State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012792	A. BUILDING: ______ B. WING ______	12/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRFAX BEHAVIORAL HEALTH MONROE	14701 179TH AVE SE MONROE, WA 98272

(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	INITIAL COMMENTS STATE LICENSING SURVEY 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 survey. Onsite dates: 12/18/18 to 12/19/18 Examination number: 2018-920 The survey was conducted by: Surveyor #3 Surveyor #4 Surveyor #10 The Washington Fire Protection Bureau conducted the fire life safety inspection.	L 000	1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies. 2. EACH plan of correction statement must include the following: 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. 3. Your PLANS OF CORRECTION must be returned within 10 days from the date you receive the Statement of Deficiencies. Your Plans of Correction must be postmarked by 01/07/19. 4. Return the ORIGINAL REPORT with the required signatures. Plan of Correction received 01/07/19 Plan of Correction approved 01/14/2019 [signature] 01/14/19	
L 375	322-035.1o POLICIES-HOUSEKEEPING 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: (o) Maintenance and housekeeping functions, including	L 375		

State Form 2567

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [signature] TITLE: CEO (X6) DATE: 1/7/19

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012792	A. BUILDING: ______ B. WING ______	12/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRFAX BEHAVIORAL HEALTH MONROE	14701 179TH AVE SE MONROE, WA 98272

(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 375	Continued From page 1 schedules; This Washington Administrative Code Is not met as evidenced by: : Based on observation and interview, the psychiatric hospital failed to ensure that staff used appropriate disinfectants for cleaning patient rooms. Failure to use an approved disinfectant for cleaning the patient's sleeping rooms puts patients and staff at risk of harm from infectious diseases. Findings included: 1. On 12/18/18 at 9:15 AM, Surveyor #4 observed a member of the environmental services staff (Staff #401) as she cleaned a patient's sleeping room. The surveyor used a chemical test strip to assess the level of disinfectant present in both the bucket containing the microfiber cleaning cloths and the disinfectant spray bottle. The observation showed no detectable levels of disinfectant (a quaternary ammonium product) in either item. During an interview with the staff member at the time of the observation, she showed the surveyor the product she used to fill the containers. The disinfectant container was empty and she had substituted window cleaner. The surveyor and the staff member went to another housekeeping closet on the lower floor and found the correct product. 2. On 12/19/18 at 9:40 AM, Surveyor #4 interviewed the Environmental Services Supervisor (Staff #402) about the improper use of product for room cleaning. The staff member	L 375		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012792	A. BUILDING: ______ B. WING ______	12/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRFAX BEHAVIORAL HEALTH MONROE	14701 179TH AVE SE MONROE, WA 98272

(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 375	Continued From page 2 stated that the product supply from the vendor was insufficient, but acknowledged that the staff member should have obtained the correct product from the other supply closet. .	L 375		
L 460	322-040.8B ADMIN RULES-PRIVILEGES WAC 246-322-040 Governing Body and Administration. The governing body shall: (8) Require and approve professional staff bylaws and rules concerning, at a minimum: (b) Delineation of privileges; This Washington Administrative Code is not met as evidenced by: . Based on document review and interview the hospital failed to maintain provider privileges in compliance with the psychiatric hospital's Medical Staff bylaws. Failure to assure that all staff have current privileges for the hospital where they are seeing patients puts patients at risk from substandard care and poor outcomes. Findings included: 1. Document review of the Medical Staff Bylaws showed that the hospital grants provider privileges for a maximum of two years (24 months) between appointments. On 12/19/18, Surveyor #4 reviewed credentialing files for 7 providers currently seeing patients at the psychiatric hospital. The review showed 2 of 7 providers were seeing patients currently although their privileges had expired. Two Advanced	L 460		

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012792	A. BUILDING: ______ B. WING ______	12/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRFAX BEHAVIORAL HEALTH MONROE	14701 179TH AVE SE MONROE, WA 98272

