PRINTED: 10/05/2023 **FORM APPROVED**

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		000102	B. WING		09/06/2023	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, ST	ATE, ZIP CODE	ş.	
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L 000	INITIAL COMMENTS		L 000	-		
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	(DOH) in accordance Administrative Code (Department of Health	The second district of	A written PLAN OF CORRECTION required for each deficiency listed on t Statement of Deficiencies. EACH plan of correction statement must include the following:	·	
; ;	conducted this health On site dates: 08/23/2	and safety investigation.		The regulation number and/or the tag number;		
:	Case numbers: 2023-	8801		HOW the deficiency will be corrected; WHO is responsible for making the		
:	Intake numbers: 1325	84		correction;		
	The investigation was Investigator #1	conducted by:		WHAT will be done to prevent reoccurrence and how you will monito continued compliance; and	r for	
:	There were violations complaint.	found pertinent to this		WHEN the correction will be complete	d.	
	vinipiaitti.		Opposite and the state of the s	3. Your PLANS OF CORRECTION more than the date you receive the emailed Statement of Deficiencies. Your Plans Correction must be emailed by 10/15/2 4. Return the ORIGINAL REPORT via	om s of 23.	
	,			email with the required signatures.		
L 325	WAC 246-322-035 Po Procedures. (1) The li develop and implement written policies and pr consistent with this ch	censee shall nt the following ocedures	L 325	Continued on next page		

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

RBSL11

(X6) DATE

STATE FORM

Christopher West, CEO

If continuation sheet 1 of 22 10/16/23

AND PLAN OF CORRECTION OCH MULTIPLE CONSTRUCTION A BULDING A BULDING A BULDING CO 909/66/2023 NAME OF PROVIDER OR SUPPUER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST KIRKLAND, WA 98034 PREFIX TAG CONSTRUCTION PREFIX TAG CONSTRUCTION CONSTRUCTION CONSTRUCTION A BULDING CONSTRUCTION CONSTRUCTION	State of Washington						
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MANE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST KIRKLAND, WA 98034 AUGUSTATION OF CORRECTION (EACH OPERICENCY MIST SE PRECEDED BY FULL SERVICES PROVIDER FIVAN OF CORRECTION (EACH OPERICENCY) D PREFIX TAG PREFIX TAG PREFIX TAG PREFIX TAG CONTINUED From page 1 services provided, (e) Protecting against abuse and neglect and reporting suspected incidents according to the provisions of chapters 71.05, 71.34, 74.34 and 28.44 RCW, This Washington Administrative Code is not met as evidenced by: Based on interview, record review, and review of hospital policies and procedures, the hospital failed to provide a safe environment of care by identifying increased safety risks and implementing interventions to protect patients from incidents of sexual abuse/assault, pas demonstrated by record review for 4 of 7 records reviewed (Patient #4, #5, #6, and #7). Fallure to initiate interventions to protect patients from incidents of sexual abuse/assault, places the patients at risk for increased physical and psychological harm, violates their right to sexual safety, and to receive care in a safe environment. Reference: Revised Code of Washington (RCW) 71.05.020 Behavioral Health Disorders – Definitions Total Continued From page 1 L 325 How Corrected: A motion sensor was installed in the day room on the north unit on 8/22/23 to prevent patients from being in a darkened room unobserved. CEO met with CNO, DCS and CMO to discuss the finding on 10/8/23 and the requirements beta fining to providing a safe environment for patients by Identifying safety risks and implementing interventions to protect patients from incidents of sexual abuse/assault, pas demonstrated by record review for 4 of 7 records reviewed (Patient #4, #5, #6, and #7). Fallure to initiate interventions to protect patients from incidents of sexual abuse/assault, pas demonstrated by record review for 4 of 7 records reviewed (Patient #4, #5, #6, and #7). Fallure to initiate interventions to protect patients from in						С	
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L 325 Continued From page 1 services provided: (e) 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 as evidenced by: Based on interview, record review, and review of hospital policies and procedures, the hospital falled to provide a safe environment of care by identifying increased safety risks and implementing interventions to protect patients from incidents of sexual abuse/assault, paces the patients at risk for increased physical and psychological harm, violates their right to sexual safety, and to receive care in a safe environment. Reference: Revised Code of Washington (RCW) 71.05.020 Behavioral Health Disorders - Definitions (1) Gravely Disabled - Means a condition in which	BHC FAIR	PAX HUSPIIAL	KIRKLAN	D, WA 98034			
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disorder: (a) Is in danger of serious physical harm resulting from failure to provide for his or her essential human needs of health and safety; or (b) manifests severe deterioration in routine functioning evidenced by repeated escalating loss of cognitive or volitional control over his or her action and is not receiving such care as is and expectations of 1.1 patient frontioning. All staff will sign an attestation of completed training via sign-in sheet. The Risk Management department will run a daily report of all patients with identified sexually aggressive or sexually assaultive incidents or that have allegations or incidents of being	L 325	services provided: (e) against abuse and ne reporting suspected if according to the provided: (71.34.26.44 RCW). This Washington Adn as evidenced by: Based on interview, rhospital policies and failed to provide a satidentifying increased implementing interversed implementing interversed (Patient #4, Fallure to initiate interviewed (P	Protecting splect and noidents isions of 4, 74.34 and innistrative Code is not met ecord review, and review of procedures, the hospital fe environment of care by safety risks and intions to protect patients ual abuse/assault, as ord review for 4 of 7 records #5, #6, and #7). Inventions to protect patients ual abuse/assault, places in increased physical and violates their right to sexual ecare in a safe environment. Shington (RCW) 71.05.020 sorders - Definitions - Means a condition in which of a behavioral healthinger of serious physical harm to provide for his or her ds of health and safety; or deterioration in routine d by repeated escalating loss and control over his or her	L 325	How Corrected: A motion sensor was the day room on the north unit on 8/22 prevent patients from being in a darke unobserved. CEO met with CNO, DCS and CMO to the finding on 10/6/23 and the requires pertaining to providing a safe environs patients by identifying safety risks and implementing interventions to protect from sexual abuse or assault. All policin this finding were reviewed and did revision. Registered Nurses, Case Managers a Providers were re-educated by the Ch Nursing Officer, Director of Clinical Se Chief Medical Officer on Fairfax policy Aggression/Victimization Precautions, #1000.80, to include the requirement patients with increased safety risks an implement interventions to protect the sexual abuse or assault to include, but limited to, increasing observations, ad precautions, room or unit changes & rof the patient. Staff are to document elintervention in the patients medical reinclude the patients response to the in Additionally the Chief Nursing Officer all Mental Health Technicians on patier ounding & observation expectations of 1:1 patient monitors and expectations of 1:1 patient monitors and expectations of 1:1 patient monitors at fixed will sign an attestation of completivia sign-in sheet. The Risk Management department with daily report of all patients with identifications or sexually assaultive incided aggressive or sexually	discuss ments ment for patients des noted not require nd dief ervices and "Sexual " policy to identify ding edirection each cord and atervention. retrained ent policy # dicy" policy aining to d definition oring. All ted training il run a ed sexually dents or	

