

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

NOTICE OF IMMEDIATE STOP PLACEMENT LIMITING OR PROHIBITING ADMISSIONS

DATE: 4/23/2022

Licensee: BHC Fairfax Hospital Address: 10200 NE 132nd St Kirkland, WA 98034-2899 License No: HPSY.FS.00000004

Re: Case No. 2022-2123, 2022-3363, & 2022-3389

Dear Licensee:

This is notice of a limited stop placement of admissions imposed on your psychiatric hospital license, located at 10200 NE 132nd St Kirkland, WA 98034-2899 pursuant to Chapter 71.12 RCW and WAC 246-322. The stop placement limiting admissions to your psychiatric hospital is <u>effective immediately</u> upon receipt of this notice.

Basis for Stop Placement Limiting Admissions

On 4/21/2022 6:00 PM, the Department of Health, Office of Health Systems Oversight (department) conducted an investigation at your facility and found deficient practices or conditions, more fully described below that constitute an immediate jeopardy. On 4/21/2022 the department provided the facility written notification of the immediate jeopardy and the facility had twenty–four (24) hours to develop and implement a department approved plan to address the immediate jeopardy or the facility may be subject to enforcement action.

On 4/23/2022 9:12 AM the department conducted a revisit inspection which verified that the facility did not develop and implement a department-approved plan to address the immediate jeopardy within twenty-four hours. Accordingly, the department is authorized to impose a limited stop placement that takes effect immediately.

Deficient Practices or Conditions

This stop placement is based on the following violations of chapter 71.12 RCW and chapter 246-322 WAC: WAC 246-322-035 Policies and Procedures – Develop and implement policies and procedures to manage assaultive, self-destructive, or out of control behaviors.

Based on observation, interview, and document review, the hospital failed to ensure that staff provided patient care in a safe setting by the failure to identify patients at increased risk for harm, the failure to implement a plan of care for the prevention of sexual aggression or victimization, suicidal behaviors, and self-harm behaviors, and the failure to maintain a safe patient care environment by effectively conducting environmental rounds and patient observations, as directed by the hospital's policies and procedures.

Scope of the Stop Placement

The above noncompliance continues to pose immediate jeopardy as defined in chapter 71.12 RCW and chapter 246-322 WAC:

□ Stop placement prohibiting all admissions of new patients. The deficient practices or conditions that constitute an immediate jeopardy are not limited to a particular category of patient or section of the hospital. Your facility may not admit any new patients until this stop placement is terminated by the department.

Limited stop placement because the deficient practices or conditions that constitute an immediate jeopardy apply only to the following category/categories of patients or section(s) of your facility as follows: patients under the age of 18. Your facility may not admit any new patients belonging to the above referenced category/categories or to the above referenced section(s) of the facility.

Terminating the Stop Placement:

The department will terminate the stop placement when the department verifies the violation necessitating the stop placement has been corrected, or the department determines that your hospital has taken intermediate action to address the immediate jeopardy; and establishes the ability to maintain correction of the violations previously found deficient. To request an on-site follow-up inspection to verify the above, please complete and submit the enclosed request form.

Request for and Adjudicative Proceeding:

The facility has the right to contest the stop placement by requesting an adjudicative proceeding. To contest the department's decision, your or your representative must file a written request with the department's Adjudicative Service Unit (ASU) in a manner that shows proof of service on the ASU within Twenty-Eight (28) days from receipt of this decision.

The mailing address is:	The physical address is:
Department of Health	Department of Health
Adjudicative Service Office	Adjudicative Service Office
Post Office Box 47879	111 Israel Road SE
Olympia, WA 98504-7879	Tumwater, WA 98501

Email: ACOfax@doh.wa.gov (For filing under the emergency rules)

Dated:	04	23/22	, 20
Ву:	whe	n BAMMit	2N

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

PSYCHIATRIC HOSPITAL PROGRAM

Enclosures cc: AAG OAS OILS OCHS ACO

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	цу́н (s) Г
000102		B. WING		C 05/05/2022	2	
AME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	n an ar fiostein.	s di.
HC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034		J GRACEDOARD	19.5
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMP	(5) PLETE NTE
L 000	INITIAL COMMENTS	1	L 000	1.1364.55	a Maganat (M	સંકુ
	STATE COMPLAINT	INVESTIGATION		· THE REPORTED AND AND A		
P	(DOH) in accordance Administrative Code Private Psychiatric ar	e Department of Health with Washington (WAC), Chapter 246-322 nd Alcoholism Hospitals, and safety investigation.		 A written PLAN OF CORRECTION required for each deficiency listed on Statement of Deficiencies. EACH plan of correction statement must include the following: 	l is the	
	Onsite dates: 04/06/2 04/20/22-04/21/22, 0 Offsite date: 05/05/22	4/23/22, 04/27/22-04/29/22		The regulation number and/or the tag number;	a costra a se	
	Case numbers: 2022 2022-2123	-3363, 2022-3389,		HOW the deficiency will be corrected	at in silin 18-1 Alia in stati	
	Intake numbers: 1208			WHO is responsible for making the correction;	n an an an an an an Saith an an Anna Na an	
	Additional Review: Va		R.	WHAT will be done to prevent reoccurrence and how you will monitor	or for	
	Investigator #15		212 L	continued compliance; and	and the second sec	w.J
	Investigator #12			WHEN the correction will be complete	3	
	Investigator #19 (Orie	entation)	i f	3. Your PLANS OF CORRECTION n be returned within 10 calendar days 1 the date you receive the emailed	and the second se	
	determined that there	on, the DOH investigators was a high risk of serious due to the hospital's failure	ł	Statement of Deficiencies. Your Plan Correction must be emailed by 06/07	and the first of the second second	
-		vere effective processes in ents at increased risk for s, to ensure that an		4. Return the ORIGINAL REPORT v email with the required signatures.	ian in star na filo Na star na filo Na star na filoso spanne	
	implemented for the p		÷	and from the second statement of the second se		
	self-harm behaviors, safe patient care env	ion suicidal behaviors and/or and that staff maintained a ironment by effectively ental rounds and patient		1/12	- 4/18/	17