(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 460	Continued From page 3 Practice Registered Nurses (Staff #403, Staff #404) had appointment letters in their credentialing file that indicated their appointment period had ended in 1/2018 and 6/2018, respectively. A review of another provider's file showed that he had privileges granted for another location under the same hospital system. 2. At the time of the review, the surveyor interviewed the Director of Performance Improvement and Risk Management (Staff #405) who confirmed the two staff members had lapsed privileges and stated that the third provider's file contained a privilege request form that was outdated, as it did not provide a means to identify the hospital system's multiple locations for the request.	L 460		
L1075	322-170.2G SIGNED ORDERS WAC 246-322-170 Patient Care Services. (2) The licensee shall provide medical supervision and treatment, transfer, and discharge planning for each patient admitted or retained, including but not limited to: (g) Current written policies and orders signed by a physician to guide the action of staff when medical emergencies or threat to life arise and a physician is not present; This Washington Administrative Code is not met as evidenced by: Based on record review, interview, and document review, the hospital failed to ensure that licensed providers authenticated telephone orders for seclusion or restraint usage for 4 of 5 records reviewed (Patient #301, #302, #303, #304).	L1075		

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012792	A. BUILDING: ______ B. WING ______	12/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRFAX BEHAVIORAL HEALTH MONROE	14701 179TH AVE SE MONROE, WA 98272

(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
L1075	Continued From page 4 Failure to authenticate telephone orders for seclusion or restraint usage puts patients at risk for psychological harm and receiving care not in the manner intended by the licensed provider. Finding Included: 1. Document review of the hospital's Medical Staff Rules and Regulations, last approved 06/29/17 showed that orders for seclusion and/or restraint shall be signed by the physician within 24 hours of initiation. 2. On 12/19/18 at 10:45 AM, Surveyor #3 reviewed the medical records of five patients who were placed in seclusion or restraint during their hospitalization. The review showed: a. Patient #301 is a 59-year old who was physically restrained on 10/30/18 at 3:50 PM for severe agitation. A registered nurse obtained a telephone order from a licensed provider at the time of the incident. No countersignature authentication by a physician verifying the order could be found. b. Patient #302 was physically restrained on 06/05/18 at 4:50 PM for physically assaulting a staff member while attempting to grab their facility access badge. A registered nurse obtained a telephone order from a physician at the time of the incident. No countersignature authentication by the physician verifying the order could be found. c. Patient #303 was placed in seclusion after physically assaulting a staff member on 06/02/18 at 4:15 AM. A registered nurse obtained a telephone order from a physician at the time of	L1075		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012792	A. BUILDING: ______ B. WING ______	12/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRFAX BEHAVIORAL HEALTH MONROE	14701 179TH AVE SE MONROE, WA 98272

(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
L1075	Continued From page 5 the incident. No countersignature authentication by a physician verifying the order could be found. d. Patient #304 was physically restrained and placed in mechanical 4-point restraints after wrapping a shower curtain around their head on 04/17/18 at 5:45 PM. A registered nurse obtained a telephone order from a physician at the time of the incident. No countersignature authentication by a physician verifying the order could be found. 3. At the time of review, the nurse manager (Staff #301) confirmed the findings.	L1075		
L1375	322-210.3C PROCEDURES-ADMINISTER MEDS WAC 246-322-210 Pharmacy and Medication Services. The licensee shall: (3) Develop and implement procedures for prescribing, storing, and administering medications according to state and federal laws and rules, including: (c) Administering drugs; This Washington Administrative Code is not met as evidenced by: Based on observation and review of hospital policies and procedures, the hospital failed to ensure staff members positively identified patients, by checking two hospital-approved identifiers, prior to medication administration. Failure to identify patients prior to medication administration can lead to a patient receiving the wrong medication, the wrong dose, at the wrong time resulting in harm and/or death.	L1375		