State Form 2567 STATE FORM

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L 325	or emotional impairment adverse effects on a prolitional function. Findings included: 1. Document review of procedure titled, "Sex Precautions," policy in ID 13426424, effective following: a. It is the policy of the precautions for a safe care which includes the patient-to-patient sex everbal/physical threat by the prevention of a saggression, and the prevention of a saggression, and the prevention of sexual aggression implementing interventions of sexual behaviors. c. Unit staff will obserbehaviors, such as be aggression and/or vice d. Staff will always magatient's location.	Means any organic, mental, ent which has substantial person's cognitive or of the hospital's policy and ual Aggression/Victimization number 1000.80/PolicyState 06/23, showed the enterpretation of the prevention of ual incidents, as well as sof sexual incidents. policy is to provide a plan resumble personal incidents. policy is to provide a plan resumble personal incidents, including totential for victimization by ing signs of sexual behavior, it with a suspected potential divictimization, and antion steps to minimize the or. The patient for specific to sexually acting out bundary violations, sexual timization. Saintain awareness of the	L 325	last 24 hours and will send this report to the Chief Medical Officer, Chief Nu Officer and the Director of Clinical Set These leaders will ensure the identifie patients are discussed in treatment te if indicated, the treatment plan is updator revised. Who is Responsible: Chief Medical Officer for staff training & Director of Phanagement for auditing and reporting Monitoring & Compliance Target: The Risk Management department will 30 records a month of patients with set behavior incidents to ensure: 1. Documentation demonstrates identified patients are on SVP/SAP precautions. 2. Documentation demonstrates interventions and patients response to interventions is noted. 3. Documentation demonstrates incidents of sexual behaviors, assaults allegations of abuse is captured in Protect and nursing notes. Target for compliance is 90% or great the above audits. Audit data found to be compliance will be reported to the response to monitoring will be reported to the response to the monitoring will be reported to the response to the monitoring will be reported to the response to t	rsing rvices. ad am and, ated and/ fficer, arsing Risk ag data. I audit actual atthe as any actual atthe actual	11/5/23
,	patient's location. e. Separate patients v	aintain awareness of the who have been identified as engage in such behaviors.		consecutive months.		

STATEMENT	Vashington OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED C 09/06/2023	
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L 325	Continued From page	• 3	L 325			
	f. Conduct observation rounds as ordered and check all isolated areas of the unit.					
	procedure titled, "Sus of Patient Sexual Act 1000.30/PolicyStat ID showed the following a. Definitions of Term i. Mental Incapacity - time of the offense wiunderstanding the nathe act of sexual intercondition is produced	o 13426447, effective 06/23, definitions/terms: s: The condition existing at the hich prevents a person from ture of the consequences of				
	intercourse or sexual words or conduct indeagreement to have secontact. b. If the patient's condicensed nurse or proto believe that the patient's conducts or protocological	sent is in question, or if the vider has reasonable cause tient is unable to consent, or and has suffered abuse, he				
	disability after her monaked and running in #4 was transported to medical clearance. Treported that the Patiand hypersexual and	5-year-old female on 06/29/23 for grave other reported that she was and out of her room. Patient to the acute care hospital for he acute care hospital tent was impulsive, erratic, had been observed lying in the waist, exposing her				

State Form 2567 STATE FORM

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L 325	Continued From page	4	L 325			
	Fairfax, she continue	•				
	provider initiated the Patient #4: Suicide Precautions (EP), As	Order dated 06/29/23, the following precautions for recautions (SP), Elopement sault Precautions (AP), recautions (SAP), and Precautions (SVP).				т.
	milieu when a male p her and started rubbir "my angel." The RN o appeared to have no	on the Patient was in the eer (Patient #6) came up to higher shoulders, calling her locumented that the Patient insight into the situation, at happened, and was not				i F
	that the provider docu paranoid, delusional, preoccupied. The pro	chiatric Provider Daily 07/10/23 at 4:20 PM, found Imented that the Patient was illogical, and internally ovider documented that the cually targeted by multiple				i.
	record found that stat additional intervention	riew of the Patient's medical if failed to implement any ns (other than increasing onse to Patient #4 being				
	incident with Patient	s involved in the 07/10/23 44, was a 54-year-old male on 07/06/23 for grave				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	A. BUILDING:			
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disability after presenting to the acute care medical hospital with aggression, paranoia, delusions, and hyper religiosity. On 07/07/23 Patient #6 was placed on SAP after exhibiting sexually inappropriate behaviors toward female peers and staff. Review of the Daily Nursing Progress Notes between 07/07/23 and 07/24/23 found that for 14 of 17 days, nursing staff documented that the Patient was sexually inappropriate and aggressive with female staff and peers, including disrobing, touching, and physically/sexually aggressive behaviors. This Investigator's review of the medical record found that staff failed to document the implementation of patient specific interventions to address the Patient's sexually inappropriate/sexually aggressive behavior (other than redirection), or the Patient's response to the interventions, other than the daily documentation of the behaviors observed and multiple attempts to redirect the behaviors. 4. On an Incident Report dated 07/24/23, staff documented a Level 3 - Serious Incident (categorized as a Patient-to-Patient Sexual Intercourse event on 07/24/23), between Patient #7, a 29-year-old female, and Patient #5, a 38-year-old male. According to the Incident Report, a Mental Health Technician (MHT) who was assigned to 1:1 observation for a different patient located down the hallway, heard moaning sounds coming from the dayroom at approximately 12:05 AM. The MHT walked down to the darkened day room, turned on the light and discovered Patient #7 and Patient #5 alone. Patient #5 was standing in front of Patient #7, who was seated in a lounge chair. When the MHT entered the day room, he observed Patient #2	L 325			