STA._. ORM

6899

LOJL11

If continuation sheet 1 of 68

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			СОМ	E SURVEY PLETED
	000102				
ROVIDER OR SUPPLIER		ETFORACION DE LA COMPLETA DE LA COMP	, ZIP CODE		
FAX HOSPITAL					
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETE DATE
Continued From page	ə 1	L 000			
SAFETY was declare Hospital staff created immediate risk to pati plan was approved of Investigators verified Risk to Patient Safety Cross Reference: WA Procedures Significant deficiencie the time of the investi Behavioral Hospital re	ed on 04/21/22 at 5:45 PM. a plan to remove the ients. The hospital's removal n 04/27/22 at 2:35 PM. removal of the Immediate y on 04/28/22 at 5:15 PM. AC 246-322-035 Policies and es remained uncorrected at igation exit. Fairfax emains NOT IN				
facilities and COVID (1) This section applie types licensed by the chapters 18.46, 70.4 ² 71.12, and 71.24 RC ¹ to this rule must comp statutes, administration other legal requirement of the facility and the spread of coronavirus ID-19). (3) Lawful or limited to, orders issue chapter 43.06 RCW, under chapter 43.70 health or local health	19 es to all health care facility department of health under 1, 70.42, 70.127, 70.230, W. (2) Every facility subject ply with state and federal verules, lawful orders, and ents relating to the operation control or prevention of the s disease 2019 (COV- ders include, but are not ued by the governor under by the secretary of health RCW, or by a local board of officer under chapter 70.05,	L 001			
	ROVIDER OR SUPPLIER FAX HOSPITAL SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page The state of IMMEDI/ SAFETY was declared Hospital staff created immediate risk to pati- plan was approved of Investigators verified Risk to Patient Safety Cross Reference: W/ Procedures Significant deficiencie the time of the investi Behavioral Hospital m COMPLIANCE with th Administrative Code. WAC 246-300-001(1- facilities and COVID (1) This section appli- types licensed by the chapters 18.46, 70.4: 71.12, and 71.24 RC to this rule must com- statutes, administrative of the facility and the spread of coronavirus ID-19). (3) Lawful or limited to, orders issu- chapter 43.06 RCW, under chapter 43.70 health or local health	OF CORRECTION IDENTIFICATION NUMBER: 1000102 000102 ROVIDER OR SUPPLIER STREET A 10200 N KRA HOSPITAL SUMMARY STATEMENT OF DEFICIENCIESS SUMMARY STATEMENT OF DEFICIENCIESS (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 The state of IMMEDIATE RISK TO PATIENT SAFETY was declared on 04/21/22 at 5:45 PM. Hospital staff created a plan to remove the immediate risk to patients. The hospital's removal plan was approved on 04/27/22 at 2:35 PM. Investigators verified removal of the Immediate Risk to Patient Safety on 04/28/22 at 5:15 PM. Cross Reference: WAC 246-322-035 Policies and Procedures Significant deficiencies remained uncorrected at the time of the investigation exit. Fairfax Behavioral Hospital remains NOT IN COMPLIANCE with the Washington	IDENTIFICATION NUMBER: A. BUILDING: 000102 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE FAX HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) The state of IMMEDIATE RISK TO PATIENT SAFETY was declared on 04/21/22 at 5:45 PM. L 000 The state of IMMEDIATE RISK TO PATIENT SAFETY was declared on 04/21/22 at 5:45 PM. L 000 Investigators verified removal of the Immediate Risk to Patient Safety on 04/28/22 at 5:15 PM. L 000 Cross Reference: WAC 246-322-035 Policies and Procedures L 001 Significant deficiencies remained uncorrected at the time of the investigation exit. Fairfax Behavioral Hospital remains NOT IN COMPLIANCE with the Washington Administrative Code. L 001 (1) This section applies to all health care facilities and COVID 19 L 001 (1) This section applies to all health care facility types licensed by the department of health under chapters 18.46, 70.41, 70.42, 70.127, 70.230, 71.12, and 71.24 RCW. (2) Every facility subject to this rule must comply with state and federal statutes, administrative rules, lawful orders, and other legal requirements relating to the operation of the facility and the control or prevention of the spread of coronavirus disease 2019 (COV- ID-19). (3) Lawful orders include, but are not limited to, orders issued by the governor under chapter 43.06 RCW, by the secretary of health under cha	PF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 000102 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, GITY, STATE, ZIP CODE FAX HOSPITAL 10200 NE 132ND ST KIRKLAND, WA 98034 SUMMARY STANEMENT OF DEFICIENCES (EACH OPERCIPANO OF LSC DENTIFYING INFORMATION) PREFX TAG Continued From page 1 L 000 Continued From page 1 L 000 The state of IMMEDIATE RISK TO PATIENT SAFETY was declared on 04/21/22 at 5:45 PM. Hospital staff created a plan to remove the immediate risk to patients. The hospital's removal plan was approved on 04/28/22 at 5:15 PM. Cross Reference: WAC 246-322-036 Policies and Procedures Prefix Reference: WAC 246-322-036 Policies and Procedures Significant deficiencies remained uncorrected at the time of the investigation exit. Fairfax Behavioral Hospital remains NOT IN COMPLIANCE with the Washington Administrative Code. L 001 (1) This section applies to all health care facility types licensed by the department of health under chapters 18.46, 70.41, 70.42, 70.127, 70.230, 71.12, and 71.24 RCW. (2) Every facility subject to this rule must comply with state and federal statutes, administrative rules, lawful orders, and other legal requirements relating to the operation of the facility and the control or prevention of the spread of convairus disease 2019 (COV- ID-19). (3) Lawful orders include, but are not limited to, order insicude by the governor under chapter 43.06 RCW, by the secretary of health under chapter 43.06 RCW, by the secretary of health under chapter 43.06 RCW, by the secretary of health	FCORRECTION IDENTIFICATION NUMBER: A BUILDING:

6899

	DI AN OF CODDECTION		A. BUILDING:		(X3) DATE SI COMPLE C 05/0	TED
NAME OF PI	AME OF PROVIDER OR SUPPLIER STREET A			ATE, ZIP CODE	0.000.0009.000	10070-100880
			E 132ND ST			
BHC FAIR	FAX HOSPITAL		ND, WA 98034		167 million and 3	Williams at
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
L 001	Continued From pag	e 2	L 001	й ₁ то С ^а	and Day and Art	to No.
	This Washington Adr as evidenced by:	ninistrative Code is not met		and state in the solution of t	n national and the Later of the Part	
	hospital failed to ado and procedures that receive weekly COV that ensure unvaccin	nd document review, the pt and implement policies ensure unvaccinated staff ID-19 testing (Item #1) and ated staff wear appropriate equipment (PPE) (Item #2).		M. M	alah inter dari kasili dari kasili dari kasila dari kasila tanggal atsa	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
0	procedures for ensur receive weekly COV appropriate PPE place	implement policies and ing that unvaccinated staff ID-19 testing and wear ces patients, visitors, staff, it risk for harm, including		マン・ションスを行うに、ション Adding 教授 (Adding Adding Adding Adding Adding Adding Adding Adding Adding Adding Adding Adding Adding Adding Adding Adding Adding Addin	u yan oo ya oo ya ya oo ya ta ta ya oo ya a ta ahaa ha ta ya a	
	Findings included: Item #1 Weekly Test	ng for Unvaccinated Staff	i I	Volumentaria Essentra entre entre Consente Estruture - Entre el Constructor - Essente estructor - Recentere, Estru	ni sunjese nel Nakoda si prist	
	no policy number, ef healthcare workers v	ry Vaccination, Washington," fective 08/21, showed that vho have met the mption must be tested once		(1) (1) (2) (2)(2) (2)	andaristiin oosi Chilleatto ann John Mydaa ango Batti Nich Alenso Philleatha ann	다 같 위 (한 - (한 - () - (*) (*) (*) (*) (*) (*) (*) (*)
-loshi	Investigator #12 inter approved COVID-19 interviews showed th	een 11:20 AM and 11:55 AM, viewed 5 staff members with vaccine exemptions. The at 1 of 5 staff was not ing for COVID-19 (Staff		가지가 지수는 지수는 전문 제품을 가지 않는다. 지수는 것과 관계를 통해 가지 않는다. 지수는 것과 관계를 통해 위해 지수 있었다. 지수는 것은 것을 수 있는 것을 수 있는다. 정지는 것은 것을 수 있는 것을 것을 같다.	1972 297 alto porto 297 alto porto 2920 fermano 2920 fermano 292 alto porto	S tri
	interviewed the Chie	:30 PM, Investigator #12 f Operating Officer (Staff Resources generalist (Staff ional Director of Risk		4、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1、1	alpar ta 21 Alfo fank - garo Alfo fank - garo Alfo fan Alfo fan Mit gladege 1	13 m. 13 m. 14 m. 14 m.

and the second second second

PRINTED: 05/27/2022

NUNG C AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HC FAIRFAX HOSPITAL 10200 NE 132ND ST KIRKLAND, WA 98034 KIRKLAND, WA 98034		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMP	SURVEY LETED
AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE AME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE AME OF PROVIDER OR SUPPLIER CFAIRFAX HOSPITAL TO DEFICIENCY WIST THE PROCEDED BO FY ULL RECALL PROVIDENCY OF DEFICIENCORS REFERENCED TO THE APPROPRIATE DEFICIENCY WIST REPRECEDED BO FY ULL REGULATORY OR LSC IDENTIFYING INFORMATION) L 001 Continued From page 3 L 001 L 001 Continued From page 3 L 001 L 001 L 001 L 001							
10200 NE 132ND ST KIRKLAND, WA 98034 (X4) ID (EACH DEFICIENCY WIST EMENT OF DEFICIENCIES PRETIX TAG D PROVIDEN'S PLAN OF CORRECTION (EACH DEFICIENCY WIST BE PRECEDED BO FY ULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PRETIX TAG PROVIDEN'S PLAN OF CORRECTION (EACH DEFICIENCY WIST BE PRECEDED BO FY ULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PRETIX TAG PROVIDEN'S PLAN OF CORRECTION SHOULD BE CACH DEFICIENCY COMPLET DEFICIENCY L 001 Continued From page 3 L 001 L 001 Imagement (Staff #1208) about the weekly COVID-19 testing process for unvaccinated staff. Staff #1207 stated that unvaccinated staff L 001 Imagement (Staff #1208) about the weekly COVID-19 testing unvaccinated staff L 001 Visit did not submit their test to the lab by Tuesday of each week, and unvaccinated staff L 001 Imagement (Staff #1207, stated that unvaccinated staff Imagement (Staff #1207, stated that 100%) Staff Imagement (Staff #1207, stated that they had identified "gaps in their hiring process," and 3 staff had not been set up for weekly testing since they were hired (Staff #1201, #1203, and #1204). Staff #1207 confirmed that Staff #1202 was set up for weekly testing but had not submitted a test since 03/25/22. Imagement (PEE) Imagement (Staff #1207, Stated that Comment titled, "COVID-19 Mandatory Vaccination, Washington," Imageme	-					05/	05/2022 🔍
KIRKLAND, WA 98034 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OERCOND SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) Open DATE L 001 Continued From page 3 L 001 Image: Cross-ReferenceD to THE APPROPRIATE DEFICIENCY) DEFICIENCY L 001 Continued From page 3 L 001 Image: Cross-ReferenceD to THE APPROPRIATE DEFICIENCY) DEFICIENCY L 001 Continued From page 3 L 001 Image: Cross-ReferenceD to THE APPROPRIATE DEFICIENCY) DEFICIENCY L 001 Continued From page 3 L 001 Image: Cross-ReferenceD to THE APPROPRIATE DEFICIENCY) DEFICIENCY L 003 Continued From page 3 L 001 Image: Cross-ReferenceD to THE APPROPRIATE DEFICIENCY DEFICIENCY L 004 Continued From page 3 L 001 Image: Cross-ReferenceD to THE APPROPRIATE DEFICIENCY DEFICIENCY L 005 Continued their their test to the lab by Tuesday of each week, and unvaccinated staff Image: Cross-ReferenceD to the Appropriate of the staff and the test staff Image: Cross-ReferenceD to the Appropriate of the test staff I test full 201, #1202, and #1204, Staff #1207 Staff #1207 testaff Image: Cross-ReferenceD to	AME OF PI	ROVIDER OR SUPPLIER		• /2:	, ZIP CODE		
CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CEACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) comment DATE L 001 Continued From page 3 L 001 Management (Staff #1208) about the weekly COVID-19 testing process for unvaccinated staff. Staff #1207 stated that unvaccinated staff were supposed to submit their test to the lab by Tuesday of each week, and unvaccinated staff who did not submit weekly tests would be suspended. The interview showed that 4 of 14 staff worked without receiving weekly testing (Staff #1201, #1202, #1203, and #1204). Staff #1206 stated that they had identified "gaps in their hiring process," and 3 staff had not been set up for weekly testing since they were hired (Staff #1201, #1202, was set up for weekly testing but had not submitted a test since 03/25/22. Item #2 Personal Protective Equipment (PPE) 1. Review of the hospital document titled, "COVID-19 Mandatory Vaccination, Washington,"	HC FAIR	FAX HOSPITAL					
Management (Staff #1208) about the weekly COVID-19 testing process for unvaccinated staff. Staff #1207 stated that unvaccinated staff were supposed to submit their test to the lab by Tuesday of each week, and unvaccinated staff who did not submit weekly tests would be suspended. The interview showed that 4 of 14 staff worked without receiving weekly testing (Staff #1201, #1202, #1203, and #1204). Staff #1206 stated that they had identified "gaps in their hiring process," and 3 staff had not been set up for weekly testing since they were hired (Staff #1201, #1202, and #1204). Staff #1207 confirmed that Staff #1202 was set up for weekly testing but had not submitted a test since 03/25/22. Item #2 Personal Protective Equipment (PPE) 1. Review of the hospital document titled, "COVID-19 Mandatory Vaccination, Washington,"	PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES	ID PREFIX	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	COMPLET
COVID-19 testing process for unvaccinated staff. Staff #1207 stated that unvaccinated staff were supposed to submit their test to the lab by Tuesday of each week, and unvaccinated staff who did not submit weekly tests would be suspended. The interview showed that 4 of 14 staff worked without receiving weekly testing (Staff #1201, #1202, #1203, and #1204). Staff #1206 stated that they had identified "gaps in their hiring process," and 3 staff had not been set up for weekly testing since they were hired (Staff #1201, #1203, and #1204). Staff #1207 confirmed that Staff #1202 was set up for weekly testing but had not submitted a test since 03/25/22. Item #2 Personal Protective Equipment (PPE) 1. Review of the hospital document titled, "COVID-19 Mandatory Vaccination, Washington,"	L 001	Continued From page	e 3	L 001			
		Management (Staff # COVID-19 testing pro Staff #1207 stated th supposed to submit to Tuesday of each week who did not submit we suspended. The inter staff worked without to (Staff #1201, #1202, #1206 stated that the their hiring process," up for weekly testing #1201, #1203, and # that Staff #1202 was had not submitted a to Item #2 Personal Pro-	1208) about the weekly becass for unvaccinated staff. at unvaccinated staff were heir test to the lab by ek, and unvaccinated staff recekly tests would be view showed that 4 of 14 receiving weekly testing #1203, and #1204). Staff ey had identified "gaps in and 3 staff had not been set since they were hired (Staff 1204). Staff #1207 confirmed set up for weekly testing but test since 03/25/22.				
2. On 04/28/22 between 11:20 AM and 11:55 AM,		Investigator #12 inter approved COVID-19 the interviews, the im 5 staff was not wearin #1205) as required b asked about the hosp respirators, Staff #12	viewed 5 staff members with vaccine exemptions. During vestigator observed that 1 of ng an N95 respirator (Staff y hospital policy. When pital's policy for wearing N95				
Investigator #12 interviewed 5 staff members with approved COVID-19 vaccine exemptions. During the interviews, the investigator observed that 1 of 5 staff was not wearing an N95 respirator (Staff #1205) as required by hospital policy. When asked about the hospital's policy for wearing N95 respirators, Staff #1205 stated that the hospital			les when they go to the				