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	012792	A. BUILDING: ______ B. WING ______	12/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIRFAX BEHAVIORAL HEALTH MONROE	14701 179TH AVE SE MONROE, WA 98272

(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
L1375	Continued From page 6 Findings included: 1. Review of the hospital policy titled "Medication Administration," Policy #28, effective 3/1/18, showed that the medication nurse will positively identify the patient before administering medication, identification with two hospital identifiers: ask patient for name (when possible), date of birth, check the patient's photograph, or check the patient's identification band. 2. On 12/18/18 at 12:50 PM, Surveyor #10 observed a nurse (Staff #1001) administer medications to patients and observed the following: a. Staff #1001 approached a patient sitting in the day room and only checked the patient's ID band prior to administrating oral medication. b. Staff #1001 administered an oral pain medication, after an earlier discussion regarding the patient's pain level, but did not identify the patient at the time of administrating the medication. THIS IS A REPEAT CITATION.	L1375		

Plan of Correction for State Licensing
Fairfax Behavioral Health Monroe (012792) – L765 and L1485 revised 1/17/18

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 440	**322-040.5 ADMIN-MEDICAL DIRECTOR** **WAC 246-322-040 Governing body and administration.** (5) Appoint a psychiatrist as medical director responsible for directing and supervising medical treatment and patient care twenty-four hours per day.	The Physician Employment Agreement for the Interim Chief Medical Officer was amended to include appointment as the medical director responsible for directing and supervising medical treatment and patient care twenty-four hours per day. The document will be finalized when signed and the approval process is complete.	Interim Chief Medical Officer	12/22/17	The Executive Assistant will review the contract at least annually and when any relevant personnel changes occur to ensure compliance.	100%
L690	**322-100.1A INFECT CONTROL – P & P** WAC 246-322-100 Infection control. (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (i) Types of surveillance used to monitor rates of nosocomial infections; (ii) Systems to collect and analyze data; and (iii) Activities to prevent and control infections.	The Infection Control Plan for Monroe was developed by the Infection Preventionist and Primary Care Lead to include Snohomish County effective 12/13/17. The plan was approved by the	Infection Control Practitioner; Primary Care Lead	12/22/17	Infection Control Practitioner will ensure that the plan is reviewed (and updated as needed) monthly, shared at the monthly infection control meeting, and documented	100%

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
		Infection Control Committee Meeting on 12/14/17.			in the minutes. The Infection Control Practitioner and Primary Care Lead will audit the meeting minutes on a monthly basis. The Infection Control Plan will be presented at least annually to the Infection Control Committee and Quality Council.	
L765	**322-100.3D INFECT CONTROL – MEETINGS** **WAC 246-322-100 Infection Control.** (3) Designate an infection control committee, comprised of the individual or individuals assigned to manage the program and multidisciplinary representatives from the professional staff, nursing staff and administrative staff, to: (d) Meet at regularly scheduled intervals, at least quarterly.	The Fairfax Monroe Infection Control meeting will be held monthly starting 12/18/17. The Infection Control Designee for Fairfax Monroe appointed by the Primary care lead will run the monthly meeting starting	Primary Care Lead; Infection Preventionist	12/23/17	The Fairfax Monroe Monthly Infection Control Meeting is now a standing agenda item on the monthly Fairfax Infection Control Committee (all sites). The Fairfax Monroe Infection Preventionist will	100%

Plan of Correction for State Licensing
Fairfax Behavioral Health Monroe (012792) – L765 and L1485 revised 1/17/18

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
		12/18/17. The Monroe Infection Control Committee Members are as follows: 1. The Primary care Lead (Dr. Eric Roedel) 2. The Nurse Manager (Shelly Donnelly RN) 3. The Charge Nurse (Infection control Officer- Angie Nelson RN) 4. The Pharmacist (Mohammed Shawish) The Fairfax Monroe Infection Control concerns will be addressed separate			ensure the monthly meeting minutes are presented at the monthly Fairfax Monroe Infection Control Committee Meeting. The Primary Care Lead will audit the minutes on a quarterly basis.	