State of Washington (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING 09/06/2023 000102 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) L 325 L 325 Continued From page 6 5. Review of Patient #7's medical record showed the following: a. Patient #7, a 29-year-old female, was admitted on 07/23/23 on an involuntary detainment for danger to others and grave disability. Upon admission, it was documented that the Patient was screaming, responding to internal stimuli, and unable to participate in the admission assessment. On the Psychiatric Evaluation dated 07/23/23, the provider documented that the Patient presented with symptoms of psychosis, responding to internal stimuli, delusional, hyperarousal, and reported auditory hallucinations that were telling her to do bad things. Patient #7 had a history of sexual victimization, was sexually abused as a ten, raped after high school, and had become sexually aggressive with her father. The provider documented on the Mental Status Exam (MSE) of the evaluation that the Patient was inattentive, guarded, withdrawn, pacing, hyperverbal, anxious, paranoid, and had impaired judgement. The psychiatric provider ordered that the Patient be placed on SAP and SVP. 6. Review of Patient #5's medical record showed the following: a. Patient #5 was admitted on 06/08/23 on an involuntary detainment for grave disability. The Patient had not been eating or sleeping and was religiously preoccupied. On the Psychiatric Evaluation dated 06/09/23, the psychiatric provider documented that the Patient presented with increased paranoid delusions, a disorganized thought process, responding to internal stimuli (RIS), laughing inappropriately, and unable to participate in the admission assessment. The

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	provider documented evaluation that the P hallucinations of mag provide more signific	atient admitted to auditory gleal things but was unable to					
	b. The Investigator reviewed Patient #5's Daily Psychiatric Provider progress notes between 07/20/23 through 07/23/23 (the days leading up to the incident) and found that the provider documented that the Patient had been isolating in his room, was guarded, internally preoccupled (RIS), had an illogical thought process, with impaired insight and judgment. The Daily Nursing progress notes between 07/20/23 through						
	07/23/23 documente	ed similar behaviors, including ght process, and auditory and					
	with the Director of f (Staff #4) to review that took place betw	15 PM, the Investigator met Risk Management in Training the video from the incident seen the times of 07/23/23 at 3 at 12:05 AM. The video g:					
	dayroom were on. F	1:30 PM the lights in the Patient #7 was sitting in a dayroom with another male ed at the dining table with his					
	b. At 11:32 PM, staf dayroom off.	f turned the lights to the					
	c. At 11:35 PM, Pati station, which was a	ient #5 went to the nurse's across from the dayroom.				•	
	dayroom, and the o	ient #5 entered the darkened ther male peer left a few at time, Patient #5 and Patient					

State Form 2587 STATE FORM

State of Washington (X3) DATE ŞURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING 09/06/2023 000102 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10200 NE 132ND ST BHC FAIRFAX HOSPITAL KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) (D (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY L 325 L 325 Continued From page 8 #7 were in the darkened dayroom alone. e. At 11:48 PM, the Patients were sitting side by side in lounge chairs. Patient #7 began reaching out and touching Patient #5. f. At 11:49:07 PM, an MHT doing the observations rounds steps into the dayroom and documents that the two Patients are alone in the darkened dayroom. The Patients are not directed to leave the dayroom, and the room remained darkened. g. At 11:49:13 PM, the MHT tasked with observing the hallway and dayroom is called away from the floor to go into the nurse's station. h Between 11:52 PM and 12:05 AM (07/24/23), Patient #5 and Patient #7 engaged in oral and vaginal sexual intercourse. i. At 12:00 AM, the MHT performed the observation rounds and documented that Patient #5 was alone. The MHT could not see Patient #7 because she was kneeling in from of Patient #5 performing oral sex. j. At 12:05 AM, the MHT was sitting in the hallway, doing the 1:1 observation for a different patient, heard moaning sounds coming from the hallway. The MHT left the 1:1 patient unattended and walked down to the darkened dayroom, turned on the lights and discovered Patient #5 and Patient #7 engaged in oral sex. The Patients were separated, and the Charge Nurse was notified. 8. Review of the Patient Observation Records showed discrepancies between the timelines established by the video camera review and the staff's documentation on the observation rounds:

State of Washington (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A BUILDING: B. WING 09/08/2023 000102 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L 325 L 325 Continued From page 9 a. On 07/23/23 at 11:30 PM, staff documented that Patient #7 was in her room, sleeping in a prone position and Patient #5 was in the hallway awake. However, review of the video from the incident showed that at 11:30 PM, Patient #7 was already in the day room sitting in a lounge chair and appeared to be awake. b. On 07/23/23 at 11:45 PM, staff documented that Patient #7 was awake in the day room. Staff documented that Patient #5 was in his bedroom awake. Review of the video showed that both Patients were in the day room, awake, between 11:45 PM to 12:05 AM (07/24/23). 9. On 08/23/23 at 4:30 PM, during an interview with the Investigator, the Director of Risk Management (Staff #1) stated that she had reviewed the video from the incident between Patient #5 and Patient #7. Staff #1 reported that the MHT had turned the light off in the day room to signal to the patients in the room that it was bedtime. The video showed that the female patient moved closer to the male patient and began performing oral sex, after which she pulled her pants down and immediately began having sexual intercourse. Staff #1 stated that the incident was not a reportable incident to the Department of Health, and that the sexual incident was clearly consensual, not a sexual assault. The hospital had performed a Root Cause Analysis (RCA) after the incident on 07/23/23 (and 07/24/23) and found that the incident was not reportable to the Department of Health, it was not an assault. Staff #1 stated that it was considered an adverse event internally, and their corporate office was notified right away. The hospital's decision was based partially on a review of the patient's mental status at the time of

State Form 2567 STATE FORM

State of Washington						
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		OOMITELIED,	
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NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
RHC FAIR	FAX HOSPITAL		132ND ST			
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				DEFICIENCY)		
L 325	Continued From page	e 10	L 325			
		estigator was unable to verify				
		cuments were used to				
	substantiate the patie					
	Capotalitate tile pare				į	
	10. On 08/24/23 at 2:	50 PM, during an interview				
		the MHT (Staff #5) stated				
		ned during orientation and				
	receive refreshers in between on how to handle					
	patients who are placed on Sexual Victimization or Sexually Aggressive/Assault Precautions. The					
:		at the blind spots on the unit,				
		, are always monitored by a				
		here was no door that could				
:		room, staff must always				
		room. The MHT stated that				
		lly closed at 10 PM, and that				
	the staff will turn off the		ĺ			
	closed. If the MHTs s	ee patients exhibiting e behaviors, they would	ŧ.			
		ate the patients and notify				
	the Charge Nurse, wi					
		vestigator asked if the			1	
		nt if the sexual activity was				
		reported that the hospital				
		l activity, that is one of the	1			
		servation rounds. Staff #5 patients leave the hospital,				
	then they can have o					
	those thoy our have a					
	11. On 08/25/23 at 11	:40 AM, during an interview			İ	
		an RN (Staff #2) stated that				
	if there is an observe					
		immediately notify the				
		harge Nurse would notify				
		House Supervisor. Most of will initiate on order to				
	•	observations level to 1:1,				
		afety precautions, and offer				
		department. The nurse				
		ent report and document in	(

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE:			
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A BUILDING:		COMPLETED	
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		000102	1		08/0	HEVES
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS. CITY, STAT	TE, ZIP CODE		į
		10200 NE 1	32ND ST			ļ
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L 325	Continued From page) 11	L 325			
ļ	the medical records.	If it is suspected abuse, they	1		İ	
		partment of Health. The				
		e RN if the process would be				1
	any different if the se					İ
		stated that sexual contact is				
		nits. It would be reported.				l
		s the RN, it's my duty to]			
		e and free from incidents.	<u> </u>			
	yeeh me hamans san	e and nee nom moderne.				
	12 00 00/25/22 01 1	2:15 PM, during an interview				
				,		
	with the Investigator, an MHT (Staff #5) stated that on the North unit, there is always staff in the					1
		nd at the chair watching the day room.				
						1
		of where a patient with			1	1
		cautions is located to make				
		th Sexual Aggression				
		ored. When patients are in	Ì			
		nts are always left on. The				
	lights go out at 10 PM					
		AM. Staff #5 stated that if he				
		naving sex, or engaged in				
		ould separate the patient and				
		se immediately. If the				ŀ
		ne sex was consensual, we				ì
		ne thing, like notify the				
,		ted that our patients are not				
		nay say yes and consent to				
		to notify the state and call				
		patient's say yes is not really				
	a yes. It might be ok	ay today, but tomorrow it is				
	rape.					
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	<i>.</i>					
1 1085	322-170 2E TREATA	MENT PLAN-COMPREHENS	L1065	Continued on next page		
L 1000	DEC-110.EE INCAIN	1214 1 12 114-00ml 116116110		Continued on next hage		
	WAC 246-322-170	Patient Care	1			
	Services (2) The lice		1			
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	provide medical supe	SIVISIUII BIIU				

State of Washington (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING 000102 09/08/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) 11/5/23 How: The CEO met with CNO, DCS and CMO L1065 L1065 Continued From page 12 to discuss the finding on 10/6/23. All policies treatment, transfer, and discharge noted in this finding were reviewed and did not planning for each patient admitted or require revision. retained, including but not All treatment team staff (Providers, RN's and limited to: (e) A comprehensive Case Managers) were re-educated by the Chief treatment plan developed within Medical Officer, Chief Nursing Officer and seventy-two hours following admission: Director of Clinical Services on the requirement (i) Developed by a multi-disciplinary to develop, initiate and update patient care treatment team with input, when plans for patient safety incidents to include, but appropriate, by the patient, family, is not limited to, incidents of sexual acting out and other agencies; (ii) Reviewed and behaviors or sexual victimization. modified by a mental health Documentation on the treatment plan will professional as indicated by the include, but is not limited to, a description of the patient's clinical condition; (iii) incident or behavior exhibited, interventions interpreted to staff, patient, and, initiated, change in precautions or observations when possible and appropriate, to and the patients response to the interventions. family; and (iv) Implemented by The Treatment team members are to review the persons designated in the plan; patients treatment plan on a weekly basis or This Washington Administrative Code is not met sconer if a safety event occurs and revise the treatment plan if the current interventions are as evidenced by: ineffective. All training and re-education is verified via staffs signature on the training signin sheet at the completion of the training. Based on interview, record review, and review of hospital policies and procedures, the hospital The Risk Management department will run a failed to ensure that staff developed, initiated, and daily report of all patients with identified updated patient specific care plans, as sexually aggressive or sexually assaultive demonstrated by record review for 6 of 7 records incidents or that have allegations or incidents of reviewed (Patient #1, #2, #4, #5, #6, and #7). being sexually abused, that have occurred within the last 24 hours and will send this report Failure to develop care plans to address patient out daily to the Chief Medical Officer, Chief specific treatment needs and update when Nursing Officer and the Director of Clinical indicated, may lead to patient harm and create Services. These leaders will ensure the barriers or delay in receiving appropriate identified patients are discussed in treatment treatments. team and, if indicated, the treatment plan is updated and/or revised. Findings included: Who is responsible: Chief Medical Officer, 1. Document review of the hospital's policy and Director of Clinical Services, Chief Nursing procedure titled, "Sexual Aggression/Victimization Officer for staff training and Director of Risk Precautions," policy number 1000.80/PolicyStat Management for auditing and reporting data. ID 13426424, effective 06/23, showed the

AND PLAN OF CORRECTION (X1) PROVIDERS UNMAGER. (X2) MULTIPLE CONSTRUCTION A. BULDING: (X2) MULTIPLE CONSTRUCTION A. BULDING: (X3) DATE SURVEY COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED COMPLETED	State of Washington						
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L1065 Continued From page 13 following: a. The purpose of the policy is to provide a plan for the prevention of sexual behavior, including aggression, and the potential for victimization by identifying early warning signs of sexual behavior. b. Nursing staff will access the patient on Sexual interventions to address the identified safety concerns. b. Nursing staff will access the patient on Sexual Aggression/Victimization, and if appropriate, place the patient on Sexual Aggression Precautions (SAP) and/or Sexual Victimization Precautions (SVP). Nursing staff will then initiate a Sexually Inappropriate Behaviors Treatment Plan. Document review of the hospital's policy and L1065 Monitoring & Compliance Target: The Risk Management Department will audit 30 records a month of patients with sexual behavior incidents to ensure: 1. The patients treatment plan updates include information on any safety incidents that have occurred since the last treatment team meeting. 2. The patients treatment plan is reviewed/revised after significant safety events. 3. The patients treatment plan includes interventions to address the identified safety concerns. 4. The patients treatment plan includes interventions are amended/revised if current interventions are amended/revised if current interventions are not effective. Target for compliance is 90% or greater on the above audits. Audit data found to be out of compliance will be reported to the respective department leader for follow up and corrective action with individual staff.	BRC FAIR	CAX HUSFIIAL	KIRKLAND	, WA 98034			
following: a. The purpose of the policy is to provide a plan for the prevention of sexual behavior, including aggression, and the potential for victimization by identifying early warning signs of sexual behavior, monitoring the patient with a suspected potential for sexual aggression/victimization, and implementing intervention steps to minimize the risk of sexual behavior. b. Nursing staff will access the patient risk factors for Sexual Aggression/Victimization, and if appropriate, place the patient on Sexual Aggression Precautions (SAP) and/or Sexual Victimization Precautions (SAP). Nursing staff will then initiate a Sexually Inappropriate Behaviors Treatment Plan. The Risk Management Department will audit 30 records a month of patients with sexual behavior incidents to ensure: 1. The patients treatment plan include sinterventions to address the last treatment plan is reviewed/revised after significant safety events. 3. The patients treatment plan includes interventions to address the identified safety concerns. 4. The patients treatment plan includes interventions to address the identified safety concerns. 4. The patients treatment plan includes interventions to address the identified safety concerns. 4. The patients treatment plan includes interventions are amended/revised if current interventions are amended/revised if current interventions are not effective. Target for compliance is 90% or greater on the above audits. Audit data found to be out of compliance will be reported to the respective department leader for follow up and corrective action with individual staff.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
of Patient Sexual Activity," policy number 1000.30/PolicyStat ID 13426447, effective 06/23, showed that the Treatment Team will initiate a Sexually Inappropriate Behavior Treatment Plan. Document review of the hospital's policy and procedure titled, "Interdisciplinary Patient Centered Care Planning," policy number 1000.81/PolicyStat ID 13804956, effective 06/23, showed the following: a. All therapeutic services that are beyond routine tasks to be provided to the patient are included in the plan and the treatment plans are routinely reviewed to assess the patient's progress and determine if any modifications are needed. b. Within 72 hours of admission, the multidisciplinary treatment team will develop the	L1065	a. The purpose of the for the prevention of a aggression, and the pidentifying early warm monitoring the patien for sexual aggression implementing interveirisk of sexual behavious. B. Nursing staff will at for Sexual Aggression appropriate, place the Aggression Precaution Victimization Precaution then initiate a Sexual Treatment Plan. Document review of the procedure titled, "Sustant of Patient Sexual Act 1000.30/PolicyStat ID showed that the Treatment Plan. Document review of the procedure titled, "Interest Care Plant 1000.81/PolicyStat ID showed the following a. All therapeutic sent tasks to be provided the plan and the treatment of any mode. B. Within 72 hours of the b. Within 72 hours of the plan and the treatment of any mode.	e policy is to provide a plan sexual behavior, including potential for victimization by ing signs of sexual behavior, it with a suspected potential divictimization, and intion steps to minimize the portion of the patient of sexual sexual ins (SAP) and/or Sexual ions (SAP) and/or Sexual ions (SVP). Nursing staff will by Inappropriate Behaviors The hospital's policy and spected or Confirmed Cases livity," policy number of 13426447, effective 06/23, attent Team will initiate a see Behavior Treatment Plan. The hospital's policy and perdisciplinary Patient ing, "policy number of 13804956, effective 06/23, it wices that are beyond routine to the patient are included in treent plans are routinely the patient's progress and lifications are needed.	L1065	The Risk Management Department will 30 records a month of patients with se behavior incidents to ensure: 1. The patients treatment plan underling include information on any safety incidents are cocurred since the last treatment meeting. 2. The patients treatment plan is reviewed/revised after significant safe events. 3. The patients treatment plan interventions to address the identified concerns. 4. The patients treatment plan interventions are amended/revised if a interventions are not effective. Target for compliance is 90% or great the above audits. Audit data found to of compliance will be reported to the respective department leader for folionand corrective action with individual selective department leader for folionand corrective action with individual selective department leader for folionand corrective action with individual selective department leader for folionand corrective action with individual selective department leader for folionand corrective action with individual selective department leader for folionand corrective action with individual selective department leader for folionand corrective action with individual selective department leader for folionand corrective action with individual selective department leader for folionand corrective action with individual selective department leader for folionand development leader for folionand deve	pdates dents that t team is is includes safety current ter on be out w up taff. I to e pard been	11/5/23

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State of Washington STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CUA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING 000102 09/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD 8E PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) L1065 Continued From page 14 L1065 treatment plan, including a diagnosis, problem list, and patient assets on the Treatment Plan Cover Sheet. c. Staff will complete an individual problem sheet for each active psychiatric and/or medial problem. The problem sheet will include the problem, patient specific behavioral manifestations, long and short-term goals with target dates, and interventions for each appropriate discipline. d. The treatment team will complete a review of the treatment plan as clinically indicated, or at a minimum every 7 days. Identified problems will be summarized, progress towards goals reviewed, new goals and interventions identified. e. A major change in the patient's clinical condition, a new impairment/problem, or significant information about an existing impairment is identified would be cause for conducting a review of the plan and developing a revision. Patient #1 and Patient #2 2. Patient #1 was a 36-year-old male involuntarily admitted on 06/17/23 for grave disability and danger to others. Upon admission to Fairfax, the Patient was very disorganized, responding to internal stimuli, and openly masturbating. The Patient's psychiatric diagnosis was Schizoaffective disorder. The Patient was placed on Sexual Aggression precautions (SAP). 3. Patient #2 was a 29-year-old female, involuntarily admitted on 07/07/23 for grave disability. The Patient was found naked, running in traffic. Patient #2 was confused, internally preoccupied, and endorsed auditory

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 10200 NE 132ND ST (ARKLAND, WA 98034) MIRKLAND, WA 98034 L1050 NE 132ND ST TAG (APP) D REETIX REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYING INFORMATION REGULATORY OR 150 IDENTIFYIN	State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE C		(X3) DATE SU COMPLE	
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PROVIDENS PLAN OSPITAL WIRKLAND, WA 88034 PROVIDENS PLAN OF CORRECTION SUMMAY STATEMENT OF DEFICIENCES PREFIX TAG Continued From page 15 L1065 L1065 Continued From page 15 Allucinations. The Patient's psychiatric diagnosis was (Rule Out) Unspecified Schizophrenia and Substance Induced Psychosis. Patient #2 was placed on Sexual Aggression precaultors (SAP). 4. On 07/08/23, staff initiated an Incident Report for a Level 3 - Serious Incident (categorized as a Patent-to-Patient Sexual intercourse), between Patent #1 and Patient #2. On 07/08/23, Patient #1 then followed Patient #2 link her room at approximately 11:10 AM. According to the Incident Report, less than one minute after the patents had entered the room, and round Patient #1 undressed, lying in the bed, and Patient #2 undressed from the waist down sitting on the bed. Patient #1's breast as she laid down on the bed. Patient #2's breast as she laid down on the bed. Patient #2's breast as she laid down on the bed. Patient #2's breast as she laid down on the bed. Patient #2's breast as she laid down on the bed. Patient #4's breast as she laid down on the bed. Patient #4's promo. Patient #1 was placed on a physical hold and taken into the seclusion room. Patient #1 was later transferred to a different unit. 5. Review of the multidisciplinary treatment plans for Patient #1 and Patient #2 showed the following: a. Patient #1 - On the Weekly Treatment Plan Update, dated 07/12/23 (5 days after the incident), staff falled to document the sexual intercourse incident on 07/08/23, the physical restraint and seclusion incident, or the Patient's transfer to a different unit due to the sexual incident.	NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
O(4) ID PREFIX PROVIDENCY STATEMENT OF DEFICIENCES (EACH OFFICIAL PROVIDENCY STATEMENT OF CORRECTION (EACH OFFICIAL PROVIDENCY STATEMENT OF CORRECTION) SHOULD BE (EACH OFFICIAL PROVIDENCY) L 1065 Continued From page 15 hallucinations. The Patient's psychiatric diagnosis was (Rule Out) Unspecified Schizophrenia and Substance Induced Psychosis. Patient #2 was placed on Sexual Aggression precautions (SAP). 4. On 07/08/23, staff initiated an Incident Report for a Level 3 - Serious incident (categorizad as a Patient-to-Patient #2 was expected to the saked Patient #2 if she wanted to have sex. Patient #2 if she wanted to have sex. Patient #2 if she wanted to have sex. Patient #2 if she wanted to have sex. Patient #2 if she wanted to have sex. Patient #2 inches the patients had entered the room, a provider entered the room and found Patient #1 undressed, lying in the bed, and Patient #2 undressed from the walst down sitting on the bed. Patient #1 stated that he had taken his clothes off, and he fren touched Patient #2 breast as she laid down on the bed. Patient #1 became agitated when staff attempted to redirect him out of Patient #2 room. Patient #1 was placed on a physical hold and taken into the seclusion room. Patient #1 was later transferred to a different unit. 5. Review of the multidisciplinary treatment plans for Patient #1 and Patient #2 showed the following: a. Patient #1 - On the Weekly Treatment Plan Update, dated O7/12/23 (days after the incident), staff failed to document the sexual intercourse incident on 07/08/23, the physical restraint and sedusion incident, or the Patient's transferred to a different unit due to the sexual incident.	BHC FAIR	FAX HOSPITAL					
hallucinations. The Patient's psychiatric diagnosis was (Rule Out) Unspecified Schizophrenia and Substance Induced Psychosis. Patient #2 was placed on Sexual Aggression precautions (SAP). 4. On 07/08/23, staff initiated an incident Report for a Level 3 - Serious Incident (categorized as a Patient-for-Patient Sexual Intercourse), between Patient #1 and Patient #2. On 07/08/23, Patient #1 reported that he asked Patient #2 if she wanted to have ser. Patient #2 signed. Patient #1 then followed Patient #2 into her room at approximately 11:10 AM. According to the Incident Report, less than one minute after the patients had entered the room, a provider entered the room and found Patient #1 underseed, lying in the bed, and Patient #2 undressed from the waist down sitting on the bed. Patient #1 stated that he had taken his olthes off, and he then touched Patient #2's breast as she laid down on the bed. Patient #1 denied sexual penetration. Patient #1 became agitated when staff attempted to redirect him out of Patient #2's norm. Patient #1 was placed on a physical hold and taken into the seclusion room. Patient #1 was placed on a physical hold and taken into the seclusion room. Patient #2 showed the following: a. Patient #1 - On the Weekly Treatment plans for Patient #1 and Patient #2 showed the following: a. Patient #1 - On the Weekly Treatment Plan Update, dated 07/12/23 (5 days after the incident), staff fafied to document the sexual intercourse incident on 07/08/23, the physical restraint and seclusion incident, or the Patient's transfer to a different unit due to the sexual incident.	PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	38 C	COMPLETE
	L1065	hallucinations. The P was (Rule Out) Unsp Substance Induced F placed on Sexual Age 4. On 07/08/23, staff for a Level 3 - Seriou Patient-to-Patient Se Patient #1 and Patien #1 reported that he a wanted to have sex. then followed Patient approximately 11:10 incident Report, less patients had entered the room and found f the bed, and Patient down sitting on the b had taken his clothes Patient #2's breast at Patient #1 denied set became agitated wheh him out of Patient #2 placed on a physical seclusion room. Patient to a different unit. 5. Review of the multifor Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1 and Patient #1	atient's psychiatric diagnosis ecified Schizophrenia and sychosis. Patient #2 was gression precautions (SAP). initiated an Incident Report is Incident (categorized as a sual Intercourse), between in t#2. On 07/08/23, Patient is sked Patient #2 if she Patient #2 agreed. Patient #1 #2 into her room at AM. According to the than one minute after the the room, a provider entered Patient #1 undressed, lying in #2 undressed from the waist ed. Patient #1 stated that he is off, and he then touched is she laid down on the bed. It was penetration. Patient #1 en staff attempted to redirect its room. Patient #1 was hold and taken into the ent #1 was later transferred it was later transferred it was later transferred. Et Weekly Treatment Plan #23 (5 days after the to document the sexual on 07/08/23, the physical on incident, or the Patient's it unit due to the sexual	L1065			