If continuation sheet 4 of 68

PRINTED: 05/27/2022
FORM APPROVED

STATEMENT	Vashington OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPL	
0 52	an Rate Car	000102	B. WING		05/0))5/2022
10200 N			DDRESS, CITY, STA	TE, ZIP CODE		NCF STORE
BHC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034	en (M) Duellik ($= \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \frac{1}{2} e^{i \omega t \omega_0} = \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \frac{1}{2} e^{i \omega t \omega_0} = \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \frac{1}{2} e^{i \omega t \omega_0} = \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \frac{1}{2} e^{i \omega t \omega_0} = \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \frac{1}{2} e^{i \omega t \omega_0} = \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \int_{-\infty}^{\infty} \frac{1}{2} e^{i \omega t \omega_0} = \int_{-\infty}^{\infty} \int_{-\infty}$	2010/2012
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
L 001	Continued From pag	e 4	L 001	1.54	16, 16 e	1. m.
	patient care units.					
	2 On 04/28/22 at 11	7 DM during on interview				8.0° T. Y
		37 PM, during an interview rector of Risk Management	1	Chief & Franklin in Mittan & F		E.
	(Staff #1208), Staff #			and the second second second		
	and the second se	that Staff #1205 was not		化化合合 经分配通知 网络	a pul 16 - speca	291
		licy and should have been			1 10 21	š
	wearing an N95 resp	nrator.	à	ann air an t-chruid air tean		
				entrold of the law he		1.3-
L 315	322-035.1C POLICIE	ES-TREATMENT	L 315	70/200-pt. 1. PY 14-40/		
		u Protes el Costal			Postad	(#13
	WAC 246-322-035 P Procedures. (1) The			mana tata, Kaoministrative	s true in the states	-d 1
	develop and impleme			wo missiwe this will yap not		
	written policies and p			There is a contract of the second		
	consistent with this c			dabay she si in sada sada		
-	services provided: (c			en en estatu		640
	or arranging for the o			mandhann e is manning me		8
	treatment of patients		,	addition of the ball of the		ε f γ
	as evidenced by:	ministrative Code is not met		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		3
						5.7
				an the Shitter Levis 145	n statione means	
		ew and document review, the		international principal and		. 64 T
	and procedures to re	ure staff followed policies		£		
	a transmission of the structure of the state	cidal behaviors and, based		en de l'estado de la desta de la faño de la f		vi.
		on, notified the provider of		11.11、11·11世纪1月上		
		indicated, as demonstrated		a where it is a starting		2288 r
	A State of the second	iewed (Patients #1901,				
	#1902, #1903, #1904	4, #1905, #1906, and #1907).		CERTAIN REPORTS	. when the	16
	Failure to complete t	he suicide risk reassessment		alighter there is the last of the mode		ern r
		er of any identified increased	- X			
		patient at risk for an unsafe				62)
		, psychological harm, and				
	serious injury or dear		i i i	863 Dec		1
te Form 25	2.1				1년 - 19년 12일 (19일 1 93)	W ^{rk} in m

State Form 2567 STATE FORM

esperiper - esperater

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	•	000102	B. WING		05	C 5/05/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
BHC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI) CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
L 315	Findings included: 1. Document review of Risk Assessment and number 1000.26, last the following: a. All patients admitted Health will be assess admitting Registered RN-Columbia Suicide (RN-CSSRS). b. Reassessment of a waking shift (twice per suicide precautions of change in mental stat on the nursing program c. This assessment so i. Current or past thom	of facility policy titled "Suicide d Management," policy t reviewed 06/21, showed ed to Fairfax Behavioral eed for suicidality by the Nurse (RN) using the e Severity Rating Screen suicidality will occur every er day) for any patient on or who exhibit a significant tus; these are documented ess note. thall contain, at a minimum:	L 315			
	iii. Evidence of suicidiv. Risk Formulation irisk as compared to t	al planning or intent				
		ons (interventions) initiated to or self-destructive behavior.				
		stigator #19 reviewed the tient #1901 for the dates of				

STATE FORM

If continuation sheet 6 of 68

01/14 13-ye cuttin had a result she w histor a. Inv Progr asses per da notes the pa quest dead wake thoug docur "low" direct The F "yes" CSSF	SUMMARY ST/ (EACH DEFICIENC) REGULATORY OR I nued From page /22 through 01/2 ear-old female ac g, and alcohol ir history of a rec ed in an emerge vas referred to the y of sexual assa restigator #19 re ress Notes and f ssed the patient ay as directed by for Patient #190 atient answered tions: #1-Have y or wished you c	10200 N KIRKLA ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	B. WING ADDRESS, CITY, STA E 132ND ST ND, WA 98034 PREFIX TAG L 315	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE OPRIATE
(X4) ID PREFIX TAG L 315 Contin 01/14 13-ye cuttine had a result she w histor a. Inv Progr asses per da notes the pa quest dead wake thoug docur "low" direct The F "yes" CSSF	SUMMARY STA (EACH DEFICIENC) REGULATORY OR I nued From page /22 through 01/2 ear-old female ac g, and alcohol in history of a recu ad in an emerge vas referred to the y of sexual assa restigator #19 re ress Notes and f ssed the patient ay as directed by for Patient #190 atient answered tions: #1-Have y or wished you co up? #2-Have you	10200 N KIRKLA ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	E 132ND ST ND, WA 98034 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	TION JLD BE OPRIATE
(X4) ID PREFIX TAG L 315 Contin 01/14 13-ye cuttin had a result she w histor a. Inv Progr asses per da notes the pa quest dead wake thoug docur "low" direct The F "yes" CSSF	SUMMARY ST (EACH DEFICIENCE REGULATORY OR I nued From page /22 through 01/2 ear-old female ac g, and alcohol in history of a recu ad in an emerge vas referred to the y of sexual assa restigator #19 re ress Notes and f ssed the patient ay as directed by for Patient #190 atient answered tions: #1-Have y or wished you co up? #2-Have you	KIRKLA ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ND, WA 98034 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	TION JLD BE OPRIATE
L 315 Contin 01/14 13-ye cuttin had a result she w histor a. Inv Progr asses per da notes the pa quest dead wake thoug docur "low" direct The F "yes" CSSF	(EACH DEFICIENC REGULATORY OR I nued From page /22 through 01/2 ear-old female ac g, and alcohol in history of a rec- ted in an emerge vas referred to the y of sexual assa restigator #19 re ress Notes and f ssed the patient ay as directed by for Patient #190 atient answered tions: #1-Have y or wished you co up? #2-Have you	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE OPRIATE
 01/14 13-ye cutting had a result she what has the weak of the part of the pa	/22 through 01/2 ear-old female ac g, and alcohol ir history of a rec- vas referred to the y of sexual assa- restigator #19 re- ress Notes and f sed the patient ay as directed by for Patient #190 atient answered tions: #1-Have y or wished you co up? #2-Have you	27/22. Patient #1901 is a Imitted for suicidal ideation, intoxication. Patient #1901 ent suicidal gesture that ency department visit, where he facility. She also had a sult by a family member. viewed the Daily Nursing ound that nursing staff using the RN-CSSRS twice y hospital policy. In 9 of 34 D1, nursing documented that "yes" to the following 2 ou ever wished you were	L 315	Martinian and Artigorumi (1970) 1970 (1994) Tabli Backbook (1970) 1970 (1994) Tabli Backbook (1970) 1970 (1996) Backbook (1970) (1996) Backbook (1970) (1996) Backbook (1970) (1997) Backbook (1970) (1997) Backbook (1970) (1970)	
13-ye cutting had a result she w histor a. Inv Progr asses per da notes the pa quest dead wake thoug docur "low" direct The F "yes" CSSF	ear-old female ac g, and alcohol ir history of a rec- ted in an emerge vas referred to the y of sexual assa restigator #19 re ress Notes and f ssed the patient ay as directed by for Patient #19 atient answered tions: #1-Have y or wished you co up? #2-Have you	Imitted for suicidal ideation, itoxication. Patient #1901 ent suicidal gesture that ency department visit, where he facility. She also had a nult by a family member. viewed the Daily Nursing ound that nursing staff using the RN-CSSRS twice y hospital policy. In 9 of 34 D1, nursing documented that "yes" to the following 2 ou ever wished you were		1. Level T, Staff Balenton, J. 2017 Series J, S. S. S. Sangar, J. 2017 Series Bale S. S. Sangar, J. 2017 Series Bale S. Sangar, S. S. Sangar, J. S. Versen, M. Series B. S. Sangar, J. Sangar, S. Sangar, S. S. Sangar, S. Sangar, S. Sangar, S. Sangar, S. Sangar, S. Sangar, S. Sangar, S. Sangar, Sangar	
13-ye cutting had a result she w histor a. Inv Progr asses per da notes the pa quest dead wake thoug docur "low" direct The F "yes" CSSF	ear-old female ac g, and alcohol ir history of a rec- ted in an emerge vas referred to the y of sexual assa restigator #19 re ress Notes and f ssed the patient ay as directed by for Patient #19 atient answered tions: #1-Have y or wished you co up? #2-Have you	Imitted for suicidal ideation, itoxication. Patient #1901 ent suicidal gesture that ency department visit, where he facility. She also had a nult by a family member. viewed the Daily Nursing ound that nursing staff using the RN-CSSRS twice y hospital policy. In 9 of 34 D1, nursing documented that "yes" to the following 2 ou ever wished you were		1. Level T, Staff Balenton, J. 2017 Series J, S. S. S. Sangar, J. 2017 Series Bale S. S. Sangar, J. 2017 Series Bale S. Sangar, S. S. Sangar, J. S. Versen, M. Series B. S. Sangar, J. Sangar, S. Sangar, S. S. Sangar, S. Sangar, S. Sangar, S. Sangar, S. Sangar, S. Sangar, S. Sangar, S. Sangar, Sangar	
cutting had a result she w histor a. Inv Progr asses per da notes the pa quest dead wake thoug docur "low" direct The F "yes" CSSF	g, and alcohol ir history of a rec red in an emerge vas referred to the y of sexual assa restigator #19 re ress Notes and f sed the patient ay as directed by for Patient #190 atient answered tions: #1-Have y or wished you c up? #2-Have you	toxication. Patient #1901 ent suicidal gesture that ency department visit, where he facility. She also had a nult by a family member. viewed the Daily Nursing ound that nursing staff using the RN-CSSRS twice y hospital policy. In 9 of 34 D1, nursing documented that "yes" to the following 2 ou ever wished you were		1. Level T, Staff Balenton, J. 2017 Series J, S. S. S. Sangar, J. 2017 Series Bale S. S. Sangar, J. 2017 Series Bale S. Sangar, S. S. Sangar, J. S. Versen, M. Series B. S. Sangar, J. Sangar, S. Sangar, S. S. Sangar, S. Sangar, S. Sangar, S. Sangar, S. Sangar, S. Sangar, S. Sangar, S. Sangar, Sangar	
had a result she w histor a. Inv Progr asses per da notes the pa quest dead wake thoug docur "low" direct The F "yes" CSSF	history of a rec red in an emerge vas referred to the y of sexual assa restigator #19 re ress Notes and f sed the patient ay as directed by for Patient #190 atient answered tions: #1-Have y or wished you co up? #2-Have you	ent suicidal gesture that ency department visit, where he facility. She also had a suit by a family member. viewed the Daily Nursing ound that nursing staff using the RN-CSSRS twice y hospital policy. In 9 of 34 D1, nursing documented that "yes" to the following 2 ou ever wished you were		 A. A. A. B. S. S. M. M. C. J. A. S. S.	e i Bala Iran II. nation en compositor natione en compositor esta an est compositor esta est est compositor est freeze compositor antes data est parte i attrata est al per i attrata compositor al per perte
result she w histor a. Inv Progr asses per da notes the pa quest dead wake thoug docur "low" direct The F "yes" CSSF	ted in an emerge vas referred to the y of sexual assa- restigator #19 re- ress Notes and for sed the patient ay as directed by for Patient #190 atient answered tions: #1-Have y or wished you of up? #2-Have you	ency department visit, where he facility. She also had a nult by a family member. viewed the Daily Nursing ound that nursing staff using the RN-CSSRS twice y hospital policy. In 9 of 34 D1, nursing documented that "yes" to the following 2 ou ever wished you were		and best in a with mentane and a set in the mental of a second set when the table when the for- cases are disable with the inter- mentation of Based Second Reserve and Based Second Reserve and Based Second Reserve and Reserve and a second set of the second second second and the rest of the second secon	azitala (Historia (Historia) alah (Bistoria) (Historia) alah (Bistoria) (Historia) alah (Bistoria) (Historia) alah (Historia) (Historia) alah (Historia) (Historia) Bistoria) (Historia) (Historia)
