STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HOME AND COMMUNITY LIVING ADMINISTRATION
20425 72nd Avenue S, Suite 400, Kent, WA 98032

Fairwood Senior Home LLC

Fairwood Senior Home LLC
16016 SE 167th Pl
Renton, WA 98058

RE: Fairwood Senior Home LLC License # 755815

Dear Provider:

This letter addresses Compliance Determination(s) 71547 (Completion Date 02/12/2026) and 67673 (Completion Date 11/19/2025).

The Department completed a follow-up inspection of your Adult Family Home on 02/12/2026 and found that you have corrected the violations listed in the Full report dated 11/19/2025. Your home is back in compliance as of 11/22/2025 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 388-76-10165-1, WAC 388-76-10165-1-a, WAC 388-76-10165-1-b, WAC 388-76-10181-1, WAC 388-76-10181-1-a, WAC 388-76-10181-1-b, WAC 388-76-10285-1

The Department staff who did the on-site verification:
Karen Beardsley, NCI

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

Sincerely,

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

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

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 10/22/2025 of:
Fairwood Senior Home LLC
16016 SE 167th Pl
Renton, WA 98058

The following sample was selected for review during the unannounced on-site visit: 1 of 4 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Karen Beardsley, NCI

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

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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 388-76-10165 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 interview and record review, the Adult Family Home failed to ensure there was a valid Washington State Name and Date of Birth (WNDOB) background check for 1 of 4 staff (Staff C, Caregiver). This placed residents at potential risk of harm from caregivers with an unknown criminal background history.

Findings included…

Record review of Staff C's orientation and employment records dated 09/16/2023 showed they were hired on 09/16/2023.

Record review of Staff C's WNDOB background check dated 09/16/2023 showed it

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expired on 09/16/2025. No recent background checks were found for Staff C.

On 10/22/2025 at 10:54 AM, during an interview, Staff A, Provider, stated that they did not realize the background check was expired and that they would run it soon.

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, Fairwood Senior Home LLC 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 ensure 1 of 4 staff (Staff C, Caregiver) had completed a character, competence and suitability (CCS) review following a background check result which showed a criminal conviction that was not disqualifying. This placed residents at potential risk of harm from a caregiver without suitability review.

Findings included…

Record review of Staff C's orientation and employment records dated 09/16/2023

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showed they were hired on 09/16/2023.

Record review of Staff C's Washington state name and date of birth background check dated 09/16/2023 showed they had a non-disqualifying conviction which required a CCS review.

On 10/22/2025 at 10:54 AM, during an interview, Staff A, Provider, stated that they did not realize they needed to do any review as they were very familiar with the details of Staff C's history, and they had no concerns regarding their employment. Staff A stated that they would complete the review as soon as possible.

On 10/30/2025 at 10:09 AM, Department Staff received a fax communication from Staff A which included the completed CCS review for Staff C dated 10/27/2025.

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, Fairwood Senior Home LLC 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 388-76-10285 Tuberculosis Two step skin testing. Unless the person meets the requirement for having no skin testing or only one test, the adult family home, choosing to do skin testing, must ensure that each person has the following two-step skin testing:

(1) An initial skin test within three days of employment; and

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure 2 of 4 staff (Staff A, Provider and Staff B, Co-Provider) completed Tuberculosis (TB) testing within three days of employment. This placed all the residents living in the home at potential risk of exposure to tuberculosis.

Findings included…

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The Department record titled Provider Summary, dated 10/20/2025, showed AFH license effective date of 08/29/2022.

Record review of Staff A's TB testing records dated 04/13/2023 showed that they had a TB skin test administered on 04/10/2023 which was negative on 04/13/2023 and their next TB skin test was administered 05/28/2025 which was negative on 5/30/2025.

On 10/22/2025 at 12:58 PM, during an interview, Staff A stated that when they had started the home, they had not realized that they needed TB testing within three days of their license effective date.

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, Fairwood Senior Home LLC 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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