

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 04/17/2019
NAME OF PROVIDER OR SUPPLIER BHC FAIRFAX HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST KIRKLAND, WA 98034		
(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
L 000	<p>INITIAL COMMENTS</p> <p>STATE COMPLAINT INVESTIGATION</p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 Private Psychiatric and Alcoholism Hospitals regulations, conducted this health and safety investigation.</p> <p>Onsite date: 04/17/19 Case number: 2019-2909 Intake number: 89057</p> <p>The investigation was conducted by: Surveyor #27347</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following:</p> <ul style="list-style-type: none"> * The regulation number and/or the tag number; * HOW the deficiency will be corrected; * WHO is responsible for making the correction; * WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and * WHEN the correction will be completed. <p>3. Your PLAN OF CORRECTION must be returned within 10 calendar days from the date you receive the Statement of Deficiencies. PLAN OF CORRECTION DUE: MAY 2, 2019</p> <p>4. The Administrator or Representative's signature is required on the first page of the original.</p> <p>5. Return the original report with the required signatures.</p>	
L1110	<p>322-170.3D SOCIAL WORK SERVICES</p> <p>WAC 246-322-170 Patient Care Services. (3) The licensee shall provide, or arrange for, diagnostic and therapeutic services prescribed by the attending professional staff, including: (d) Social work services coordinated and supervised by a social worker with experience working with psychiatric patients, responsible for:</p> <ul style="list-style-type: none"> (i) Reviewing social work activities; (ii) Integrating social work services into the comprehensive treatment plan; 	L1110		

State Form 2567

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature] TITLE
CEO

(X6) DATE

4/29/19

STATE FORM

BMQZ11

If continuation sheet 1 of 3

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 04/17/2019
NAME OF PROVIDER OR SUPPLIER BHC FAIRFAX HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST KIRKLAND, WA 98034		
(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
L1110	<p>Continued From page 1</p> <p>and (iii) Coordinating discharge with community resources; This Washington Administrative Code is not met as evidenced by: Based on interview and document review, the hospital failed to coordinate a patient's discharge with their community case manager for 1 of 3 patient (Patient #1) records reviewed.</p> <p>Failure to coordinate patient discharges with community resources puts patients at risk for harm when they are discharged to an unsafe setting.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Review of the hospital policy titled "Discharge Process", revised 5/2018, showed that discharges were to be coordinated with community resources throughout the discharge process. 2. Review of Patient #1's record showed the hospital case manager had received a voice mail message from the community case manager (CCM) that a placement for the patient had been found. The hospital case manager did not call the community case manager back to confirm the details of the placement. <p>The patient was discharged to their home on 02/13/19.</p> <ol style="list-style-type: none"> 3. On 04/17/19 at 12:00 PM, Staff #1, a licensed nurse was interviewed. Staff #1 stated that the hospital case managers were to coordinate discharge plans with community case managers to help ensure a safe discharge plan. 3. On 04/17/19 at 1:30 PM, a community case 	L1110		

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 04/17/2019
--	--	--	---

NAME OF PROVIDER OR SUPPLIER BHC FAIRFAX HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST KIRKLAND, WA 98034
--	--

(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
L1110	Continued From page 2 manager (CCM) not associated with the hospital was interviewed. The CCM stated the hospital discharged Patient #1 to their home despite the patient being unable to care for their diabetes and their mental health issues on their own. The CCM had informed the hospital that a placement had been found for the patient on 02/05/19 and left a message on the hospital case manager's voice mail. The CCM stated that the patient had been frequently hospitalized due to not being able to manage their diabetes and their mental health medications on their own. The CCM had voiced these concerns to the hospital case manager. The hospital case manager did not talk to the CCM and did not coordinate the discharge to the care facility that had been arranged by the CCM.	L1110		

Fairfax Behavioral Health
Plan of Correction for Complaint 89057 – Due 5/2/2019

Regulation Number	Deficiency	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	How Monitored to Prevent Recurrence & Target for Compliance	Action Level Indicating Need for Change of POC
<p>WAC 246-322-170 (3)(d)</p>	<p>WAC 246-322-170 (3) (d): Social Work Services: Services. (3) The licensee shall provide, or arrange for, diagnostic and therapeutic services prescribed by the attending professional staff, including: (d) Social work services coordinated and supervised by a social worker with experience working with psychiatric patients, responsible for: (i) Reviewing social work activities; (ii) Integrating social work services into the comprehensive treatment plan; and (iii) Coordinating discharge with community resources;</p>	<p>The Discharge Policy was reviewed and no revisions required at this time.</p> <p>All Fairfax Case Managers (FCM) were retrained, in person at staff meetings to the Discharge Policy. Training focused on proper discharge planning process to include coordination of discharge with community resources. The Facility Case Manager is responsible and expected to communicate directly with the Department of Social and Health Services Community Case Manager (DSHS-CCM) when communicating changes to discharge disposition, specifically changes to patient's placement. All changes in patient's placement to Adult Family Homes and Group Homes will be coordinated by the FCM who will document all communication in the patient's medical record. If DSHS-CCM is unable to be reached, FCM will speak with a DSHS-CCM supervisor and document the supervisor's name and resulting conversation. Voicemails are not considered appropriate notification of changes to discharge disposition.</p> <p>Training was initiated immediately and completed by 5/2/2019.</p>	<p>Social Services Manager</p>	<p>5/2/2019</p>	<p>All discharge plans which require coordination with DSHS-CCM for placement will be reviewed by the Social Services Manager, prior to discharge, to ensure FCM have communicated directly with DSHS-CCM or a supervisor and that communication is documented.</p> <p>All deficiencies will be corrected immediately to include staff retraining and disciplinary action as needed. Aggregated data will be reported to Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly.</p>	<p>< 100%</p>

Fairfax Behavioral Health
Plan of Correction for Complaint 89057 – Due 5/2/2019

Regulation Number	Deficiency	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	How Monitored to Prevent Recurrence & Target for Compliance	Action Level Indicating Need for Change of POC
					Target for compliance is 100%	

By submitting this Plan of Correction, the Fairfax Behavioral Health does not agree that the facts alleged are true or admit that it violated the rules. Fairfax Behavioral Health submits this Plan of Correction to document the actions it has taken to address the citations.