



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*PO Box 47874 • Olympia, Washington 98504-7874*

January 18, 2019

Richard Geiger  
BHC Fairfax Hospital Inc  
10200 NE 132nd St  
Kirkland, WA 98034-2899

Dear Richard Geiger:

This document contains information regarding the recent inspection of Fairfax Behavioral Health - Monroe E and T, 14701 179th Ave SE, Monroe, WA. 98272-1108 by the Washington State Department of Health. Your state licensing inspection was completed on 12/18/2018.

During the inspection, deficient practice was found in the areas listed on the attached Statement of Deficiencies. A written Plan of Correction is required for each deficiency listed on the Statement of Deficiencies and will be due 10 business days after you receive this document.

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 Deficiencies form.

Please return the Plans of Correction to me at the following address:

Jennifer M Ross LMHC  
Department of Health, Office of Health Systems Oversight  
111 Israel Road SE  
Tumwater, WA 98501

Please contact me if there are questions regarding the inspection process, deficiencies cited, or completion of the Plans of Correction. I may be reached at (360) 236-4690. I am also available by email at [Jennifer.Ross@doh.wa.gov](mailto:Jennifer.Ross@doh.wa.gov).

I want to extend another “thank you” to you and to everyone that assisted me during the survey.

Sincerely,

Jennifer M Ross LMHC  
Reviewer

Enclosures: DOH Statement of Deficiencies  
Plan of Correction Required Information

# Behavioral Health Agency Inspection Report

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

January 18, 2019

Fairfax Behavioral Health - Monroe E and T, 14701 179th Ave SE, Monroe, WA.  
98272-1108

Richard Geiger  
Administrator

Agency Name and Address

ONGOING - ROUTINE

12/18/2018

Jennifer M Ross LMHC

Inspection Type

Inspection Onsite Dates

Inspector

X2019-100

BHA.FS.60873711

Inspection Number

License Number

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 on-site inspection.

Deficiency Number and Rule Reference	Observation Findings	Plan of Correction
<p>1365 Individual service plan Clinical WAC 246-341-0620(1)(b) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's service plan as follows:(1) The individual service plan must:(b) Address issues identified by the individual or, if applicable, the individual's parent(s) or legal representative;</p>	<p>This Washington Administrative Code is NOT MET as evidence by: Based on record review and interview, it was determined that Fairfax-Monroe Behavioral Health failed to meet this requirement for 5 of 5 charts reviewed.</p> <p>Failure to meet this requirement may result in the patient voice not being heard in their service planning.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>In review of 5 of 5 charts, there was not documentation that the individual's identified issues were addressed in the services plan.</li> </ol>	
<p>1370 Individual service plan Clinical WAC 246-341-0620(1)(c) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's service plan</p>	<p>This Washington Administrative Code is NOT MET as evidence by: Based on record review and interview, it was determined that Fairfax-Monroe Behavioral Health failed to meet this</p>	

<p>as follows:(1) The individual service plan must:(c) Be in a terminology that is understandable to the individual and the individual's family;</p>	<p>requirement for 5 of 5 charts reviewed.</p> <p>Failure to meet this requirement may result in the patient not understanding their service plan.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. In review of 5 of 5 charts, the services plan was not documented in terminology understandable to the individual.</li> </ol>	
<p>1375 Individual service plan Clinical WAC 246-341-0620(1)(d) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's service plan as follows:(1) The individual service plan must:(d) Document that the plan was mutually agreed upon and a copy was made available to the individual;</p>	<p>Washington Administrative Code was not met as evidence by: Based on clinical record review it was determined that the agency failed to include an individual service plan (ISP) documented that the ISP was mutually agreed upon and a copy was made available to the individual in 11 of the 11 charts reviewed.</p> <p>Failure to ensure that the ISP was mutually agreed upon and the client received a copy may result in the client being unaware of the requirements he/she needs to complete for their treatment program</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. In 11 of 11 charts, the services plan did not document that the plan was mutually agreed upon and a copy was made available to the individual</li> </ol>	
<p>1430 Clinical Add record content WAC 246-341-0640(4)(a) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(4) Documentation of the individual's response when asked if:(a) The individual is under department of corrections (DOC) supervision</p>	<p>This Washington Administrative Code is NOT MET as evidence by: Based on record review and interview, it was determined that Fairfax-Monroe Behavioral Health failed to meet this requirement for 11 of 11 charts reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. In 11 of the 11 charts reviewed, the individual's response when asked if they were under DOC supervision was not documented.</li> </ol>	

