STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

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

11/15/2023

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) 32160 (Completion Date 11/06/2023) and 29000 (Completion Date 09/25/2023).

The Department completed a follow-up inspection of your Adult Family Home on 11/06/2023 and found that you have corrected the violations listed in the Full report dated 09/25/2023. Your home is back in compliance as of 10/19/2023 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 388-76-10850, WAC 388-76-10850-1, WAC 388-76-10850-2, WAC 388-76-10850-3, WAC 388-76-10685-2-b, WAC 388-76-10198-2-a, WAC 388-76-10198-3, WAC 388-76-10198-4, WAC 388-76-10475-1, WAC 388-76-10475-3-a, WAC 388-76-10191, WAC 388-76-10191-1, WAC 388-76-10191-1-a, WAC 388-76-10191-1-b, WAC 388-76-10191-2, WAC 388-76-10191-2-a, WAC 388-76-10191-2-b, WAC 388-76-10191-3, WAC 388-76-10191-4, WAC 388-76-10380-4, WAC 388-76-10015, WAC 388-76-10015-1, WAC 388-76-10015-2, WAC 388-76-10015-3, WAC 388-76-10750-1, WAC 388-76-10750-2, WAC 388-76-10320-10-a, WAC 388-76-10320-10-b, WAC 388-76-10320-10, WAC 388-76-10135-4, WAC 388-76-10532-1-a, WAC 388-76-10532-2-a, WAC 388-76-10532-2-b, WAC 388-76-10532-2-c, WAC 388-76-10532-2, WAC 388-76-10532-3

The Department staff who did the on-site verification:
Toni Bolo, Complaint Investigator

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

Sincerely,

Nicholette Flynn

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

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 the unannounced on-site full inspection on 09/01/2023 and 09/01/2023 of:

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

The following sample was selected for review during the unannounced on-site visit: 2 of 6 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Toni Bolo, Complaint Investigator
Candie Salatka, LTC Surveyor

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

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.

Violetta Flynn
Residential Care Services

9/26/2023
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 388-76-10850 Emergency medical supplies. The adult family home must:

(1) Have emergency medical supplies on-hand for the application of basic first aid during an emergency or disaster in a sufficient amount for the number of residents living in the home;

(2) Replenish the emergency medical supplies as they are used; and

(3) Have a first aid manual.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to have a fully supplied first aid kit and first aid manual in the AFH as required. This failure placed 6 of 6 residents' (Resident 1, 2, 3, 4, 5 and 6) safety at risk during an emergency or disaster.

Findings included…

During a general tour on 09/01/2023 at 10:00 AM, the AFH first aid kit was observed without a first aid manual and unreplenished medical supplies. The first aid kit showed a handful of band aids.

In an interview, on 09/01/2023 at 10:00 AM, Staff B (Resident Manager) stated that he was aware they needed a new first aid kit and a first aid kit with a first aid manual.

Attestation Statement

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

WAC 388-76-10685 Bedrooms. The adult family home must meet all of the following requirements:

(2) Ensure window and door screens:

(b) Prevent entrance of flies and other insects.

This requirement was not met as evidenced by:

Based on observation and interview, the Adult family Home (AFH) failed to have a screen in the licensed bedroom for 1 of 6 residents (Resident 2). This failure left Resident 2 with a window that did not prevent insects from entering their bedroom and a risk for decreased quality of life.

Findings included…

During a general tour on 09/01/2023 at 9:40 AM, Resident 2's bedroom showed no window screen and cobwebs on the corners of the windowsill.

In an interview, on 09/01/2023 at 9:40 AM, Staff B (Resident Manager) stated that the window screen was damaged and needed to be replaced.

Interview on 09/01/2023 at 3:01 PM, Resident 2 stated that they'd like to open their window, but the screen was missing, and they didn't want bugs to get into their room.

Attestation Statement

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

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

(3) Tuberculosis testing results.

(4) Criminal history disclosure and background check results as required.

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the current Washington State name and date of birth background check (WA BGC) results for 4 of 4 staff (Staff A, Provider, Staff B, Resident Manager, Staff C and D, Caregivers), and the national fingerprint background check (FP BGC) results for 3 of 4 staff (Staff A, C, and D) were readily available for the Department staff to review. The AFH failed to ensure 1 of 4 staff (Staff B) had tuberculosis testing results and 1 of 4 staff (Staff C) had record of food handler training in their records. These failures placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk for being cared for by and unqualified caregiver.

Findings included…

Record review of Staff A's employee file, undated, showed no record of any WA BCG and no record of FP BGC.

Record review of Staff B's employee file, dated 04/14/2013, showed no record of any WA BGC and no record of tuberculosis testing results.

