



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

PO Box 47874 • Olympia, Washington 98504-7874

Tuesday, February 16, 2021

Fairfax Behavioral Health
10200 NE 132nd St Kirkland, WA 98034

Dear Michael Carpenter:

This letter contains information regarding the recent investigation at Fairfax Behavioral Health by the Washington State Department of Health. Your state licensing investigation was completed on Thursday, February 4, 2021.

During the investigation, deficient practice was found in the areas listed on the attached Statement of Deficiency Report. A written Plan of Correction is required for each deficiency listed on the Statement of Deficiency Report and will be due 14 days after you receive this letter.

Each plan of correction statement must include the following:

- The regulation number;
- How the deficiency will be corrected;
- Who is responsible for making the correction;
- When the correction will be completed
- How you will assure that the deficiency has been successfully corrected. When monitoring activities are planned, objectives must be measurable and quantifiable. Please include information about the monitoring time frame and number of planned observations.

You are not required to write the Plan of Correction on the Statement of Deficiency Report.

Please sign and return the original reports and Plans of Correction to the following address:

Investigator: (BTS03)
Department of Health
HSQA/Office of Health Systems Oversight
PO Box 47874
Olympia, Washington 98504-7874

Enclosures: Statement of Deficiency Report
Plan of Correction Instructions

Statement of Deficiency Report

Department of Health
 P.O. Box 47874, Olympia, WA 98504-7874
 TEL: 360-236-4732

Fairfax Behavioral Health 10200 NE 132nd St Kirkland, WA 98034
 Agency Name and Address

Ron Escarda
 Administrator

Investigation
 Inspection Type Thursday, January 21, 2021
 Investigation Start Date

2020-12055
 Case Number BHA.FS.60874579
 License Number

BTS03
 Investigator Number

BHA
 BHA/RTF Agency Services Type

Please note that the deficiencies/violations/observations noted in this report are not all-inclusive, but rather were deficiencies/violations/observations that were observed or discovered during the investigation.

Deficiency Number and Rule Reference	Findings	Plan of Correction
<p>WAC 246-341-0600 (1)(e) Clinical—Individual rights. (1) Each agency licensed by the department to provide any behavioral health service must develop a statement of individual participant rights applicable to the service categories the agency is licensed for, to ensure an individual's rights are protected in compliance with chapters 71.05, 71.12, and 71.34 RCW. In addition, the agency must develop a general statement of individual participant rights that incorporates at a minimum the following</p>	<p>Based on clinical record review, the facility failed to ensure a patient's right to be free of any sexual harassment was protected for 1 of 2 patients reviewed (Patient #1).</p> <p>Failure to ensure a patient's right to be free of any sexual harassment is protected can result in patient harm, trauma, and interfere with treatment outcomes.</p> <p>Findings included:</p>	

statements. "You have the right to:" (e) Be free of any sexual harassment;

1. Review of the clinical record for Patient #1 and a facility document that was written by Staff B, Program Manager, showed that the facility did not protect Patient #1's right to be free of any sexual harassment based on the following:

a. Review of Patient #1's "Addendum Progress Note," dated 08/17/2020 at 9:37 PM, stated, "[Patient] reported to staff that peer [Patient #2] had touched them inappropriately several times today (and previous days). Peer [Patient #2] reportedly touched [Patient #1] inner thigh 'close to my [Patient #1] private part' and allegedly put their hands-on patient's [Patient #1's] neck in a sexual way. Peer [Patient #2] stated, 'I'm your daddy now' while doing this. Staff did not witness this. Patient [Patient #1] was visibly uncomfortable talking about it, fidgeting, making body small. Patient's [Patient #1] guardian was spoken with at 9:20 PM. Staff will continue to monitor."

b. Review of a document that was written by Staff B, Program Manager, no title, dated 08/18/2020, showed Staff B, Program Manager, documented, "spoke with [Patient #1] about the allegation [they] made on 08/17/2020, against a peer [Patient #2]. [Patient #1] stated that the peer [Patient #2] had touched [their] leg on the inner thigh, close to [Patient #1's] 'private' area, several times on the 17th and the 16th. [Patient #1] stated that they think this occurred in the dayroom but could have been in the hallway. [Patient #1] was unable to provide the times of these events. [Patient #1] also stated the peer [Patient #2] put their hands on [Patient #1's] neck in a 'sexual way' and stated, 'I'm your daddy now.' [Patient #1] was offered and decline to involve law

enforcement. [Patient #1] was advised to notify staff of any further behavior of concern on the part of [Patient #1's] peer. [Patient #1's Family Member] was notified by the Charge Nurse on 08/17/2020; however Program Manager called [Patient #1's Family Member] today to ensure the proper notification had been made, and [Patient #1's Family Member] confirmed that they had been notified. [Patient #1] remains on Sexual Aggression and Victimization Precautions."