<p>1435 Clinical Add record content WAC 246-341-0640(4)(b) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(4) Documentation of the individual's response when asked if(4) Documentation of the individual's response when asked if:(b) The individual is under civil or criminal court ordered mental health or substance use disorder treatment; and</p>	<p>This Washington Administrative Code is NOT MET as evidence by: Based on record review and interview, it was determined that Fairfax-Monroe Behavioral Health failed to meet this requirement for 11 of 11 charts reviewed.</p> <p>Failure to meet this requirement may result in the agency not reporting to the courts as required.</p> <p>Findings: 1. In 11 of 11 charts reviewed, the individual's response when asked if they are under civil or criminal court ordered MH or SUD treatment was not documented.</p>	
<p>1440 Clinical Add record content WAC 246-341-0640(4)(c) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include: (4) Documentation of the individual's response when asked if:(c) There is a court order exempting the individual participant from reporting requirements. A copy of the court order must be included in the record if the participant claims exemption from reporting requirements;</p>	<p>This Washington Administrative Code is NOT MET as evidence by: Based on record review and interview, it was determined that Fairfax-Monroe Behavioral Health failed to meet this requirement for 11 of 11 charts reviewed.</p> <p>Failure to meet this requirement may result in reporting to courts when not required.</p> <p>Findings: 1. In 11 of 11 charts, the individual's response was not documented when asked if there is a court order exempting the individual from reporting requirements.</p>	

**Introduction**

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

**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 in your inspection report 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 inspector who conducted the onsite inspection, or you may contact the supervisor.

**Fairfax Behavioral Health  
Plan of Correction for State Licensing – 12/18/2018  
Fairfax Behavioral Health Monroe E&T (BHA.FS.60873711)**

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 246-341-0620(1)(b)	1365 Individual service plan Clinical WAC 246-341-0620(1)(b) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's service plan as follows:(1) The individual service plan must:(b) Address issues identified by the individual or, if applicable, the individual's parent(s) or legal representative	<p>The Master Treatment Plan (MTP) was reviewed and revised on 1/28/19 to include issues identified by the patient with short term goals and interventions to assist the patient with their identified issues.</p> <p>All Case Managers were retrained in person on 1/29/19 by the Manager of Case Management to the revised MTP. Focus of the training included documenting issues that were identified by the patient and including appropriate treatment goals and staff interventions to assist the patient in meeting their treatment goals.</p>	Manager of Case Management	1/29/19	<p>All Treatment Plans will be audited monthly by the Manager of Case Management, or designee, to ensure that issues identified by the patient or patient's representative are included in the Treatment Plan.</p> <p>All discrepancies will be corrected immediately to include retraining as needed. Aggregated data will be reported to the Quality Council</p>	< 90%



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					and Medical Executive Committee monthly and to the Governing Board quarterly.  Target for compliance is: 90%.	
WAC 246-341-0620(1)(c)	1370 Individual service plan Clinical WAC 246-341-0620(1)(c) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's service plan as follows:(1) The individual service plan must:(c) Be in a terminology that is understandable to the individual and the individual's family	All Case Managers were retrained in person on 1/29/19 by the Manager of Case Management regarding the expectation that the Treatment Plan is written in terminology that is understandable to the patient and the patient's family.	Manager of Case Management	1/29/19	All Treatment Plans will be audited monthly by the Manager of Case Management, or designee, to ensure that the terminology is understandable to the patient and the patient's family.  All discrepancies will be corrected	< 90%

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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
					immediately to include retraining as needed. Aggregated data will be reported to the Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly.  Target for compliance is: 90%	
WAC 246-341-0620(1)(d)	1375 Individual service plan Clinical WAC 246-341-0620(1)(d) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's service plan as follows:(1) The individual service plan must:(d) Document that the plan was mutually agreed upon and a copy was made available to the individual	The Master Treatment Plan (MTP), which represents the Individual service plan, was reviewed and revised on 1/28/19 to include documentation that the plan was reviewed with the patient and/or family, mutually agreed upon and that a copy was made available to the patient.  All Case Managers were retrained, in	Manager of Case Management	1/29/19	All Treatment Plans will be audited monthly by the Manager of Case Management, or designee, to ensure that documentation reflects that the	< 90%