Record review of Staff C's employee file, dated 11/22/2021, showed no record of FP BGC and no record of food handler training. Staff C had an undated WA BGC that showed no criminal record. Unable to determine if WA BGC was current since record was undated.

Record review of Staff D's employee file, dated 04/19/2015, showed no record of any WA BGC and no record of FP BGC.

Interview on 09/01/2023 at 3:45 PM, Staff B stated that they were not aware there were missing records from the employee files.

Attestation Statement

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

WAC 388-76-10475 Medication Log. The adult family home must:

(1) Keep an up-to-date daily medication log for each resident except for residents assessed as medication independent with self-administration.

(3) Ensure the medication log includes:

(a) Initials of the staff who assisted or gave each resident medication(s);

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to ensure the medication logs for 1 of 6 residents (Resident 1) were accurate and kept up to date. This failure placed Resident 1 at risk for medication errors.

Findings included…

Record review of Resident 1's assessment, dated 05/16/2023, showed Resident 1 was admitted to the AFH on [redacted]/2016 with multiple diagnoses. Resident 1's assessment showed they required caregiver assistance with medication management.

Record review of Resident 1's August 2023 medication log, on 09/01/2023 at 11:07 AM, showed Vitamin D3 (supplement) 25mcg (micrograms) take two tablets three times a week was not documented with caregiver initials on August 11, 18, and 25. Review of Resident 1's August 2023 medication log showed caregivers documented their initials indicating that Acetaminophen (pain medication) 325mg (milligrams) take one tablet by mouth every four hours as needed for mild pain or headaches was given on August 22. Resident 1's medication log did not show documentation on what time Acetaminophen was given, why it was given, and if the Acetaminophen was effective.

Interview on 09/01/2023 at 3:45 PM, Staff B (Resident Manager) stated that the initials for Resident 1's Vitamin D was missed due to the medication log printout was confusing. Staff B stated he was not aware that there was missing documentation for Resident 1's Acetaminophen dose on August 11.

Attestation Statement

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

WAC 388-76-10191 Liability insurance required. The adult family home must:

(1) Obtain and maintain both:

(a) Commercial general liability insurance or business liability insurance covering the adult family home; and

(b) Professional liability insurance or errors and omissions insurance covering the adult family home.

(2) Obtain the liability insurance required in subsection (1) of this section before whichever of the following events happens first:

(a) Admitting the first resident after issuance of a new adult family home license; or

(b) 10 working days have passed since the issuance of the license.

(3) Have evidence of liability insurance coverage available if requested by the department.

(4) Notify the department's complaint resolution unit if there is any lapse in required liability insurance coverage.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to maintain current liability insurance as required. This failure placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk for additional losses if the AFH had adverse events.

Findings included…

Record review of the AFH license, dated 04/15/2013, showed the AFH was licensed on that date to provide care and services up to six vulnerable adults.

Record review on 09/01/2023 at 2:00 PM, showed a certificate of liability insurance expired on 08/29/2018. Staff B (Resident Manager) had no evidence of current liability insurance coverage for the AFH.

Interview on 09/01/2023 at 3:45 PM, Staff B stated that they had trouble obtaining quotes for liability insurance since their last full inspection and were still in the process of obtaining liability insurance for the AFH. Staff B stated they had not contacted the Department's complaint resolution unit regarding the lapse in insurance coverage.

Attestation Statement

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

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:

(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 5 of 6 residents (Resident 1, 2, 3, 5 and 6) had a Negotiated Care Plan (NCP) that was reviewed and revised at least every 12 months. This failure placed Resident 1, 2, 3, 5 and 6 at risk for unmet care needs.

Findings included…

Resident 1
Record review of Resident 1's assessment dated, 05/16/2023, showed Resident 1 was admitted to the AFH [redacted]/2016 with multiple diagnoses. Resident 1's assessment showed they required caregiver assistance with activities of daily living.

Record review of Resident 1's NCP dated, [redacted]/2016, showed it was signed and reviewed on 04/26/2022 by Staff B (Resident Manager) and Resident 1. Resident 1's NCP was four months and six days overdue for review and updates.

Resident 2
Record review of Resident 2's assessment dated, 11/30/2022, showed Resident 2 was admitted to the AFH [redacted]/2020 with multiple diagnoses. Resident 2's assessment

showed they required caregiver assistance with activities of daily living.

Record review of Resident 2's NCP dated, [redacted]/2020, showed it was signed and reviewed on 04/26/2022 by Staff A (Provider) and Resident 2. Resident 2's NCP was four months and six days overdue for review and updates.