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
		from other Fairfax hospitals through utilization of the Infection Control Committee that has been set up in Monroe to handle all infection control issues specific to Monroe. Any issue of concern will be addressed at the monthly Infection Control Committee Meeting by these committee members and this will be documented in the minutes.				
L780	**322-120.1 SAFE ENVIRONMENT** **WAC 246-322-120 Physical environment.** The licensee shall: (1) Provide a safe and clean environment for patients, staff and visitors. Item#1: Handwashing Sinks Item #2 Unsanitary Paper Towel Storage at Handwashing Sinks	The Director of Plant Operations oversaw the replacement of the faucet batteries on 11/15/17. The Director of Plant Operations or designee will install	Director of Plant Operations	1/4/18	Compliance to be monitored during on-going monthly EOC Rounding for a minimum of 3 months. Faucet batteries now on an annual	90%

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
	Item #3: Unsecured E-Cylinder Oxygen Tank	recessed shelves for paper towels by 1/14/18. Extra oxygen carts for securing oxygen cylinders were delivered on 12/14/17. Staff were retrained by the Director of Plant Operations regarding the requirement to secure and safely store oxygen tanks effective 12/8/17.			Preventative Maintenance schedule to be replaced annually.	
L1220	**322-200.1A RECORDS MANAGEMENT** **WAC 246-322-200 Clinical records.** (1) The licensee shall establish and maintain an organized clinical record service, consistent with recognized principles of record management, directed, staffed, and equipped to: (a) Ensure timely, complete and accurate identification, checking, processing, indexing, filing, and retrieval of records;	The Nurse Manager will re-educate nursing staff, in-person, at staff meetings on the ED transport documentation and specifically, the Certification of Patient Transfer Form, by 12/18/17. All staff will sign an acknowledgement as	Director of Nursing; Interim Chief Medical Officer; Director of Clinical Services (DCS); HIM Manager	1/15/17	Nurse Manager or Charge RN will audit all ED transports to assess documentation compliance for a minimum of 3 months. DCS or Case Management Leads will	90%

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
		attestation of the training. The ED Transfer policy will be updated to reflect current process and approved at Quality Council. The Director of Clinical Services will re-train the Case Managers on 12/21/17 in-person at a Case Management Team Meeting on the requirement for patient identifiers on ALL pages of psycho-social assessment and reinforce need to do so with stickers provided in charts. The Interim Chief Medical Officer will re-train provider to ensuring medical records are complete			monitor for real-time compliance for a minimum of 3 months by attending treatment team meetings where stickers can be observed to be placed on all pages in preparation of the CM meeting with newly admitted patients to complete the assessment. Provider documentation will be audited for completeness at monthly peer review meetings for a minimum of 3 months. It is also audited as part of the on-	

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
		including signing, dating, and timing entries via e-mail by 12/15/17 and in-person at Medical Staff Meeting on 1/4/18.			going monthly CMS B-Tag audits.	
L1255	**322-200.3D RECORDS – TREATMENT PLAN WAC 246-322-200 Clinical records.** (3) The licensee shall ensure prompt entry and filing of the following data into the clinical record for each period a patient receives inpatient or outpatient services: (d) Comprehensive treatment plan.	All RNs will be re-educated by the Nurse Manager in-person at a staff meeting on updating treatment plans, with a signed acknowledgement by 12/18/17.	Director of Nursing	12/18/17	Nurse Manager/Charge RN to audit at end of each shift for a minimum of 3 months with a goal of 90%.	90%
L1375	**322-210.3C PROCEDURES – ADMINISTER MEDS WAC 246-322-210 Pharmacy and medication services.** The licensee shall 3) Develop and implement procedures for prescribing, storing, and administering medications according to state and federal laws and rules, including: (c) Administering drugs.	All RNs will be re-educated by the Nurse Manager, in-person, at staff meetings on the 5 rights of medication administration, with a signed acknowledgement and required return demonstration by 12/18/17. The Nurse	Director of Nursing	1/8/18	Medication administration will be spot checked by Nurse Manager weekly for a minimum of 3 months to ensure compliance.	90%