2. Review of Patient #2's clinical record showed the following:

a. Review of Patient #2's "Case Management Progress Note," dated 08/18/2020, showed that the section titled, "Clinical Status/Acuity including progress towards treatment planning goals," stated, "Patient has made some improvements but appears to be more behavioral and sexually inappropriate." Section titled "Collateral Contacts" stated, "Patient has been defiant, non-redirectable and has displayed minimal engagement...patient has also been implicated in multiple sexual inappropriate incidents that were reported by nursing staff. As of recent, multiple patients made allegations that [Patient #2] was sexually and physically inappropriate with them yesterday. Case Management called Patient #2's Social Worker to inform them that the treatment team was discharging [Patient #2] due to patient no longer meeting acuity, refusing further treatment (medication), and physical and sexual inappropriate behavior."

b. Review of Patient #2's "Addendum Progress Note," dated 08/17/2020, at 9:58 PM, stated, "it was reported

by several peers [other patients] individually that this patient [Patient #2] touched the inner thigh of two different patients at two different times. It was reported that this patient also ran their foot up [another] patient's leg. Two peers reported that this patient [Patient #2] put their hands around these two patient's necks "in a sexual way." Patient [Patient #2] has been prompted in boundaries repeatedly. Staff was not able to witness any of these reports. All peer reports were taken individually. Staff will continue to monitor. Patient's [Patient #2's] guardian was notified at 9:29 PM [on 08/17/2020].

c. Review of Patient #2's "Discharge Summary," dated 08/18/2020, showed Patient #2 "continued to display boundary issues with peers...given that patient had refused medications, had not been invested in treatment, and this time had no unsafe behaviors – our treatment team elected to proceed with discharge."

Plan of Correction Instructions

Introduction

We require that you submit a plan of correction for each deficiency listed on the statement of deficiency form. Your plan of correction must be submitted to DOH within fourteen calendar days of receipt of the list of deficiencies.

You are required to respond to the statement of deficiencies by submitting a plan of correction (POC). Be sure to refer to the deficiency number. If you include exhibits, identify them and refer to them as such in your POC.

Descriptive Content

Your plan of correction must provide a step-by-step description of the methods to correct each deficient practice to prevent recurrence and provide information that ensures the intent of the regulation is met.

An acceptable plan of correction must contain the following elements:

- The plan of correcting the specific deficiency;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction.

Simply stating that a deficiency has been "corrected" is not acceptable. If a deficiency has already been corrected, the plan of correction must include the following:

- How the deficiency was corrected,
- The completion date (date the correction was accomplished),
- How the plan of correction will prevent possible recurrence of the deficiency.

Completion Dates

The POC must include a completion date that is realistic and coinciding with the amount of time your facility will need to correct the deficiency. Direct care issues must be corrected immediately and monitored appropriately. Some deficiencies may require a staged plan to accomplish total correction. Deficiencies that require bids, remodeling, replacement of equipment, etc., may need more time to accomplish correction; the target completion date, however, should be within a reasonable and mutually agreeable time-frame.

Continued Monitoring

Each plan of correction must indicate the appropriate person, either by position or title, who will be responsible for monitoring the correction of the deficiency to prevent recurrence.

Checklist:

- Before submitting your plan of correction, please use the checklist below to prevent delays.
- Have you provided a plan of correction for each deficiency listed?
- Does each plan of correction show a completion date of when the deficiency will be corrected?
- Is each plan descriptive as to how the correction will be accomplished?
- Have you indicated what staff position will monitor the correction of each deficiency?
- If you included any attachments, have they been identified with the corresponding deficiency number or identified with the page number to which they are associated?

Your plan of correction will be returned to you for proper completion if not filled out according to these guidelines.

Note: Failure to submit an acceptable plan of correction may result in enforcement action.

