

State of Washington

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>000102</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>C</b><br><b>04/18/2017</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BHC FAIRFAX HOSPITAL</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>10200 NE 132ND STREET<br/>KIRKLAND, WA 98034</b> |
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| (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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| B 000 | <p>Initial Comments</p> <p>State Complaint Investigation Survey</p> <p>This onsite State psychiatric hospital administrative complaint investigation survey was conducted by Mary Wood, MN, BSN, RN on April 14, 2017, in response to complaint # 71664.</p> <p>There were no deficient findings per WAC 246-322 pertinent to this complaint.</p> <p>ILRS #: 2017-1462<br/>Shell #: OZK311</p> | B 000 |  |  |
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE