

State of Washington

*Copy of
SoC provided
11/15/17*

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/14/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER
BHC FAIRFAX HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE
**10200 NE 132ND STREET
KIRKLAND, WA 98034**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	<p>INITIAL COMMENTS</p> <p>STATE COMPLAINT INVESTIGATION</p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 WAC Private Psychiatric and Alcoholism Hospitals Licensing Regulations, conducted this health and safety complaint investigation.</p> <p>Onsite dates: 11/14/17 Examination number: 2017-13003 Intake number: 76871</p> <p>The investigation was conducted by: Surveyor #27347</p> <p>There was a violation found pertinent to this complaint.</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following: The regulation number and/or the tag number. HOW the deficiency will be corrected; WHO is responsible for making the correction; WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and WHEN the correction will be completed (Must be completed within 60 days of the survey exit date)</p> <p>3. Your PLANS OF CORRECTION must be returned within 10 working days from the date you receive the Statement of Deficiencies. Your plan of correction must be postmarked by December 1, 2017.</p> <p>4. Return the ORIGINAL REPORT with the required signatures. The administrator or representative's signature and date are required on the first page and initials in the lower right hand corner on the remaining pages of the report</p>	
L1110	<p>322-170.3D SOCIAL WORK SERVICES</p> <p>WAC 246-322-170 Patient Care Services. (3) The licensee shall provide, or arrange for, diagnostic and therapeutic services prescribed by the attending professional staff, including: (d) Social work services coordinated and supervised by a social worker with experience working with</p>	L1110		

State Form 2567

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/14/2017
--	---	---	---

NAME OF PROVIDER OR SUPPLIER BHC FAIRFAX HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND STREET KIRKLAND, WA 98034
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1110	<p>Continued From page 1</p> <p>psychiatric patients, responsible for: (i) Reviewing social work activities; (ii) Integrating social work services into the comprehensive treatment plan; and (iii) Coordinating discharge with community resources; 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 ensure a safe discharge plan for a patient (Patient #1).</p> <p>Failure to ensure a safe discharge plan places patients at risk for harm.</p> <p>Findings include: 1. The hospital policy titled "Discharge Process", last revised 1/2017 read in part "It is the policy of Fairfax Behavioral Health to provide each patient with a comprehensive discharge plan and to communicate that discharge plan to the patient and supportive person (s)".</p> <p>2. Review of Patient #1's record revealed the patient was discharge on 10/13/17 to a homeless shelter. The discharge diagnoses included "bipolar disorder with dementia of unknown cause". Discharge prognosis was listed as "fair, depending on compliance with treatment".</p> <p>The psychosocial factors at the time of discharge listed "homelessness, lack of social family support and poor medical health".</p> <p>"Treatment recommendations or discharge stated the patient required medication management to assess for compliance, efficacy and adverse effects and outpatient psychiatric follow-up".</p>	L1110		

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/14/2017
--	---	--	---

NAME OF PROVIDER OR SUPPLIER BHC FAIRFAX HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND STREET KIRKLAND, WA 98034
---	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1110	<p>Continued From page 2</p> <p>On 10/6/17 the patient was assessed by the Department of Social and Health Services (DSHS) home and community services case manager to help the patient get placement in a care facility.</p> <p>On 10/12/17 the hospital case manager called the patient's family to inform the family the patient was being discharged to a homeless shelter.</p> <p>3. The DSHS case manager was interviewed on 10/31/17 at 1:00 P.M. The case manager was not notified the patient was being discharged to a homeless shelter by the hospital. The patient's family called the case manager after the patient was at the shelter to inform them the patient was unable to manage their medications in the shelter. The homeless shelter did not have the capacity to help the patient manage their medications. The shelter also did not have the capacity to assist the patient to keep their appointments.</p> <p>4. Staff A was interviewed on 11/14/17 at 9:30 A.M. Staff A stated the patient did not meet criteria to continue staying in the hospital and the DSHS Home and Community Services case manager should have been notified to coordinate the care of the patient before discharge to the shelter.</p> <p>5. The above information was verified with Staff B on 11/14/17 at 10:00 A. M.</p>	L1110		

Fairfax Behavioral Health
 Plan of Correction for Complaint #2017-13003/76871
 BHC Fairfax Hospital (000102)

Tag Number	Deficiency	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	How Monitored to Prevent Recurrence & Target for Compliance	Action Level Indicating Need for Change of POC
L1110	<p>322-170.3D SOCIAL WORK SERVICES WAC 246-322-170 Patient Care Services (3) (3) The licensee shall provide, or arrange for, diagnostic and therapeutic services prescribed by the attending professional staff, including:</p> <p>(d) Social work services coordinated and supervised by a social worker with experience working with psychiatric patients, responsible for:</p> <p>(i) Reviewing social work activities;</p> <p>(ii) Integrating social work services into the comprehensive treatment plan; and</p> <p>(iii) Coordinating discharge with community resources...</p> <p>This Washington Administrative Code is not met as evidenced by: Based on interview, records review and review of hospital policies and procedures the hospital failed to ensure a safe discharge plan for a patient. Failure to ensure a safe discharge plan places patients at risk for harm.</p>	<p>The Director of Clinical Services (DCS) will deliver re-training via a staff meeting to the Social Services staff (Case Managers and Discharge Planners) regarding the need to (1) secure safe housing that is able to also meet medical care needs, or (2) bring any barriers to safe disposition to the attention of the Director of Clinical Services so that administrative review and oversight can be offered and when needed, enlist the assistance of the CMO in addressing cross-disciplinary considerations. Re-training will also review the need for detailed, comprehensive and repeated efforts to secure family involvement, community resources and aftercare. This shall include outreach to agency supervisors when callbacks are not received in a timely manner.</p> <p>The DCS will ensure that Social Services maintains a current resource list of community agencies, services and group home/shelter/other supported housing referral sources to assist in planning for safe discharge.</p>	Director of Clinical Services	12/15/17	The DCS will review all discharge audit tools and will follow-up with the assigned Case Manager on any items marked as out of compliance to ensure the discharge issue is resolved prior to the patient's discharge.	<100%

**Fairfax Behavioral Health
Plan of Correction for Complaint #2017-13003/76871
BHC Fairfax Hospital (000102)**

Tag Number	Deficiency	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	How Monitored to Prevent Recurrence & Target for Compliance	Action Level Indicating Need for Change of POC
		The DCS will implement the following change in procedure related to discharge: Case Managers will notify the DCS of patients being considered for provider-initiated voluntary status who are gravely disabled and will not have safe housing available to meet their needs given inability to care for self if a voluntary patient without access to state hospital services.				

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.