



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

PO Box 47874 • Olympia, Washington 98504-7874

Tuesday, August 17, 2021

Fairfax Behavioral Hospital Inc.
10200 NE 132nd Street
Kirkland WA 98034-2899

Dear Ron Escarda:

This letter contains information regarding the recent investigation at Fairfax Behavioral Health by the Washington State Department of Health. Your state licensing investigation was completed on 07/09/21.

During the investigation, deficient practice was found in the areas listed on the attached Statement of Deficiency Report. A written Plan of Correction is required for each deficiency listed on the Statement of Deficiency Report and will be due 14 days after you receive this letter.

Each plan of correction statement must include the following:

- The regulation number;
- How the deficiency will be corrected;
- Who is responsible for making the correction;
- When the correction will be completed
- How you will assure that the deficiency has been successfully corrected. When monitoring activities are planned, objectives must be measurable and quantifiable. Please include information about the monitoring time frame and number of planned observations.

You are not required to write the Plan of Correction on the Statement of Deficiency Report.

Please sign and return the original reports and Plans of Correction to the following address:

Investigator: *JAMC03*
Department of Health
HSQA/Office of Health Systems Oversight
PO Box 47874
Olympia, Washington 98504-7874

Enclosures: Statement of Deficiency Report
Plan of Correction Instructions

Statement of Deficiency Report

Department of Health
P.O. Box 47874, Olympia, WA 98504-7874
TEL: 360-236-4732

Fairfax Behavioral Hospital Inc.
10200 NE 132nd Street
Kirkland, WA 98034-2899

Agency Name and Address

Ron Escarda

Administrator

Investigation

Inspection Type

Wednesday, July 7, 2021

Investigation Start Date

JAMC03

Investigator Number

2021-7674

Case Number

BHA.FS.60885535

License Number

Mental Health Services

BHA/RTF Agency Services Type

Please note that the deficiencies/violations/observations noted in this report are not all-inclusive, but rather were deficiencies/violations/observations that were observed or discovered during the investigation.

Deficiency Number and Rule Reference	Findings	Plan of Correction
<p>WAC 246-341-0640(17) Clinical – Additional record content. Progress notes must include the date, time, duration, participant’s name, response to the interventions, and a brief summary of the session and the name and credential of the staff member who provided it.</p>	<p>Based on policy and procedure review, record review, and interview, the agency failed to ensure that progress notes included the date and time.</p> <p>Failure to ensure that that progress notes included the date and time can result in a lack of record keeping and poor patient care.</p> <p>Findings included:</p> <p>1. Review of the agency policy and procedure titled “Access and Maintaining the Patient Record”, dated 03/21, showed that it is facility policy to maintain a medical record for each patient that is admitted to</p>	

	<p>the facility. Review of the policy showed that “all entries into the medical record must be signed, dated and timed in accordance with hospital policy.”</p> <p>2. During an interview on 07/09/21, at 1:30 PM, Staff B, Interim Director of Nursing, stated that it is the policy of the facility to include the date and time on documentation in the patient clinical records.</p> <p>3. Review of a document, titled “Addendum Progress Note”, undated, showed that a Mental Health Technician had completed a note in the record regarding an inappropriate verbal interaction between Patient #3 and another patient. This document did not have the date or time documented on it.</p>	
<p>WAC 246-341-1126(1)(b) Mental health inpatient services – Policies and procedures – Adult. In addition to meeting the agency licensure, certification, administration, personnel, and clinical requirement in WAC 246-341-0100 through 246-341-0650, and the applicable inpatient service requirements in WAC 246-341-1118 through 246-341-1132, an inpatient facility must implement all of the following administrative requirements: (1) Policies to ensure that services are provided in a secure environment. “Secure” means having: (b) Visual monitoring, either by line of sight or camera as appropriate to the individual.</p>	<p>Based on policy and procedure review, and record review, the agency failed to implement policies and procedures to ensure that services were provided in a secure environment</p> <p>Failure to implement policies and procedures to ensure that services are provided in a secure environment can result in a lack of patient monitoring and a lack of patient safety.</p> <p>Findings included:</p> <p>1. Review of the agency policy and procedure titled “Sexual Aggression / Victimization Precautions”, dated 05/2020, showed that it is facility policy to have the nursing staff ensure that “Observation Round Sheets accurately reflect the Precaution Type and Level of Monitoring”.</p>	

	<p>2. A nursing progress note, dated 06/19/21, showed that Patient #3 was on sexual victimization precautions.</p> <p>3. Review of the observation records for Patient #3 showed that the Observation Rounds Sheets did not document that the patient was on sexual victimization precautions until 06/22/21.</p>	
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Plan of Correction Instructions

Introduction

We require that you submit a plan of correction for each deficiency listed on the statement of deficiency form. Your plan of correction must be

Submitted to DOH within fourteen calendar days of receipt of the list of deficiencies.

You are required to respond to the statement of deficiencies by submitting a plan of correction (POC). Be sure to refer to the deficiency number. If you include exhibits, identify them and refer to them as such in your POC.

Descriptive Content

Your plan of correction must provide a step-by-step description of the methods to correct each deficient practice to prevent recurrence and provide information that ensures the intent of the regulation is met.

An acceptable plan of correction must contain the following elements:

- The plan of correcting the specific deficiency;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction.

Simply stating that a deficiency has been "corrected" is not acceptable. If a deficiency has already been corrected, the plan of correction must include the following:

- How the deficiency was corrected,
- The completion date (date the correction was accomplished),
- How the plan of correction will prevent possible recurrence of the deficiency.