Approval of POC

Your submitted POC will be reviewed for adequacy by DOH. If your POC does not adequately address the deficiencies, you will be sent a letter detailing why your POC was not accepted.

Questions?

Please review the cited regulation first. If you need clarification or have questions about deficiencies, you must contact the investigator who conducted the investigation.

Statement of Deficiency Report

Department of Health
 P.O. Box 47874, Olympia, WA 98504-7874
 TEL: 360-236-4732

Fairfax Behavioral Health 10200 NE 132nd St Kirkland, WA 98034
 Agency Name and Address

Ron Escarda
 Administrator

Investigation
 Inspection Type Thursday, January 21, 2021
 Investigation Start Date

BTS03
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2020-12055
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Please note that the deficiencies/violations/observations noted in this report are not all-inclusive, but rather were deficiencies/violations/observations that were observed or discovered during the investigation.

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<p>WAC 246-341-0600 (1)(e) Clinical—Individual rights. (1) Each agency licensed by the department to provide any behavioral health service must develop a statement of individual participant rights applicable to the service categories the agency is licensed for, to ensure an individual's rights are protected in compliance with chapters 71.05, 71.12, and 71.34 RCW. In addition, the agency must develop a general statement of individual participant rights that incorporates at a minimum the following statements. "You have the right to:" (e) Be free of any sexual harassment;</p>	<p>Based on clinical record review, the facility failed to ensure a patient's right to be free of any sexual harassment was protected for 1 of 2 patients reviewed (Patient #1).</p> <p>Failure to ensure a patient's right to be free of any sexual harassment is protected can result in patient harm, trauma, and interfere with treatment outcomes.</p> <p>Findings included:</p> <p>1. Review of the clinical record for Patient #1 and a facility document that was written by Staff B, Program Manager, showed that the facility did not protect</p>	<p><i>R. Escarda</i> 3/1/21</p>

Patient #1's right to be free of any sexual harassment based on the following:

a. Review of Patient #1's "Addendum Progress Note," dated 08/17/2020 at 9:37 PM, stated, "[Patient] reported to staff that peer [Patient #2] had touched them inappropriately several times today (and previous days). Peer [Patient #2] reportedly touched [Patient #1] inner thigh 'close to my [Patient #1] private part' and allegedly put their hands-on patient's [Patient #1's] neck in a sexual way. Peer [Patient #2] stated, 'I'm your daddy now' while doing this. Staff did not witness this. Patient [Patient #1] was visibly uncomfortable talking about it, fidgeting, making body small. Patient's [Patient #1] guardian was spoken with at 9:20 PM. Staff will continue to monitor."

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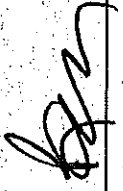



ensure the proper notification had been made, and [Patient #1's Family Member] confirmed that they had been notified. [Patient #1] remains on Sexual Aggression and Victimization Precautions."

2. Review of Patient #2's clinical record showed the following:

a. Review of Patient #2's "Case Management Progress Note," dated 08/18/2020, showed that the section titled, "Clinical Status/Acuity including progress towards treatment planning goals," stated, "Patient has made some improvements but appears to be more behavioral and sexually inappropriate." Section titled "Collateral Contacts" stated, "Patient has been defiant, non-redirectable and has displayed minimal engagement...patient has also been implicated in multiple sexual inappropriate incidents that were reported by nursing staff. As of recent, multiple patients made allegations that [Patient #2] was sexually and physically inappropriate with them yesterday. Case Management called Patient #2's Social Worker to inform them that the treatment team was discharging [Patient #2] due to patient no longer meeting acuity, refusing further treatment (medication), and physical and sexual inappropriate behavior."

b. Review of Patient #2's "Addendum Progress Note," dated 08/17/2020, at 9:58 PM, stated, "it was reported by several peers [other patients] individually that this patient [Patient #2] touched the inner thigh of two different patients at two different times. It was reported that this patient also ran their foot up [another] patient's leg. Two peers reported that this patient [Patient #2] put their hands around these two patient's necks "in a sexual way." Patient [Patient #2] has been



<p>prompted in boundaries repeatedly. Staff was not able to witness any of these reports. All peer reports were taken individually. Staff will continue to monitor Patient's [Patient #2's] guardian was notified at 9:29 PM [on 08/17/2020].</p> <p>c. Review of Patient #2's "Discharge Summary," dated 08/18/2020, showed Patient #2 "continued to display boundary issues with peers...given that patient had refused medications, had not been invested in treatment, and this time had no unsafe behaviors – our treatment team elected to proceed with discharge."</p>	
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Plan of Correction Instructions

Introduction

We require that you submit a plan of correction for each deficiency listed on the statement of deficiency form. Your plan of correction must be Submitted to DOH within fourteen calendar days of receipt of the list of deficiencies.

