

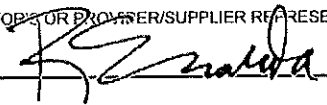
State of Washington

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| 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 07/09/2021 |
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| 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 |
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| 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, conducted this health and safety investigation.</p> <p>On site dates: 07/08/21 and 07/09/21</p> <p>Case number: 2021-7675</p> <p>Intake number: 113508</p> <p>The investigation was conducted by:</p> <p>Investigator #12</p> <p>There were violations 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"> * 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.</p> <p>PLAN OF CORRECTION DUE: 08/02/21</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 355 | <p>322-035.1K POLICIES-STAFF ACTIONS</p> <p>WAC 246-322-035 Policies and Procedures. (1) The licensee shall</p> | L 355 | | |

State Form 2567
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

CEO

(X6) DATE

8/2/2021

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 07/09/2021 |
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| L 355 | <p>Continued From page 1</p> <p>develop and implement the following written policies and procedures consistent with this chapter and services provided: (k) Staff actions upon: (i) Patient elopement; (ii) A serious change in a patient's condition, and immediately notifying family according to chapters 71.05 and 71.34 RCW; (iii) Accidents or incidents potentially harmful or injurious to patients, and documentation in the clinical record; (iv) Patient death;</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview, document review, and review of hospital policy and procedure, the hospital failed to ensure that staff followed hospital policy and procedures when implementing and documenting sexual victimization precautions for 1 of 5 records reviewed (Patient #1201).</p> <p>Failure to appropriately implement and accurately document sexual victimization precautions can result in an unsafe healthcare environment.</p> <p>Findings included:</p> <p>1. Document review of the hospital's policy and procedure titled, "Access and Maintaining the Patient Record," policy number 1400.15, revised 03/21, showed that all entries into the medical record must be signed, dated, and timed in accordance with hospital policy.</p> <p>Document review of the hospital's policy and procedure titled, "Sexual Aggression/Victimization Precautions," policy number 1000.80, revised 06/21, showed that staff will communicate and</p> | L 355 | | |

State of Washington

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| L 355 | <p>Continued From page 2</p> <p>document signs of concern including making provocative statements, grooming behaviors, passing notes, developing romantic relationships, etc. and ensure that the Observation Rounds Sheets accurately reflect the precaution type and level of monitoring.</p> <p>2. On 07/09/21, the investigator reviewed the medical record for Patient #1201, a 30-year-old who was admitted on 05/19/21 for depression and suicidal thoughts. The review showed that:</p> <p>a. The admission orders included 15-minute checks, unit restrictions, and suicide precautions.</p> <p>b. On 06/19/21 at 7:55 PM, a mental health technician (MHT) documented on the daily nursing progress note that Patient #1201 was being observed due to "poor boundaries" with another patient of the opposite sex (Patient #1202).</p> <p>c. On 06/19/21 and 06/20/21, the Daily Nursing Progress Notes assessment showed that Patient #1201 was on 15-minute observations with assault, medically compromised, and falls precautions.</p> <p>d. On 06/21/21, the Daily Nursing Progress Notes assessment showed that sexual victimization precautions (SVP) had been added to the daily precautions.</p> <p>e. On 06/19/21, 06/20/21, and 06/21/21, the Patient Observation Records showed that Patient #1201 was on 15-minute observations assault, medically compromised, and falls precautions, but sexual victimization precautions were not added until 06/22/21.</p> | L 355 | | |
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| L 355 | Continued From page 3 f. An addendum progress note documented an inappropriate interaction that occurred between Patient #1201 and Patient #1202. The note described Patient #1201's response and behavior and staff actions. The note was signed by the MHT, but the staff member did not include the date and time of the event occurrence in accordance with hospital policy. g. On 07/09/21 at 1:30 PM, the investigator interviewed the Assistant Director of Nursing (Staff #1201) about the documentation policy. Staff #1201 confirmed that it is the hospital's policy that staff include the date and time when documenting in the medical record. 3. At the time of the finding, the Assistant Director of Nursing (Staff #1201) verified that staff had not followed hospital policy for documenting in the medical record, and documentation in the medical record should have reflected that Patient #1201 was placed on sexual victimization precautions since 06/19/21. | L 355 | | | |

Fairfax Behavioral Health
 Plan of Correction for State Complaint Investigation 21-7675
 BHC Fairfax Psychiatric Hospital (000102)

POC Received 08-02-21 CBanner RN
POC Approved 08-02-21 CBanner RN

| 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 355 | 322-035.1K POLICIES-STAFF ACTIONS WAC 246-322-035 Policies and Procedures | <p>The CEO, CNO, Director of Performance Improvement and Risk Manager reviewed the findings of this investigation and reviewed WAC 246-322-035. The Sexual Aggression/Victimization Precautions policy (PC 1000.80) and the Access and Maintaining the Patient Record policy (MR 1400.15) were 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) and 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"> The Charge RN is responsible for implementing precautions when ordered, which includes documenting the precautions on the Patient Observation Rounds form. | 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 and 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>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> | < 90% |

Fairfax Behavioral Health
 Plan of Correction for State Complaint Investigation 21-7675
 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 |
|------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| | | <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> | | | <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.

Fairfax Behavioral Health
 Plan of Correction for State Licensing Progress Report – Complaint Investigation: 21-7675
 BHC Fairfax Psychiatric Hospital (000102)

CR
~~POE~~ Received 10/18/2021
 PR approved 10/18/21
 Chapman

| Tag Number | Deficiency | How Corrected | Date Completed | Results |
|------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------|
| L 355 | 322-035.1K POLICIES-STAFF ACTIONS WAC 246-322-035 Policies and Procedures | <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) and 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"> • The Charge RN is responsible for implementing precautions when ordered, which includes documenting the precautions on the Patient Observation Rounds form. • 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> | 8/27/2021 | 93% |



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

October 21, 2021

Michael Carpenter, Director of Risk Management
BHC Fairfax Health
10200 NE 132nd St
Kirkland, WA 98034

RE: 2021-7675/113508

Dear Mr. Carpenter,

Investigators from the Washington State Department of Health conducted a state hospital licensing complaint investigation at Fairfax Behavioral Health on 07/09/21. Hospital staff members developed a plan of correction to correct deficiencies cited during this investigation. This plan of correction was approved on 07/23/21.

Hospital staff members sent a Progress Report dated 10/18/21 that indicates all deficiencies have been corrected. The Department of Health accepts Fairfax Behavioral Health's attestation that it will correct all deficiencies cited at Chapter 246-322 WAC.

We sincerely appreciate your cooperation and hard work during the investigation process.

Sincerely,

/s/ Coleen Barron, RN

Coleen Barron, MBA, BSN, RN
Nurse Investigator