State Form 2587 STATE FORM

State of v	Vashington					
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		000400	B. WING	•	09/08/2023	
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NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STAT	E, ZIP CODE		
		10200 N	E 132ND ST			
BHC FAIR	FAX HOSPITAL	KIRKLA	ND, WA 98034 🐇		i i	
	CALLILLATIV OT	ATEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF CORREC	TION (X5)	
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				DEFICIENCY)		
L1065	Continued From page	16	L1065			
	,					
1	Update, dated 07/14/					
'		that the Patient has been				
	taking clothes off and					
		srobing. On the section of			•	
	the Weekly Update th				:	
		ehavioral changes nursing				
		ent the sexual intercourse				
:	incident that took plac	ce on 07/08/23.				
					l	
:	Patient #4 and Patier	nt #6				
	A 15 . 11 1 11 4	Maria and a fall forms a fa		•		
	6. Patient #4 was a 2					
1		on 06/29/23 for grave				
		other reported that she was				
,		and out her room. Upon				
		nt continued to disrobe			İ	
		s impulsive, erratic, and		,		
į		been observed lying in bed,		•		
		st, exposing her genitalia.				
		osis was Unspecified nt #4 was placed on SAP	j	·		
		rchiatric Provider Dally			i	
:		07/10/23 at 4:20 PM, the				
:		that the patient was being				
		multiple male patients.]			
	Sexually talgeted by i	manple male paneme.				
	7 Patient #6 was a 5	4-year-old male involuntarily			1	
		for grave disability after				
:		te care medical hospital with				
		, delusions, and hyper				
		ission to Fairfax, Patient #6				
		anic, and increasingly				
:		atric diagnosis was Bipolar 1	1			
		3 Patient #6 was placed on				
		sexually inappropriate			1	
	behaviors toward ferr					
		•				
		initiated an Incident Report				
		- Occurrence (categorized	[[
	as a Sexual Boundar	y Verbal/Physical				

State of Washington statement of deficiencies AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
AND PLAN OF CORRECTION						
		000102	8. WNG		09/06/	2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	ZIP CODE		
BHC FAIR	RFAX HOSPITAL		132ND ST ID, WA 98034			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTION	N ·	(X5)
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L1065	Continued From page	÷ 17	L1065			
	Patient #6. On 07/20/ observed Patient #6: began rubbing her shangel, my angel." Staff documented that into the situation, counterpened, or tell the her. 9. On a Nursing Programmer of the Patient asked for a to the Patient followed the closet, put his foother in the closet. The unzipped sweater to stomach to the femal redirect the Patient anotified.	approach Patient #4, and houlders and calling her "my aff redirected Patient #6. It Patient #4 had no insight ald not tell staff what male peer to stop touching aress Note Addendum, dated mented that the Patient was by an unzipped sweater. The lowel from the linen closet. The female staff member to be in the door and cornered to Patient then opened his reveal his bare chest and the charge Nurse was				
		ultidisciplinary treatment and Patient #6 showed the				
	Update, dated 07/11/ Patient was being tai and would remain on failed to document a safety or intervention section of the Weekly significant incidents//	e Weekly Treatment Plan (23, staff noted that the regeted by multiple male peers SVP precautions. Staff plan to address the patient's is implemented. On the y Update that documents any pehavioral changes nursing ent the sexual incident that 23.			The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	
	dated 07/07/23, staff	e Master Treatment Plan added Problem #4 Sexual aster Problem List. An				

State Form 2587 STATE FORM

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L1065	Continued From page	18	L1065				
	Individual Treatment I	Dian /ITD) for Several	i				
		ted on 07/07/23 based on	İ				
		inappropriate behavior					
	-	ff did not amend or initiate					
		ntions between 07/07/23					
		the Weekly Treatment Plan					
	Update, dated 07/13/						
		o document the sexual					
	incident that took place	æ on 07/10/23.					
			1				
	Patient #5 and Patien	it #7					
	44 Dationt #5 was a	29 year old male					
	11. Patient #5 was a						
	involuntarily admitted on 06/08/23 for grave disability. Upon admission the Patient presented						
		oid ideation, delusions, and					
:		nding to internal stimuli. The					
		rganized, was not eating,	1 .				
1	and had not slept in the						
÷	psychiatric diagnosis	was Unspecified Psychosis,					
	Schizophrenia (Rule Out), and Schizoaffective				`		
;	disorder (Rule Out). Patient #5 was placed on EP						
	and AP.						
•	40 Dallant 47	07 ald famania					
	12. Patient #7 was a	on 07/23/23 for danger to	1				
		bility. Upon admission,	1				
:	Patient #7 presented	• •					
	psychosis, responding				,		
		sal, and reported auditory					
		re telling her to do bad					
	things. Patient #7 had						
		ually abused as a ten,] ;		
		ol, and had become sexually			•		
	aggressive with her fa		1				
ŧ		phrenia Spectrum and	1				
į.	· ·	nizoaffective disorder (Rule			1.		
	Out), and Post Traum		1				
i	(P15D). Patient #/ W	as placed SAP and SVP.					
4							