Completion Dates

The POC must include a completion date that is realistic and coinciding with the amount of time your facility will need to correct the deficiency. Direct care issues must be corrected immediately and monitored appropriately. Some deficiencies may require a staged plan to accomplish total correction. Deficiencies that require bids, remodeling, replacement of equipment, etc., may need more time to accomplish correction; the target completion date, however, should be within a reasonable and mutually agreeable time-frame.

Continued Monitoring

Each plan of correction must indicate the appropriate person, either by position or title, who will be responsible for monitoring the correction of the deficiency to prevent recurrence.

Checklist:

- Before submitting your plan of correction, please use the checklist below to prevent delays.

- Have you provided a plan of correction for each deficiency listed?
- Does each plan of correction show a completion date of when the deficiency will be corrected?
- Is each plan descriptive as to how the correction will be accomplished?
- Have you indicated what staff position will monitor the correction of each deficiency?
- If you included any attachments, have they been identified with the corresponding deficiency number or identified with the page number to which they are associated?

Your plan of correction will be returned to you for proper completion if not filled out according to these guidelines.

Note: Failure to submit an acceptable plan of correction may result in enforcement action.

Approval of POC

Your submitted POC will be reviewed for adequacy by DOH. If your POC does not adequately address the deficiencies, you will be sent a letter detailing why your POC was not accepted.

Questions?

Please review the cited regulation first. If you need clarification or have questions about deficiencies, you must contact the investigator who conducted the investigation.

Fairfax Behavioral Health
Plan of Correction for State Complaint Investigation 21-7674
BHC Fairfax Psychiatric Hospital (BHA.FS.60885535)

Tag 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
WAC 246-341-0640(17) Clinical – Additional record content.	WAC 246-341-0640(17) Clinical – Additional record content. Progress notes must include the date, time, duration, participant’s name, response to the interventions, and a brief summary of the session and the name and credential of the staff member who provided it.	<p>The CEO, CNO, Director of Performance Improvement and Risk Manager reviewed the findings of this investigation and reviewed WAC 246-341-0640(17). The Access and Maintaining the Patient Record policy (MR 1400.15) was reviewed and no revisions required at this time.</p> <p>The CNO and/or designee retrained all nursing staff, to include Mental Health Technicians (MHTs) to the Access and Maintaining the Patient Record policy (MR 1400.15). Focus of the training included the following:</p> <ul style="list-style-type: none"> • All entries in the medical record are to be dated and timed. <p>Training was provided in small groups, and individually for those unable to attend the scheduled training. Staff training was verified by return verbal demonstration indicating understanding of training and expected compliance.</p>	Chief Nursing Officer	8/27/2021	<p>The CNO and/or designee will monitor compliance through medical record audits of currently admitted patients to ensure all nursing notes are dated and timed. Each unit (5) will have 5 open records audited biweekly, for a total of at least 50 observations per month.</p> <p>All deficiencies will be corrected immediately to include retraining as needed.</p> <p>Monitoring will be ongoing until the target for compliance has been achieved and sustained for four months.</p> <p>Aggregated data is reported to Quality Council and Medical Executive Committee</p>	< 90%

Fairfax Behavioral Health
Plan of Correction for State Complaint Investigation 21-7674
BHC Fairfax Psychiatric Hospital (BHA.FS.60885535)

Tag 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>monthly and to the Governing Board quarterly.</p> <p>The target for compliance is 90%.</p>	
<p>WAC 246-341-1126(1)(b) Mental health inpatient services – Policies and procedures – Adult.</p>	<p>WAC 246-341-1126(1) (b) Mental health inpatient services – Policies and procedures – Adult. In addition to meeting the agency licensure, certification, administration, personnel, and clinical requirement in WAC 246-341-0100 through 246-341-0650, and the applicable inpatient service requirements in WAC 246-341-1118 through 246-341-1132, an inpatient facility must implement all of the following administrative requirements: (1) Policies to ensure that services are provided in a secure environment. “Secure”</p>	<p>The CEO, CNO, Director of Performance Improvement and Risk Manager reviewed the findings of this investigation and reviewed WAC 246-322-1126(1)(b). The Sexual Aggression/Victimization Precautions policy (PC 1000.80) was reviewed and no revisions required at this time.</p> <p>The CNO and/or designee retrained all nursing staff, to include Mental Health Technicians (MHTs) to the Sexual Aggression/Victimization Precautions policy (PC 1000.80).</p>	<p>Chief Nursing Officer</p>	<p>8/27/2021</p>	<p>The CNO and/or designee will monitor compliance through medical record audits of currently admitted patients to ensure all Patient Observations Rounds forms document the correct precautions. Each unit (5) will have 5 open records audited biweekly, for a total of at least 50 observations per month.</p>	<p>< 90%</p>

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	means having: (b) Visual monitoring, either by line of sight or camera as appropriate to the individual.	<p>Focus of the training included the following:</p> <ul style="list-style-type: none"> • The Charge RN is responsible for implementing precautions when ordered, which includes documenting the precautions on the Patient Observation Rounds form. <p>Training was provided in small groups, and individually for those unable to attend the scheduled training. Staff training was verified by return verbal demonstration indicating understanding of training and expected compliance.</p>			<p>All deficiencies will be corrected immediately to include retraining as needed.</p> <p>Monitoring will be ongoing until the target for compliance has been achieved and sustained for four months.</p> <p>Aggregated data is reported to Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly.</p> <p>The target for compliance is 90%.</p>	

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.