she w histor a. Inv Progr asses per da notes the pa quest dead wake thoug docur "low" direct The F "yes" CSSF	vas referred to the y of sexual assauts restigator #19 re- ress Notes and for sed the patient ay as directed by for Patient #199 atient answered tions: #1-Have y or wished you of up? #2-Have you	the facility. She also had a nult by a family member. wiewed the Daily Nursing ound that nursing staff using the RN-CSSRS twice y hospital policy. In 9 of 34 D1, nursing documented that "yes" to the following 2 ou ever wished you were		(A) J. L. Manneghelis and Solid Weight at an action state of the estates of the State with the line of the metric of State State of the same state of State State of the same state of the state of the state of the metric 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	nadi ana ang pang Sang ang atom tan Silabahan ning pan Diti menununununu ang kalang pan Sang kalang pan Sang bang pang pang Sang tang pang pang pang Sang tang pang pang pang Sang tang pang pang pang pang Sang pang pang pang pang pang Sang pang pang pang pang pang Sang pang pang pang pang pang pang pang p
histor a. Inv Progr asses per da notes the pa quest dead wake thoug docur "low" direct The F "yes" CSSF	y of sexual assa restigator #19 re ress Notes and f ssed the patient ay as directed b for Patient #190 atient answered tions: #1-Have y or wished you c up? #2-Have you	wiewed the Daily Nursing ound that nursing staff using the RN-CSSRS twice y hospital policy. In 9 of 34 01, nursing documented that "yes" to the following 2 ou ever wished you were		भारको आ जेवन के साम हो। इन उदाखा ते के किस्ति प्रथन में के कि के भारत प्रसार दिखिल्ली जातन स्वाक प्रथल अपूर्ण के किन्दु आ कि वर्षित साम करता के किन्दु आ कि	
a. Inv Progr asses per da notes the pa quest dead wake thoug docur "low" direct The F "yes" CSSF	restigator #19 re ress Notes and f ssed the patient ay as directed b for Patient #190 atient answered tions: #1-Have y or wished you c up? #2-Have you	viewed the Daily Nursing ound that nursing staff using the RN-CSSRS twice y hospital policy. In 9 of 34 01, nursing documented that "yes" to the following 2 ou ever wished you were		essae en e disserval el si en el 1 an accedit Essaelis este an accedit Essaelis este 1 an accedit Essael el 1 an accedit en el bez el control 1 an el ana bar el control 1 an el ana bar el control	affedori Di Peri Sorti oli ares Losequios Solitati e el so solitati e el 100 10 Philosoli 9 anti-
Progr asses per da notes the pa quest dead wake thoug docur "low" direct The F "yes" CSSF	ress Notes and f ssed the patient ay as directed b for Patient #19 atient answered tions: #1-Have y or wished you c up? #2-Have you	ound that nursing staff using the RN-CSSRS twice y hospital policy. In 9 of 34 01, nursing documented that "yes" to the following 2 ou ever wished you were		यक्षेत्र आसम् सम् मेनव्यक्षेत्र प्रतिह मिह्नमा - प्रदान्त - मान्स्ट्रिय - प्रदान याचित - प्राण्य क्रिस्ट्रिय - प्रदान मान्स्ट्रान्त - यान्य न्यान्य	an Pari Al Londyn (pol 1 Juliu Al III millina 2 Julia - Martin Al Mali 10 Marjona - Al Martin Ju
asses per da notes the pa quest dead wake thoug docur "low" direct The F "yes" CSSF	ssed the patient ay as directed b for Patient #19 atient answered tions: #1-Have y or wished you c up? #2-Have you	using the RN-CSSRS twice y hospital policy. In 9 of 34 01, nursing documented that "yes" to the following 2 ou ever wished you were		""""""""""""""""""""""""""""""""""""""	nandal – mir z sil izvez i digo 10 Mijozi (19 sil jež
per da notes the pa quest dead wake thoug docur "low" direct The F "yes" CSSF	ay as directed b for Patient #190 atient answered tions: #1-Have y or wished you c up? #2-Have you	y hospital policy. In 9 of 34 01, nursing documented that "yes" to the following 2 ou ever wished you were	T T T	tine backs were also a the second second second	s di lamos i di Wali. 1019: josti di Statu
notes the pa quest dead wake thoug docur "low" direct The F "yes" CSSF	for Patient #190 atient answered tions: #1-Have y or wished you c up? #2-Have you	01, nursing documented that "yes" to the following 2 ou ever wished you were	Y	tine backs were also a the second second second	s di lamos i di Wali. 1019: josti di Statu
the pa quest dead wake thoug docur "low" direct The F "yes" CSSF	atient answered tions: #1-Have y or wished you c up? #2-Have yo	"yes" to the following 2 ou ever wished you were	v	化二氯化二十二氟 网络拉拉 特别的变形	Procession Providence
quest dead wake thoug docur "low" direct The F "yes" CSSF	tions: #1-Have y or wished you c up? #2-Have yo	ou ever wished you were	Υ		
dead wake thoug docur "low" direct The F "yes" CSSF	or wished you c up? #2-Have yo				
wake thoug docur "low" direct The F "yes" CSSF	up? #2-Have yo	ould go to sleep and not		 Configuration Address (1997) - point 	
thoug docur "low" direct The F "yes" CSSF				me a stable series and	
docur "low" direct The F "yes" CSSF	ints of killing vol	ou ever actually had any	1 1	人名德尔 建石 化绝强 化四氯化合合 化分子管理	
"low" direct The F "yes" CSSF				a ser ann an thailte an an an an an	
direct The F "yes" CSSF		ent's level of suicide risk as	1	orang ng paritingka randah ing Subora Katipang darah darah ita	
The F "yes" CSSF		tify the provider, as is	1	(1) If the state part of the second state o	
"yes" CSSF		ning tool and hospital policy. Formulation shows that a		가 바이지 아이지 않는 것이 가지 않는 것이 있다. 한국 수 있는 것이 같은 것이 있는 것이 있는 것이 같은 것이 있는 것	
CSSF		or more questions on the		and the second sec	
CSSRS indicates that the nurse must notify the		the second se		an alter a state of the state o	
provid		nt the provider's response.	1	1 Prog. States of Alberts of	
p.ovic			4	for a short about a formation of a	
b. Inv	estigator #19 re	viewed the Daily Nursing		in the data setting and the set	3.8.29.40 H. O. M.
Progress Notes and found that nursing s				いいてあり、「「「「「」」」	permit of a male
asses	ssed the patient	using the RN-CSSRS twice		1. W. M. MARSON & ON	
per da	ay as directed b	y hospital policy. In 2 out of	÷	, in sectors when many since	्यत्रमति सम्बद्धाः ह प्रमत्
		1901, nursing documented		the statiget to a second	
		ered "yes" to the following 3	× .	人"人口书,你想到我的情况。"如何说道:	
		ou ever wished you were		的机构的设备通常指令。在此中部沿面	
		ould go to sleep and not		$M_{1}^{1}(\lambda, W_{1}, M_{2}, M$	see status in galeri
		ou ever actually had any	i		2
		irself? #3-Have you been		Carl Carl Carl Carl Carl	
		ou might do this? Nursing		· · · · · · · · · · · · · · · · · · ·	
		patient's level of suicide risk		en vers solver stand i fill dat s	
as "m direct	noderate" and di		1	a ve naredh file rown y en Bry hindraf Ar Jackhar	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
			B. WING			C
0	200 °	000102	B. WING		05	5/05/2022
AME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	E, ZIP CODE		
	FAX HOSPITAL		E 132ND ST			
	OLD BLADY OF		ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
L 315	Continued From page	e 7	L 315			
	during day shift, nurs Patient #1901 had go day after scratching if and was tearful and or report to the provider search or confiscatio documented. No add completed, as is dire d. On 01/25/22, in an during evening shift, that Patient #1901 wa room and ran out of the tears. Staff wrote that and, after they left here the patient was found her wrist and neck wa from a broken nail pot the patient was tearful because she wanted that this was reported provider. An addition completed, as is dire e. On 01/26/22, in a l day shift, nursing sta 1901 endorsed suicid plan. The nurse docu self-harmed yesterda	cted by hospital policy. Addendum Progress Note nursing staff documented as found in a male patient's he room to her bathroom in t they went to speak with her er room and then returned, d in their bathroom cutting th a piece of broken glass blish bottle. Staff wrote that al and said she was cutting to die. Staff documented d to the charge nurse and the				
	kill herself. An additio completed, as is dire	onal CSSRS was not cted by hospital policy.				
	day shift, nursing sta #1901 endorsed suic	Daily Progress Note during ff documented that Patient idal ideation and verbalized herself. The provider and				

