



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Aging and Disability Services
Aging and Long-Term Support Administration
PO Box 45600, Olympia, WA 98504-5600

February 4, 2015

CERTIFIED MAIL 7008 1300 0000 7160 5987

Licensee, Fairmont Manor Care Center Inc.
Fairmont Manor Care Center
PO Box 1808
Woodinville, WA 98072

Adult Family Home License #**752295**
Entity Representative: Maria Fuertes

IMPOSITION OF CONDITIONS ON A LICENSE

Dear Licensee:

On December 22, 2014, the Department of Social and Health Services (DSHS), Residential Care Services completed an inspection/investigation at your facility. This letter is formal notice of the imposition of conditions on the license for your adult family home, located at **1402 Fowler Street, Mount Vernon**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code (WAC) 388-76-10940.

The conditions are based on the following violations of the RCW and/or WAC determined by the department in your adult family home and described in the attached Statement of Deficiencies (SOD) report dated **December 22, 2014**.

WAC 388-76-10250(1)(b)(i) – Medical emergencies—Contacting emergency medical services—Required.

The licensee failed to develop and implement a policy and procedure for medical emergencies.

WAC 388-76-10430(1) – Medication system.

The licensee failed to ensure a medication system was in place for five residents.

WAC 388-112-01961 – What knowledge and skills must specialized diabetes nurse delegation training include?

The licensee failed to ensure one staff was trained to care for one resident with diabetes.

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NOTE: These are the violations which resulted in the conditions on the license; see the attached Statement of Deficiencies for any additional violations.

The department has determined that the following conditions shall be placed on your adult family home license:

- ***The licensee must hire, at the licensee's expense, a nurse consultant to assist the licensee develop and implement a safe medication, and a safe diabetic management system. The system will include, but not limited to:***
 1. ***Monitoring of blood sugar results;***
 2. ***Documenting medications and blood sugars;***
 3. ***Determining when physicians should be consulted;***
 4. ***Developing a diabetic negotiated care plan;***
 5. ***Educating staff on signs and symptoms of diabetic emergencies and responses;***
 6. ***Ensuring medications are given as prescribed; and***
 7. ***Ensuring accurate medication records.***
 8. ***All staff is trained.***
- ***Licensee must provide the trainer with a copy of the December 22, 2014 Statement of Deficiencies (SOD).***
- ***The nurse consultant must be obtained by February 13, 2015.***
- ***The nurse consultant must be available to the department to answer questions.***
- ***The licensee must post this Notice of Conditions of Operation, with the license, in a visible location in a common use area.***

The effective date of the conditions on your license is **February 4, 2015**. As provided in RCW 70.128.162(b), WAC 388-76-10990 (6), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

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Attestation (Plan of Correction):

Return the enclosed SOD within 10 calendar days with the following:

- The date you have or will have each deficiency corrected;
- A signature and date attesting that you are taking actions to correct and maintain correction for each cited deficiency.

Return the signed and dated SOD to:

Kay Randall, Field Manager
Region 2, Unit B
3906 – 172nd Street NE, Suite 100
Arlington, WA 98223
Phone: (360) 651-6872 / Fax: (360) 651-6940

Appeal Rights:

You have two appeal rights: Informal Dispute Resolution (IDR) and an Administrative Hearing. Each has a different request timeline.

Informal Dispute Resolution [RCW 70.128]

You have an opportunity to challenge the deficiencies and/or enforcement actions through the state's IDR process. **All IDR requests must be in writing and include:**

- The deficiencies you are disputing; and
- The method of review you prefer (face-to-face, telephone conference or documentation review).

The written request must be received by the 10th working day from receipt of this letter.

During the IDR process you will have the opportunity to present written and/or oral evidence to dispute the deficiencies.

Send your written request to:

Informal Dispute Resolution Program Manager
Residential Care Services
PO Box 45600
Olympia, Washington 98504-5600
Fax (360) 725-3225

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Formal Administrative Hearing

You may contest the conditions by requesting a formal administrative hearing to challenge the deficiencies which resulted in the conditions. **All hearing requests must be in writing and include:**

- A copy of this letter; and
- A copy of the Statement of Deficiencies.

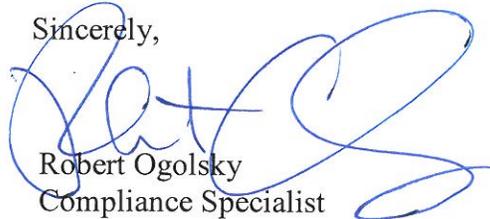
The written request must be received within twenty-eight (28) calendar days of receipt of this letter.

Send your **written** request to:

Office of Administrative Hearings
PO Box 42489
Olympia, Washington 98504-2489

If you have any questions, please contact Kay Randall, Field Manager at (360) 651-6872.

Sincerely,



Robert Ogolsky
Compliance Specialist
Residential Care Services

Enclosure

cc: Robert Ogolsky, Compliance Specialist
Field Manager, Region 2, Unit B
RCS Regional Administrator, Region 2
HCS Regional Administrator, Region 2
DDA Regional Administrator, Region 2
WA LTC Ombuds
Office of Financial Recovery, Vendor Program Unit
Valentina Karnafel, HCS
NDL