



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 26, 2014

**VERBAL NOTIFICATION AND CERTIFIED MAIL**

**7008 1300 0000 7187 6042**

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

Adult Family Home License #752407  
Entity Representative: Maria Fuertes

**STOP PLACEMENT ORDER PROHIBITING ADMISSIONS  
AND CONDITIONS ON A LICENSE**

Dear Licensee:

On February 12, 2014, the Department of Social and Health Services (DSHS), Residential Care Services completed investigation at your facility. This letter constitutes formal notice of the imposition of a stop placement order prohibiting admissions for your adult family home, located at 112 N. 39<sup>th</sup> Place, 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 stop placement order and conditions on the license is based on the following violations of the RCW and/or WAC found by the department in your adult family home, described in the attached Statement of Deficiencies (SOD) report dated **February 12, 2014**.

**Stop Placement Order Prohibiting Admissions**

**WAC 388-76-10020(1) License—Ability to provide care and services.**

**The licensee demonstrated serious lack of understanding of her duty to comply with all Adult Family Home Minimum Licensing Requirements. The licensee failed to ensure sufficient qualified staff cared for residents living in the home, failed to ensure either the entity representative or resident manager was readily available to staff and failed to ensure the adult family home had a safe medication system for narcotic administration.**

**WAC 388-76-10035(5) License requirements—Multiple family home providers.**

**The licensee failed to ensure a responsible person for the care of all residents was available at all times.**

**WAC 388-76-10135(4-6) Qualifications—Caregiver.**

**WAC 388-76-10161(2)(a)(b) Background checks—Who is required to have.**

**WAC 388-112-0250 What is CPR training?**

**The licensee failed to ensure qualified staff provided care for four residents in the adult family home.**

**WAC 388-76-10195(3) Adult family home—Staff—Generally.**

**WAC 388-112-0035(1-7) What documentation is required for facility orientation training?**

**The licensee failed to ensure staff was oriented as required and able to meet the needs of residents in the home.**

**WAC 388-76-10430(1)(2)(a-d) Medication system.**

**The licensee failed to ensure a system was in place to ensure medications were accurately and consistently documented for a resident.**

The stop placement order prohibiting admissions to your adult family home is effective immediately upon notice to you by verbal notification on **February 26, 2014**, and certified mail receipt of this letter and the attached Statement of Deficiencies report. The stop placement order prohibiting admissions will not be postponed pending an administrative hearing or informal dispute resolution process, as is required by RCW 70.128.160(5). The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your adult family home. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Roberta Crawford, Field Manager, at (360) 651-6872.

Because it may not be possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement order prohibiting admissions.

The department will terminate the stop placement order prohibiting admissions when the violations necessitating the stop placement have been corrected and you exhibit the capacity to maintain adequate care and service.

## **Conditions on a License**

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

- *The provider must hire, at her own expense, a consultant not currently affiliated with the home and knowledgeable about Adult Family Home Minimum Licensing Requirements, to assist the provider to establish a system to ensure all staff is qualified and required paperwork is obtained, updated as appropriate, and maintained in the home.*
- *The consultant will also assist the provider to establish a system for safe medication management, including narcotic reconciliation.*
- *The consultant must be hired no later than March 5, 2014.*
- *The consultant must be provided with a copy of the February 12, 2014 Statement of Deficiencies.*
- *The consultant will be available to answer questions by the department.*
- *The licensee must post this Notice of Conditions, with the license, in a visible location in a common use area.*

These conditions are effective on **February 26, 2014**, and remain in effect until lifted by formal Department of Social and Health Services notice.

## **Attestation 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.

Send the signed and dated SOD to:

Roberta Crawford, Field Manager  
District 2, Unit B  
3906 172nd St NE  
Arlington, WA 98223  
Phone: (360) 651-6872 / Fax: (360) 651-6940

### **Appeal Rights**

You have the following appeal rights:

#### **Informal Dispute Resolution (IDR)** [RCW 70.128]

You have an opportunity to question cited deficiencies and/or state actions initiated in response to them, through the state's informal review and dispute resolution process.