TATEMENT	Vashington OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED
	BUBULAR	000102	B. WING		C 05/05/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	o se en veringe se vojej
BHC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034		· "我们不安,可如我们
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE
L 315	Continued From pag	e 8	L 315	9 3E(B)	ne - receipter area
	CSSRS was not com hospital policy.	pleted, as is directed by		and Lange is the second s	
	Patient #1902			bill new Viller of the settlement Refer to the settlement to	an da sun pi da l
	medical record of Pa 01/21/22 through 01/ 13-year-old transgen	stigator #19 reviewed the tient #1902 for the dates of /31/22. Patient #1902 is a /der male (female to male)		 Reference one had considered and an ended and a second an	一、产生
	Patient #1902 had a	ion and suicidal ideation. history of a recent suicidal o jump off a balcony or cut ed in an emergency		a menerite in mare caraves i Vinder Witter als could gift : dec 1991 Million representation also decenter decision decent	n - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	department visit. The referred the patient to	e emergency department o the facility. Patient #1902 sexual assault by a family	i č	umediations (como un cres) and and tellestic contacting oracle with a contacting (count the	ietal (* 1. zmjerišk) 8. no deno Senar p
	Progress Notes and assessed Patient #1 twice per day as dire out of 22 notes for P documented that the the following 2 quest wished you were dea sleep and not wake actually had any tho	eviewed the Daily Nursing found that nursing staff 902 using the RN-CSSRS cted by hospital policy. In 2 atient #1902, nursing patient answered "yes" to ions: #1-Have you ever ad or wished you could go to up? #2-Have you ever ughts of killing yourself? ented the patient's level of		માં આવેલા તેવું છેલે. આવ્યું છેલે છે માં માં એવું દ્વીવાય દે દા ગામમાં છે. છે તેવા માં છેલું દ્વીવાય દા ગામમાં આવેલું છે. તેવા માં માં પ્રદાવિત્ર કરે છે. આવેલું છે દા ગામમાં આવ્યું છે આવે છે પ્રદાવિત્ર છે. આવેલું છે છેલે માં દા આવે છે પ્રદાવ તેવા છે છેલે આવેલું દા આવે છે પ્રદાવ પ્રદાવાય છે. આવેલું દા આવે છે છે પ્રદાવાય છે. આવેલું દા અને આવે છે.	A state of the second s
-	suicide risk as "low"	and failed to notify the ed by the screening tool and	۲. ۲.	te televen e trillim te burn Villeg lateren i tri test prise v	na Perus Alimini
111	Patient #1903			setti stor ta skillar.	abwre i seitech i A
	medical record of Pa 01/27/22 through 02 15-year-old female r	stigator #19 reviewed the tient #1903 for the dates of /04/22. Patient #1903 is a eferred from the emergency ession and suicidal ideation		e anter 1975 e 1975 e 1976 e 1773 e 1975 e 1976 e 1986 e 1977 e 1976 e 1976 e 1996 e 1977 e 1976 e 1976 1996 e 1977 e 1976 e 1986 1986 e 1975 e 1976 e	in a naes a dras Sina puesta (1995) Sina puesta (1995)

