STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING 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) 78448 (Completion Date 06/09/2026) and 74701 (Completion Date 03/26/2026).

The Department completed a follow-up inspection of your Adult Family Home on 06/09/2026 and found that you have corrected the violations listed in the Follow up report dated 03/26/2026. Your home is back in compliance as of 03/24/2026 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 388-76-10380-1, WAC 388-76-10380-2, WAC 388-76-10380-4

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

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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

HOME AND COMMUNITY LIVING ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 03/23/2026 of:
FAIRMONT MANOR CARE CENTER INC
112 N 39TH PL
MOUNT VERNON, WA 98273

This document references the following SOD dated: 03/26/2026

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:

Megan Wylie, Licensor

From:
DSHS, Home and Community Living Administration
Residential Care Services, Region 2 , Unit B
3906-172nd St NE, Suite #100
Arlington, WA 98223

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

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 388-76-10380 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:

(1) After an assessment for a significant change in the resident's physical or mental condition;

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

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 resident (Resident 4) had a Negotiated Care Plan (NCP) that addressed the resident's needs or preferences. This failure placed Resident 4 at risk of unmet and unrecognized care needs.

Findings included…

Record review showed the AFH admitted Resident 4 on [redacted]/2018. Record review of Resident 4's assessment, dated 02/17/2026, showed that Resident 4 had an indwelling catheter (a flexible tube inserted into the bladder to continuously drain urine into an external collection bag) that required staff to assist with emptying the collection bag and maintaining the catheter's cleanliness.

Record review showed the NCP was last signed and dated by Resident 4 and Staff A (Provider) on 02/10/2026. The NCP stated Resident 4 required assistance from "AFH Staff, Clinic/Practitioner's office, (urine collection) bag change every 2 weeks, monthly

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change." The NCP did not have any caregiver instructions for Resident 4's catheter care, such as emptying the collection bag and how to maintain cleanliness.

Staff A did not respond to the Department's emails dated 03/18/2026, 03/23/2026 and 03/24/2026 or phone calls dated 03/26/2026, and 03/30/2026.

In an interview on 04/01/2026 at 9:25 AM, Staff B (Caregiver) stated they empty the collection bag two to three times a day and ensure the physician is notified if the urine turns cloudy or changes.

This is an uncorrected citation previously cited on 12/31/2025 for subsection (1)(2) only.

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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STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

3906-172nd St NE, Suite #100, Arlington, WA 98223

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 11/05/2025 of:

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

This document references the following complaint number(s): 199643

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 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

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

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 388-76-10380 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:

(1) After an assessment for a significant change in the resident's physical or mental condition;

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

(4) At least every twelve months.

This requirement was not met as evidenced by:

Based on record review, observation, and interview, the Adult Family Home (AFH) failed to ensure 1 of 1 sampled resident (Resident 4) had a Negotiated Care Plan (NCP) that was reviewed and updated at least every twelve months or when the resident's needs or preferences have changed. This failure placed Resident 4 at risk of unmet and unrecognized care needs.

Findings included…

Record review showed the AFH admitted Resident 4 on [redacted]/2018. Record review showed the NCP was last signed and dated by Resident 4 and Staff A on 09/02/2023. Resident 4's NCP showed it was last updated by Staff A (Provider) on 07/19/2024. The NCP was more than one year and four months overdue for review and update.

Observation on 11/05/2025 at 10:54 AM, showed Resident 4 laying in their bed, in their bedroom. Resident 4 had a catheter that drained urine from their bladder into a collecting bag hanging on the side of the bed.

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During an interview on 11/05/2025 at 10:54 AM, Staff B (Caregiver) explained how they provided care for Resident 4's catheter.

Review of Resident 4's NCP, dated 07/19/2024, did not have any instructions for caregivers on catheter care.

During an interview on 12/31/2025 at 3:58 PM, Staff A (Resident Manager) stated that they were not aware that Resident 4's care plan had not been updated.

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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