

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  000102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 03/01/2016
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NAME OF PROVIDER OR SUPPLIER  BHC FAIRFAX HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND STREET KIRKLAND, WA 98034
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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L 000	<p><b>INITIAL COMMENTS</b></p> <p>State Complaint Investigation Survey</p> <p>This State psychiatric hospital administrative complaint investigation survey was conducted by Mary Wood, MN, BSN, RN on March 1, 2016, in response to complaint # 63334.</p> <p>There were no deficient findings per WAC 246-322 pertinent to this complaint.</p> <p>Shell # BBUU11</p>	L 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_