assistance to propel their wheelchair, and Resident 4 was [redacted], used a [redacted], safely transfers a person from one place to another, and required staff assistance to propel their wheelchair.

In an interview on 07/29/2025 at 9:52 AM, Staff A, Entity Representative, stated that Residents 1, 2, 3, and 5 required 1 person staff assistance with transfers.

In an interview on 07/29/2025 at 10:14 AM, Staff A stated that Staff D worked part time and lived in the AFH when they worked.

A review of the AFH's "Emergency Evacuation Drill" logs showed an evacuation drill was conducted on 07/08/2025 from 9:05 AM-9:08 AM. Review further showed an evacuation drill was completed on 05/08/2025 from 8:35 AM-8:38 AM. In addition, a drill was completed on 03/08/2025 from 8:30 AM-8:33 AM. Review showed on 01/10/2025 an evacuation drill was conducted from 8:00 AM-8:02 AM. Review showed on 11/13/2024 an evacuation drill was conducted from 8:30 AM-8:33 AM. Further review showed on 09/14/2024 an evacuation drill was conducted from 8:15 AM-8:18 AM. Review showed on 07/15/2024 an evacuation drill was conducted from 8:25 AM-8:28 AM. In addition, review showed Staff D had not completed an evacuation drill.

In an interview on 07/29/2025 at 12:40 PM, Staff A stated that they were not aware evacuation drills were required to be completed on random staffing shifts.

A review of Staff D's personnel records showed a hire date of 07/09/2025.

In an interview on 07/29/2025 at 4:10 PM, Staff C, Caregiver, stated that new staff were trained on the AFH's emergency procedures when hired. Staff C further stated that they walked new staff through the home explaining how to do an evacuation drill and where the meeting place outside the AFH was located. In addition, Staff C stated that the AFH completed evacuation drills every 60 days. Staff C further stated that they did not want to put the residents through the noise and stress that goes along with an emergency evacuation drill if it was not necessary. Staff C stated that they waited until the next evacuation drill was due to include new staff in the drill.

Statement of Deficiencies	License #: 754297	Compliance Determination # 63334
Plan of Correction	Six Star Senior Care Corp	Completion Date
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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) 7/30/2025 .

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

Provider (or Representative) 8/22/2025 Date