STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
3906-172nd St NE, Suite #100, Arlington, WA 98223

FAIRMONT MANOR CARE CENTER INC

FAIRMONT MANOR CARE CENTER INC
PO BOX 1808
WOODINVILLE, WA 98072

RE: FAIRMONT MANOR CARE CENTER INC License # 752407

Dear Provider:

This letter addresses Compliance Determination(s) 68517 (Completion Date 11/10/2025) and 61715 (Completion Date 07/09/2025).

The Department completed a follow-up inspection of your Adult Family Home on 11/10/2025 and found that you have corrected the violations listed in the Complaint report dated 07/09/2025. Your home is back in compliance as of 07/10/2025 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 388-76-10025-1, WAC 388-76-10025-2, WAC 388-76-10025-3, WAC 388-76-10025-4, WAC 388-76-10025

The Department staff who did the on-site verification:
Megan Wylie, Licensor

If you have any questions, please contact me at (206)348-9350.

Sincerely,

Nicholette Flynn, AFH Field Manager
Region 2, Unit B
Residential Care Services

This document was prepared by Residential Care Services for the Locator website.

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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 complaint investigation on 06/26/2025 of:

FAIRMONT MANOR CARE CENTER INC
112 N 39TH PL
MOUNT VERNON, WA 98273

This document references the following complaint number(s): 181025

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

The department staff that investigated the Adult Family Home:

Megan Wylie, Licensor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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

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 388-76-10025 License annual fee.

(1) The adult family home must pay the license fee that is established in the state's operating budget, as described in RCW 70.128.060 .

(2) Each year, the home's annual license fee is due during the same month in which the home was initially licensed. For example, if the home was licensed in June, 2010, then the annual licensing fee will be due in June of each year.

(3) The home must ensure that the department receives the annual license fee when it is due.

(4) If the home does not pay the fee when it is due, the department will impose remedies.

This requirement was not met as evidenced by:

Based on interview and record review, the adult family home (AFH) failed to ensure the Department received the annual licensing fee as required. This failure placed 5 of 5 residents (Resident 1, 2, 3, 4, and 5) at risk of living in a home that had not paid its annual licensing fees.

Findings included…

Review of the Department’s electronic records in the Secure Tracking and Reporting System (STARS), on 06/26/2025, showed the AFH was licensed on 04/15/2013. The AFH annual licensing fee was due every year on April 15.

Review of STARS, on 06/26/2025, showed a past due AFH licensing fee balance of $1,350.00.

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During an interview, on 06/26/2025 at 1:16 PM, Staff A (Provider) stated that they had recently changed banks and forgot to add the auto payment for the licensing fee.

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, FAIRMONT MANOR CARE CENTER INC 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

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