Fairfax Behavioral Health

Plan of Correction for Complaint 2020-12055 – Due 3/2/2021

By submitting this Plan of Correction, 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.

Regulation 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
WAC 246-341-0600 Clinical— Individual rights	<p>WAC 246-341-0600 (1)(e) Clinical—Individual rights. (1) Each agency licensed by the department to provide any behavioral health service must develop a statement of individual participant rights applicable to the service categories the agency is licensed for, to ensure an individual's rights are protected in compliance with chapters 71.05, 71.12, and 71.34 RCW. In addition, the agency must develop a general statement of individual participant rights that incorporates at a minimum the following statements. "You have the right to:" (e) Be free of any sexual harassment;</p>	<p>WAC 246-341-0600 (1) (e), the Patient Rights and Responsibilities (RI 1800.1) and the Sexual Aggression/Victimization Precautions (PC 1000.80) policies were reviewed by Clinical Leadership. No revisions were required at this time.</p> <p>All nursing staff will be retrained, in person, by the CNO or designee, to the Sexual Aggression/Victimization Precautions (PC 1000.80) policy. Focus of the training will include the requirement that patients be protected from sexual harassment through the following means:</p> <ul style="list-style-type: none"> • Identifying early warning signs of sexual behavior • Monitoring the patient with a suspected potential for sexual aggression/victimization • Implementing appropriate clinical interventions to minimize the risk of sexual 	Chief Nursing Officer	4/2/2021	Compliance will be confirmed through an audit of open medical records to ensure patients are assessed for sexual aggression/victimization on admission, placed on appropriate precautions and appropriate clinical interventions are implemented to minimize the risk of sexual harassment.	< 90%
					100% of all observed or reported instances of	

Fairfax Behavioral Health
 Plan of Correction for Complaint 2019-18308 – Due 6/24/20

Regulation 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
		harassing behaviors which may include: <ul style="list-style-type: none"> ○ Increasing levels of observation ○ Alteration in bedroom assignments ○ Alteration in roommate assignments ○ Separation of high risk patients including seating assignments in groups, at meals, etc. ● Implementing appropriate clinical interventions in response to observed or reported sexual harassing behaviors to include: <ul style="list-style-type: none"> ○ Immediately separating involved patients ○ Communicating and documenting behaviors of concern 			sexual harassment will be reviewed to ensure appropriate clinical interventions are implemented and documented. All deficiencies will be corrected immediately to include disciplinary action as needed. All aggregated data from monitoring compliance is reported monthly to Quality Council, Medical Executive Committee, and the Governing Board, quarterly. Target for compliance is 90%.	

**Fairfax Behavioral Health
Plan of Correction for Complaint 2019-18308 – Due 6/24/20**

Regulation 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"> ○ Consideration of increasing levels of observation ○ Consideration of altering bedroom assignments ○ Consideration of altering of roommate assignments ○ Notification of family/guardians 				



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

March 2, 2021

Fairfax Behavioral Health
10200 NE 132nd Street, Kirkland, WA 98034

Re: Case Number: 2020-12055
License Number: BHA.FS.60874579
Acceptable Plan of Correction
Date(s) of Investigation: 01/22/2021

Dear Administrator:

This letter is to inform you that after careful review of the Plan of Correction (POC) you submitted for the investigation recently conducted at your agency, the Department has determined that the POC is acceptable. You stated in your plan that you will implement corrective actions by the specified timeline. By this, the Department is accepting your Plan of Correction as your confirmation of compliance.

Based on the scope and severity of the deficiencies listed in your statement of deficiency report, the Department will not conduct an unannounced follow-up compliance visit to verify that all deficiencies have been corrected.

The Department reserves the right to pursue enforcement action for any repeat and/or uncorrected deficiencies based on applicable statute and rules.

Investigator: *(BTS03)*
Department of Health
HSQA/Office of Health Systems Oversight
PO Box 47874
Olympia, Washington 98504-7874