Resident 3
Record review of Resident 3's assessment dated, 11/18/2022, showed Resident 3 was admitted to the AFH on [redacted]/2018 with multiple diagnoses. Resident 3's assessment showed they required caregiver assistance with activities of daily living.

Record review of Resident 3's NCP dated, [redacted]/2018, showed it was signed and reviewed on 04/22/2022 by Staff B and on 04/26/2022 by Resident 3. Resident 3's NCP was four months and six days overdue for review and updates.

Resident 5
Record review of Resident 5's assessment dated, 01/25/2023, showed Resident 5 was admitted to the AFH on [redacted]/2018 with multiple diagnoses. Resident 5's assessment showed they required caregiver assistance with activities of daily living.

Record review of Resident 5's NCP dated, [redacted]/2018, showed it was signed and reviewed on 04/22/2022 by Staff A and Resident 5. Resident 5's NCP was four months and ten days overdue for review and updates.

Resident 6
Record review of Resident 6's assessment dated, 02/28/2023, showed Resident 6 was admitted to the AFH on [redacted]/2017 with multiple diagnoses. Resident 6's assessment showed they required caregiver assistance with activities of daily living.

Record review of Resident 6's NCP dated, [redacted]/2017, showed it was signed and reviewed on 04/26/2022 by Staff B and Resident 6. Resident 6's NCP was four months and six days overdue for review and updates.

Interview on 09/01/2023 at 3:45 PM, Staff B stated that they were not aware that Resident 1, 2, 3, 5 and 6's NCP were overdue for review and updates.

Attestation Statement

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Provider (or Representative) Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

(2) The provider is ultimately responsible for the day-to-day operation of each licensed home.

(3) The provider must promote the health, safety, and well-being of each resident residing in each licensed adult family home.

This requirement was not met as evidenced by:

Based on record review and interview, the Adult Family Home (AFH) failed to comply with the laws and regulations as required when 4 of 4 staff (Staff A, Provider, Staff B, Resident Manager, Staff C and D, Caregivers) had no record of respiratory training, respirator fit testing, and a developed respiratory protection program. These failures placed AFH residents and staff at risk for illness and infection.

Findings included…

Review of Dear Provider Letter, dated 11/05/2021, reviewed the requirements necessary in developing a respiratory protection program in Long-Term Care setting. The Dear Provider Letter listed resources to access for fit testing N95 respirators and the Washington State Department of Health website link to the Respiratory Protection Program for Long-Term Care Facilities.

Review of, Washington State Department of Health, “Respiratory Protection Program for Long-Term Care Facilities”, undated, showed healthcare employees must complete the facility’s site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Record review of Staff A’s undated employee file on 09/01/2023, showed no record of a respirator fit test.

Record review of Staff B's employee file, dated 04/14/2013, showed no record of a respirator fit test.

Record review of Staff C's employee file, dated 11/22/2021, showed no record of a respirator fit test.

Record review of Staff D's employee file, dated 04/19/2015, showed no record of a respirator fit test.

Record review of the undated AFH COVID-19 Protocol form on 09/06/2023, showed no record of a Respiratory Protection Program as required.

In an interview on 09/01/2023 at 3:45 PM, Staff B stated that they were not aware that respirator fit tests and a respiratory protection program was required.

Attestation Statement

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

WAC 388-76-10750 Safety and maintenance. The adult family home must:

(1) Keep the home both internally and externally in good repair and condition with a safe, comfortable, sanitary, and homelike environment that is free of hazards;

(2) Ensure that there is existing outdoor space that is safe and usable for residents;

This requirement was not met as evidenced by:

Based on observation and interview, the Adult Family Home (AFH) failed to maintain a clean, sanitary homelike environment and a safe, hazard free outdoor space for resident use. These failures placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) health, safety, and well-being at risk.

Findings included…

During a general tour on 09/01/2023 at 9:34 AM, Bathroom 1 presented a strong odor of urine, showed brown residue spots on the wall next to the toilet, and showed the shower and shower chair had black residue.

Observations of Resident 5 and 6's bedroom on 09/01/2023 at 9:38 AM, showed cobwebs along the corners of the bedroom.

Observations of Resident 2's bedroom on 09/01/2023 at 9:40 AM, showed a bucket of mop water and mop sitting in the closet, salsa in a reusable container on the top shelf of the closet, sticky residue on the floor, and cobwebs along the windowsill.

Observations of the AFH back patio on 09/01/2023 at 9:59 AM, showed a worn wooden porch with worn stain, fence railing was loose and not secure, and showed no outdoor furniture or seating for resident use.

Interview on 09/01/2023 at 11:46 AM, Resident 1 stated that they would like to sit outside more, but they had nowhere to sit at the back porch area.

