

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 11/15/2018
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><b>INITIAL COMMENTS</b></p> <p><b>STATE COMPLAINT INVESTIGATION</b></p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 Private Psychiatric and Alcoholism Hospitals, conducted this health and safety investigation.</p> <p>Onsite date: 11/15/2018 Examination number: 2018-14314 Intake number: 85642</p> <p>The investigation was conducted by: Surveyor #27347</p> <p>There was a violation found pertinent to this complaint.</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"> <li>* The regulation number and/or the tag number;</li> <li>* HOW the deficiency will be corrected;</li> <li>* WHO is responsible for making the correction;</li> <li>* WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and</li> <li>* WHEN the correction will be completed.</li> </ul> <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: NOVEMBER 30, 2018</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>		
L 325	<p><b>322-035.1E POLICIES-ABUSE PROTECTION</b></p> <p>WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (a) Protecting against abuse and neglect and reporting suspected incidents according to the provisions of chapters 71.05, 71.34, 74.34 and 26.44 RCW; This Washington Administrative Code is not met</p>	L 325			

State Form 2567

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

*[Handwritten Signature]*

TITLE

*CEO*

(X5) DATE

*11/29/18*

State of Washington

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L 325	<p>Continued From page 1</p> <p>as evidenced by: Based on interview and document review the hospital failed to report an incident to the Department of Health (DOH) involving a patient (Patient #1) and a staff member (Staff #1) that resulted in the staff member being terminated from employment.</p> <p>Failure to immediately report incidents puts patients at risk when there is a delay in conducting an investigation.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Patient #1 was admitted to the hospital on 08/02/2018 to the hospital. On 08/17/2018 the patient reported that Staff #1 had touched them inappropriately on 08/17/2018.</li> </ol> <p>Local law enforcement was called on 08/17/2018. The hospital immediately suspended Staff #1 at the time the incident was reported on 08/17/2018. The hospital did an investigation of the incident. Staff #1 was terminated from employment on 08/24/2018. Staff #1 had not cared for patients since 08/17/2018 when they were suspended.</p> <ol style="list-style-type: none"> <li>2. On 11/15/2018 at 12:00 PM, Staff #2 was interviewed. Staff #2 verified the above information.</li> </ol>	L 325		

18-14314

**Fairfax Behavioral Health  
Plan of Correction for State Complaint Investigation 11/15/18  
BHC Fairfax Psychiatric Hospital (000102)**

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
L 325	<b>322-035.1E POLICIES – ABUSE PROTECTION WAC 246-322-035 Policies and Procedures</b>	The following policy was reviewed by Clinical Leadership: PC.1000.29 Abuse Assessment and Reporting. The policy was updated to clarify the requirements for reporting to the Department of Health (DOH) Adverse Events Program in cases of sexual abuse/assault on a patient while in hospital's care and death or serious injury of a patient resulting from a physical assault while in hospital's care. The revised policy and procedure was approved by Quality Council on 11/20/18 and will be approved by Medical Executive Committee and the Governing Board by 11/30/18. The Director of Quality and Risk Management was trained to the reporting requirements by the Risk Management Coordinator on 11/21/18.	Director of Quality and Risk Management; Risk Management Coordinator	11/30/18	All incidents related to potential or confirmed abuse and/or neglect will be reviewed for meeting requirements for reporting to the DOH Adverse Events Program. Compliance will be reported monthly to Quality Council. The target for compliance is 100%.	< 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.