Plan of Correction for State Licensing
Fairfax Behavioral Health Monroe (012792) – L765 and L1485 revised 1/17/18

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
		Manager will update the medication administration policy regarding allergy verification and re-educate staff on this change by 1/8/18. The policy will presented to Quality Council for approval.				
L1485	**322-230.1 FOOD SERVICE REGS** **WAC 246-322-230 Food and dietary services.** (1) Comply with chapters 246-215 and 246-217 WAC, food service; Item #1: Handwashing (CNA and PS) Item #2: Food Worker Cards	As part of an agreement with Evergreen Monroe, Evergreen Monroe food service workers provide food service to Fairfax Monroe patients. All food and beverage products, unwrapped cutlery (plastic or metal), and all dishes will be handled by the Evergreen Monroe Dietary Aides only, effective 12/22/17. The Dietary	Chief Operating Officer		This process change will be spot checked weekly for a minimum of 3 months by the Nurse Manager or Charge Nurse, and documented on a log to ensure compliance. Food service workers will be monitored for hand hygiene compliance by the Infection	95%

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
		Coordinator at Evergreen Monroe will train staff, in-person by 12/22/17. Any patient requests for more food or beverages will be directed to the Dietary Aides. Fairfax Monroe staff will not handle uncovered food or beverage products, unwrapped cutlery (plastic or metal), or dishes.			Control Officer or designee on a random basis during meal times, at a minimum weekly. Any food service worker who is non-compliant with hand hygiene requirements will receive immediate re-training. Monitoring will be reported to the Infection Control Committee. The Fairfax Monroe Nurse Manager will verify that all food service workers designated to	

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
					service the patients in Monroe have the current food worker card, at least annually. Monitoring will be reported to the Infection Control Committee.	
L1565	**322-240.4A LAUNDRY – WATER TEMPERATURE WAC 246-322-240 Laundry.** (4) When laundry is washed on the premises: (a) An adequate water supply and a minimum water temperature of 140°F in washing machines	The Director of Plant Operations will ensure the installation of a point of use electric water heater to boost the temperature up to 140°F.	Director of Plant Operations	1/15/18	Compliance to be monitored during monthly EOC Rounding for a minimum of 3 months.	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.

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

January 14, 2019

Ms. Darcie Johnson, MSW, CPHQ
Fairfax Behavioral Hospital - Monroe
14701 179th Avenue SE
Monroe, WA, 98272

Dear Ms. Johnson,

Surveyors from the Washington State Department of Health and the Washington State Patrol Fire Protection Bureau conducted a state hospital licensing survey at Fairfax Behavioral Hospital - Monroe on December 18-19, 2018. Hospital staff members developed a plan of correction to correct deficiencies cited during this survey. This plan of correction was approved on January 14, 2019.

A Progress Report is due on or before March 19, 2019 when all deficiencies have been corrected and monitoring for correction effectiveness has been completed. The Progress Report must address all items listed in the plan of correction, including the WAC reference numbers and letters, the actual correction completion dates, and the results of the monitoring processes identified in the Plan of Correction to verify the corrections have been effective. A sample progress report has been enclosed for reference.

Please mail this progress report to me at the following address:

Mr. Paul Kondrat, RN, MN, MHA
Department of Health, Investigations and Inspections Office
P.O. Box 47874
Olympia, Washington 98504

Please contact me if you have any questions. I may be reached at (360) 236 2911. I am also available by email at paul.kondrat@doh.wa.gov

Sincerely,

Paul Kondrat, RN, MN, MHA
Survey Team Leader