Interview on 09/01/2023 at 3:45 PM, Staff B (Resident Manager), stated that the AFH was a rental, and they knew the home needed maintenance and repair. Staff B stated that they tried to keep Bathroom 1 clean, but the residents used it often. Staff B stated they were aware there were no chairs on the back porch.

Attestation Statement

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Provider (or Representative) Date

WAC 388-76-10320 Resident record Content. The adult family home must ensure that each resident record contains, at a minimum, the following information:

(10) A current inventory of the resident's personal belongings dated and signed by:

(a) The resident; and

(b) The adult family home.

This requirement was not met as evidenced by:

Based on observation, record review and interview, the Adult Family Home (AFH) failed to ensure 1 of 2 sampled residents (Resident 2) had a completed and signed personal belongings inventory in their resident record. This failure placed Resident 2 at risk of lost, stolen, or misplaced personal property.

Findings included…

Record review of Resident 2's record, dated [redacted]/2020, showed no personal belongings inventory list.

Interview on 09/01/2023 at 3:45 PM, Staff B (Resident Manager) stated that they were not aware Resident 2's record did not have this document and stated that when Resident 2 moved in Resident 2 had very little personal items.

Interview on 09/01/2023 at 3:01 PM, Resident 2 stated that all his belongings were in a tote in their closet.

Observations on 09/01/2023 at 3:01 PM showed a large blue tote with a lid in Resident 2's bedroom closet.

Attestation Statement

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

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(4) Has completed the training requirements in effect on the date the caregiver was hired, including the requirements applicable to the caregiver under chapter 388-112A WAC;

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 B, Resident Manager, and Staff D, Caregiver) maintained current food handling training as required and 4 of 4 staff (Staff A, Provider, Staff B, Staff C, Caregiver, and Staff D) completed 12 hours of continuing education as required. These failures placed 6 of 6 residents (Resident 1, 2, 3, 4, 5 and 6) at risk of mishandled food and care from caregivers who did not meet minimum qualifications.

Findings included…

Record review of Staff A's employee file, undated, showed Staff A had no record of the required 12 hours of continuing education.

Record review of Staff B's employee file, dated 04/14/2013, showed Staff B's food handler's card expired on 01/21/2023. Staff B's file showed no record of the required 12 hours of continuing education.

Record review of Staff C's employee file, dated 11/22/2021, showed Staff C had no record of a food handler's card and no record of the required 12 hours of continuing education.

Record review of Staff D's employee file, dated 04/19/2015, showed Staff D's food handler's card expired on 06/16/2023. Staff D's file showed no record of the required 12 hours of continuing education.

Interview on 09/01/2023 at 3:45 PM, Staff B stated that they were not aware the food handler's cards for Staff D and themselves were expired. Staff B stated that they were not aware Staff C did not have record of a food handler card in their employee file. Staff B stated that they were not aware the that the 12 hours of continuing education was due for all staff.

Attestation Statement

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

WAC 388-76-10532 Resident rights Department standardized disclosure forms.

(1) The adult family home must complete the department's standardized disclosure of services form. The home must:

(a) List on the form the scope of care and services available in the home;

(2) The adult family home must complete the disclosure of charges form as provided by the department. The home must:

(a) Provide a copy to each resident prior to or upon admission to the home;

(b) Provide a copy upon resident request; and

(c) Keep a copy that has been signed and dated by the resident in the resident's record.

(3) These forms do not replace the notice of rights and services required when a resident is admitted to the adult family home as directed in WAC 388-76-10530 .

This requirement was not met as evidenced by:

Based on interview and record review, the Adult Family Home (AFH) failed to keep a copy of the AFH's disclosure of services and disclosure of charges form signed and dated by the resident for 2 of 2 sampled residents (Resident 1 and 2). This failure placed Resident 1 and 2 at risk of not being fully informed of their rights, the care and services provided by the AFH, or the fees charged by the AFH.

Findings included…

Resident 1
Record review of Resident 1's assessment dated, 05/16/2023, showed Resident 1 was admitted to the AFH [redacted]/2016.

Record review on 09/01/2023 at 10:15 AM, showed Resident 1's record did not contain documentation of the AFH's disclosure of services and disclosure of charges form.

Resident 2
Record review of Resident 2's assessment dated, 11/30/2022, showed Resident 2 was admitted to the AFH [redacted]/2020.

Record review on 09/01/2023 at 10:15 AM, showed Resident 2's record did not contain documentation of the AFH's disclosure of services and disclosure of charges form.

Interview on 09/01/2023 at 3:45 PM, Staff B (Resident Manager) stated they were not familiar with the disclosure of services and disclosure of charges form and could not locate any copies of the forms.

Attestation Statement

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In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Provider (or Representative) _____ Date _____