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		<p>person on 1/29/19 by the Manager of Case Management to the revised MTP. Focus of the training included documentation of the patient's involvement in their treatment plan and documentation that the patient agreed with their treatment plan. The Case Managers were trained to ensure a copy was made available to each patient.</p>			<p>plan was mutually agreed upon and a copy has been made available to the patient.</p> <p>All discrepancies will be corrected immediately to include retraining as needed. Aggregated data will be reported to the Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly.</p> <p>Target for compliance is: 90%</p>	



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WAC 246-341-0640(4)(a)	<p>1430 Clinical Add record content WAC 246-341-0640(4)(a) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(4) Documentation of the individual's response when asked if:(a) The individual is under department of corrections (DOC) supervision</p>	<p>The Psychosocial Assessment (PSA) was reviewed and revised on 1/28/19 to include the question and response to: "Are you under the Department of Corrections (DOC) supervision?" This will prompt the Case Managers to properly assess and document this information.</p> <p>All Case Managers were retrained, in person at staff meetings on 1/29/19 by the Manager of Case Management to the revised PSA which includes the question: "Are you under the Department of Corrections (DOC) supervision?"</p>	Manager of Case Management	1/29/19	<p>All PSAs will be audited monthly by the Manager of Case Management, or designee, to ensure that it is documented that patients are asked if they are under DOC supervision.</p> <p>All discrepancies will be corrected immediately to include retraining as needed. Aggregated data will be reported to the Quality Council and Medical Executive Committee</p>	< 90%

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					monthly and to the Governing Board quarterly.  Target for compliance is: 90%	
WAC 246-341-0640(4)(b)	1435 Clinical Add record content WAC 246-341-0640(4)(b) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(4) Documentation of the individual's response when asked if:(4) Documentation of the individual's response when asked if:(b) The individual is under civil or criminal court ordered mental health or substance use disorder treatment.	The Psychosocial Assessment (PSA) was reviewed and revised on 1/28/19 to include the question and response to: "Are you under civil or criminal court ordered treatment?"  All Case Managers were retrained, in person at staff meetings on 1/29/19 by the Manager of Case Management to the revised PSA that includes the question: "Are you under civil or criminal court ordered treatment?"	Manager of Case Management	1/29/19	All PSAs will be audited monthly by the Manager of Case Management, or designee, to ensure that it is documented that patients are asked if they are under civil or criminal court ordered treatment.  All discrepancies will be corrected immediately to include	< 90%

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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
					<p>retraining as needed. Aggregated data will be reported to the Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly.</p> <p>Target for compliance is: 90%</p>	
<p><b>WAC 246-341-0640(4)(c)</b></p>	<p><b>1440 Clinical Add record content WAC 246-341-0640(4)(c) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include: (4) Documentation of the individual's response when asked if:(c) There is a court order exempting the individual participant from reporting requirements. A copy of the court order must be included in the record if the participant claims exemption from</b></p>	<p>The Psychosocial Assessment (PSA) was reviewed and revised on 1/28/19 to include the question and response to: "Is there a court order exempting you from reporting requirements?" If the answer is positive, the Case Managers will include the order in the Medical Record.</p> <p>All Case Managers were retrained in person at staff meetings on 1/29/19 by the Manager of Case Management to the revised PSA that includes the</p>	<p>Manager of Case Management</p>	<p>1/29/19</p>	<p>All PSAs will be audited monthly by the Manager of Case Management, or designee, to ensure that it is documented that patients are asked if they are exempt from</p>	<p>&lt; 90%</p>



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	reporting requirements	question: "Is there a court order exempting you from reporting requirements?"			participating in reporting requirements and if so, that a copy of the court order is in the medical record.  All discrepancies will be corrected immediately to include retraining as needed. Aggregated data will be reported to the Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly.  Target for	

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					compliance is: 90%	

*By submitting this Plan of Correction, the Fairfax Behavioral Health does not agree that the facts alleged are true or admit that it violated the rules. Fairfax Behavioral Health submits this Plan of Correction to document the actions it has taken to address the citations.*





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
PO Box 47874 • Olympia, Washington 98504-7874

February 13, 2019

Michael Carpenter, LPN  
Fairfax Hospital  
14701 179<sup>th</sup> Ave SE  
Monroe, WA 98272

Subject: Inspection Number X2019-100

Dear Mr. Carpenter,

The Washington State Department of Health conducted an inspection at Fairfax Monroe E & T. Your inspection was conducted on 12/18/18. The Plan of Correction that was submitted was approved on 1/31/19. No further action is required.

I sincerely appreciate your cooperation and hard work during the inspection process and look forward to working with you again in the future.

Sincerely,

Jennifer Ross, LMHC  
Behavioral Health Reviewer