**All IDR requests must be in writing.** The written request should:

- Identify the specific deficiencies that are disputed;
- Explain why you are disputing;
- Indicate the type process you prefer (face-to-face, telephone conference or documentation review); and
- Be postmarked by the 10<sup>th</sup> working day from receipt of this notice.

During the informal process you have the right to present written and/or oral evidence refuting the deficiencies. An incomplete review and dispute resolution process will not delay the effective date of any enforcement action.

To request an informal dispute resolution review, send your written request to:

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

#### **Formal Administrative Hearing:**

You may contest the stop placement order by requesting a formal administrative hearing related to the WAC/RCW's for stop placement orders. **All hearing requests must be in writing.** The Office of Administrative Hearings **must receive your written request for a hearing within twenty-eight (28) calendar days of receipt of this letter.** A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your **written** request to:

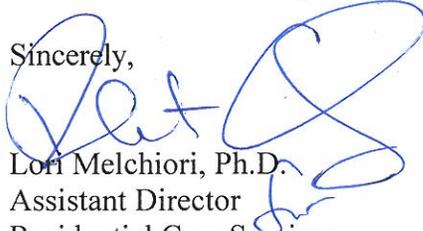
Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

If no formal administrative hearing is requested, the stop placement order is due to the Office of Financial Recovery twenty-eight (28) calendar days after receipt of this notice.

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

Sincerely,



Lori Melchiori, Ph.D.  
Assistant Director  
Residential Care Services

Enclosure

cc: Robert Ogolsky, Compliance Specialist  
Field Manager, District 2, Unit B  
RCS District Administrator, District 2  
HCS District Administrator, District 2  
DDD Regional Administrator, Region 2  
WA LTC Ombuds  
Judy Plesha, HCS  
BAM

**REQUEST FOR AN ON-SITE REVISIT WITHIN 15 WORKING DAYS**

**FACILITY:** \_\_\_ Fairmont Manor Care Center Inc. \_\_\_\_\_

**ADDRESS:** \_\_\_ 112 N. 39<sup>th</sup> Place, Mount Vernon WA 98273 \_\_\_\_\_

\_\_\_ P.O. Box 1808 Woodinville WA 98072 \_\_\_\_\_

**DATE REQUEST FAXED:** \_\_\_\_\_ **DATE MAILED:** \_\_\_\_\_

**TO:** \_\_\_ Roberta Crawford \_\_\_\_\_, Field Manager, Region 2 Unit B \_\_\_

**I believe we have corrected the violations that led to my facility/home being placed in stop placement of new admissions. I am requesting an onsite revisit within 15 working days of receipt of this letter to verify that correction(s) is complete.**

**The following steps have been taken to ensure lasting correction.**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.

\_\_\_\_\_  
**Licensee or Designee Signature**

\_\_\_\_\_  
**Date**

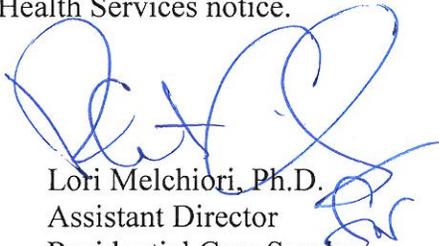
# NOTICE OF CONDITIONS ON LICENSE

February 26, 2014

Based on the Statement of Deficiencies dated February 12, 2014, the Department of Social and Health Services imposes the following conditions on the license of *Fairmont Manor Care Center, Inc., License #752407, located at 112 N. 39<sup>th</sup> Place, Mount Vernon, Washington.*

- *The provider must hire, at her own expense, a consultant not currently affiliated with the home and knowledgeable about Adult Family Home Minimum Licensing Requirements, to assist the provider to establish a system to ensure all staff is qualified and required paperwork is obtained, updated as appropriate, and maintained in the home.*
- *The consultant will also assist the provider to establish a system for safe medication management, including narcotic reconciliation.*
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Lori Melchiori, Ph.D.  
Assistant Director  
Residential Care Services