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State of Washington (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: ___ 000102 09/06/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L1065 L1065 Continued From page 19 13. On 07/24/23, staff initiated an Incident Report for a Level 3 - Serious Incident (categorized as a Patient-to-Patient Sexual Intercourse event). between Patient #7 and Patient #5. According to the Incident Report, a Mental Health Technician (MHT) who was assigned to 1:1 observation for a different patient located down the hallway, heard moaning sounds coming from the dayroom at approximately 12:05 AM. The MHT walked down to the darkened day room, turned on the light and discovered Patient #7 and Patient #5 alone. Patient #5 was standing in front of Patient #7, who was seated in a lounge chair. When the MHT entered the room, he observed Patient #2 pulling up his pants. 14. Additional review of Patient #5's medical records found the following Daily Nursing Progress Notes/Addendums documenting incidents that occurred before the 07/24/23 incident: a. On 06/14/23 at 9:15 AM, staff documented that Patient #5 was sitting in the day room laughing to himself when a female peer approached. The patients began talking, then the female peer leaned in to kiss Patient #5 and the two patients began kissing. Staff separated the patients. Patient #5 displayed no insight into the situation, and stated "that's my grandma, bro." b. On 07/08/23 at 12:45 AM, staff documented that Patient #5's mattress was in the day room on the floor. A female peer was found sitting on the mattress with Patient #5. The female peer resisted redirection but eventually returned to her room. 15. Review of the multidisciplinary treatment plans for Patient #5 and Patient #7 showed the

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STATEMENT OF DEFICIENCIES (X1) PROVIDE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		000102	B. WNG		09/06/2023	
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L1065	Continued From page	e 20	L1065			
	following:					
	a Patient #5 On the	Master Treatment Plan				
,		added Problem #4 Sexual				
		aster Problem List on				
		ral Treatment Plan (ITP) for ras created on 07/25/23 due		•		
		al intercourse incident on				
		no revisions or updates to				
	the treatment plan or problem list prior to this date that reflected the incidents documented on					
:	06/14/23 and 07/08/2	23 .				
	b. Patient #7 - The In	vestigator's medical record				
1	review found that sta	ff did not amend or initiate		•		
1	any additional interve through 08/21/23 (dis	entions between 07/26/23				
		an Update, dated 08/02/23				
		lent) nursing staff failed to				
	document the sexual intercourse incident that took place on 07/23/23 - 07/24/23.					
	*					
	16. On 08/23/23 at 12 with the Investigator,	2:40 PM, during an interview the Director of Risk				
:	Management (Staff#	1) stated that often when				
		e units, the staff attending				
:		neetings are not always update the treatment plans				
	or recent incidents re	ports. They implemented a				
:	new process in July to	o address these issues.				
:		40 PM, during an interview				
		a RN (Staff #5) stated that				
i .	_	ant incident, like a sexual the nurse would notify the				
	charge nurse, the hor	use supervisor, and the				
		hift report, the information				
		uld be communicated to the (Monday through Friday), the				
		s and reviews incident				

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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BHC FAIRFAX HOSPITAL 10200 NE 132ND ST KIRKLAND, WA 98034	BHC FAIR								
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE AGTION SHOULD BE COMPU	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS REFERENCED TO THE APPROP) BE	(X5) COMPLETE DATE		
L1065 Continued From page 21 reports from the previous day. 18. On 08/23/23 at 3:15 PM, during an interview with the investigator, the Director of Clinical Services (Staff #3) stated that the treatment team meet delity (Monday through Friday) and determine which patients are up for their weekly review (Treatment Plan Update). Each week, the treatment learn should review the patient's treatment plan, and assess their progress towards their treatment goal. The treatment team really relies on the nurses and providers to bring into to the treatment team. Typically, they don't have access to the incident report list until after the treatment eam has met for the day. Staff #3 verified that this is probably why the treatment plan updates do not reflect the incidents that have occurred, such as sexual/physical assaults and sectusion and restraint.	L1065	reports from the previous 18. On 08/23/23 at 3: with the Investigator, Services (Staff #3) st meet daily (Monday to determine which patie review (Treatment Plante at the treatment planter at the treatment team should be access to the interest that the treatment team have access to the interest that the treatment team have access to the interest that the treatment team have access to the interest that the treatment team have access to the interest that the second team have access to the interest that the second team have access to the interest that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that the second team that t	15 PM, during an interview the Director of Clinical ated that the treatment team hrough Friday) and ents are up for their weekly an Update). Each week, the id review the patient's issess their progress int goal. The treatment team irses and providers to bring team. Typically, they don't incident report list until after as met for the day. Staff #3 obably why the treatment reflect the incidents that have xual/physical assaults and	L1065					



January 9, 2024

Christopher West Chief Executive Officer Fairfax Hospital 10200 NE 132nd Street Kirkland, WA 98034

Re: Complaint #132584/2023-8801

Dear Mr. West,

Investigators from the Washington State Department of Health conducted a state hospital complaint investigation at Fairfax Hospital - Kirkland on 08/23/23 and 08/24/23, exiting on 09/06/23. Hospital staff members developed a plan of correction to correct deficiencies cited during this investigation. This plan of correction was approved on 11/02/23.

Hospital staff members sent a revised Progress Report dated 01/09/24 that indicates all deficiencies have been corrected. The Department of Health accepts Fairfax Hospital's attestation that it will correct all deficiencies cited in Chapter 246-322 WAC.

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

Sincerely,

Mary New, MSN, BSN, RN

Grary ment

Nurse Investigator