If continuation sheet 9 of 68

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE COMF	
		000102	B. WING		с	
		000102			05/	/05/2022
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
BHC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
L 315	Continued From pag	e 9	L 315			
	after attempting to ha presence of guns in	ang herself. She reports the ner home.				
	Progress Notes and	eviewed the Daily Nursing found that nursing staff				
tv o d th v		903 using the RN-CSSRS cted by hospital policy. In 4				
	out of 18 notes for Pa					
	the following 2 quest	ions: #1-Have you ever				
		ad or wished you could go to up? #2-Have you ever				
		ights of killing yourself?				
		ented the patient's level of				
		and failed to notify the ed by the screening tool and				
		eviewed the Daily Nursing found that nursing staff				
	assessed Patient #1	903 using the RN-CSSRS				
	twice per day as dire out of 18 notes for Pa	cted by hospital policy. In 3				
		patient answered "yes" to				
		ions: #1-Have you ever				
		ad or wished you could go to up? #2-Have you ever				
	actually had any thou	ights of killing yourself?				
		document the patient's level				
		d not notify the provider as ning tool and hospital policy.				
	Patient #1905					
	the second s	stigator #19 reviewed the	<i></i>			
		tient #1905 for the dates of 17/22. Patient #1905 is a				
		dmitted for suicidal ideation				
	with a plan, a suicide	attempt, and aggression				
	towards her grandmo	other. She has a history of				

STATE FORM

STATEMENT	Vashington OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	CREASED, BUTT	COMPLE	TED
			B. WING	c		
	su s (chard)	000102	B. WING		05/0	5/2022
NAME OF PF	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE	482.54× (1= 3 - 0.432.6	1989 AD
BHC FAIRI	FAX HOSPITAL		IE 132ND ST ND, WA 98034		1017 <u>19</u> 1 (1917	法国际平均
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACT REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO			PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
L 315	Continued From pag	je 10	L 315		anat nan	1 2184
	sexual assault by he	r father.			ribbins, to miner	
				र के जे भूती के तर्गत था क		
· · · ·		eviewed the Daily Nursing		网络北口港南北部北部北部山	u Liendon n stabla	
		Patient #1905 and found that nursing failed to complete	Đ.		i u isti	
	the second	nursing staff signed the		વાતીને પૂર્વિંદુ કે અને સમાન અને સ		
	document and no pro	ovider was notified.				
	Patient #1906			ा ते कानु का शिव इंडियोर्ट न संस्थान के लोगवासक, जाल		
	ration #1000	· · · · · · · · · · · · · · · · · · ·		general a service a dependence de la service		
me 04/	6. On 04/28/22, Inve	stigator #19 reviewed the		a lay a case of a	against workers	
		atient #1906 for the dates of				
		/27/22. Patient #1906 is a admitted as Family Initiated				
		ssion, a dissociative episode,				
	and suicidal ideation	with a gesture involving a		a kanalar ta di kana di kanalar		
	kitchen knife to her o	chest.		sa i perber stalijin: Like ker somalici titi zv		
	a. Investigator #19 r	eviewed the Daily Nursing			en on e entre geber i skets	
		found that nursing staff				
		906 using the RN-CSSRS		自己的时候 同时的 化合合合合合		
		ected by hospital policy. In 1 atient #1906, nursing		াদের পার্ব্বায়, আর্থানের প্রায়া শহায় একে প্রার্থ্য মের্টেউনির্চ	1	4
		e patient answered "yes" to	ł	 Constraint and the second secon		1
		tions: #1-Have you ever				
		ad or wished you could go to				
		up? #2-Have you ever ughts of killing yourself?		भाषः - २. हे १९३७म् (५९१ के हो १२११ का अर्थन में (४४४ एस)हिन्द्र - २		
		ented the patient's level of	* t 1	भागवता स्थलात होन्स् व्यक्तक प्रतान वाल्टी स्थिति सिंहता सिंहत		
		and failed to notify the		enter de profesion de la	्र १२४ मध्य होता ह	
		ed by the screening tool and		apatente di Metarograpo di		
	hospital policy.		l,	 Marcanica and base of the second of the secon		
	Patient #1907				achres a suit	
	7. On 04/28/22 Inve	estigator #19 reviewed the		37 · · · · ·	10 30 1 440 Think - 1	
		atient #1907 for the dates			with approved and	
	04/15/22 through 04	/27/22. Patient #1907 is a		THE TO BE AN ARE AN ARE AN	in and the second	
	15-year-old transger with a history of dep	nder male (female to male)		 A state of the second se		

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY
					с	
		000102	B. WING		05	/05/2022 🔍
AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
HC FAIR	FAX HOSPITAL		IE 132ND ST			
			ND, WA 98034	-		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
	Continued From page	e 11	L 315			
	behaviors, suicidal id	eation with plans, and				
	homicidal ideation with a plan to burn down his					
	mother's home. He h	as a history of sexual				
	assault.					
		eviewed the Daily Nurse found that nursing staff				
		907 using the RN-CSSRS				
		cted by hospital policy. In 6				
	out of 26 notes for Pa					
		patient answered "yes" to				
		ions: #1-Have you ever				
		d or wished you could go to				
		ip? #2-Have you ever	S			
		ights of killing yourself? ented the patient's level of				
		and failed to notify the				
		ed by the screening tool and				
	hospital policy.					
		viewed the Daily Nursing				
		found that nursing staff				
		907 using the RN-CSSRS				
	out of 26 notes for Pa	cted by hospital policy. In 2				
		patient answered "yes" to				
		ions: #1-Have you ever				
		d or wished you could go to				
		ip? #2-Have you ever				
	actually had any thou	ights of killing yourself?				
		inking about how you might				
		documented the patient's				
		s "moderate" and did not				
÷	tool and hospital poli	directed by the screening cy.				
	c. Investigator #10 re	viewed the Daily Nursing				
		found that nursing staff				
		007 using the RN-CSSRS				
	twice per day as dire					

		IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
122	NAPEA I	000102	B. WING	100 ¹⁵ - 0	05/05/2022	
NAME OF PR	OVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	1、1、4、1、1、4、134(1)4(1)4(1)	
BHC FAIR	AX HOSPITAL		132ND ST ID, WA 98034		$(\mathcal{A}_{i}(\mathcal{H}),\mathcal{K}_{i}(\mathcal{H}),\mathcal{K}_{i}(\mathcal{H}))$	
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED I		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLET	
L 315	Continued From pa	ge 12	L 315	É' e _b stair a	n tean na gina di	
	out of 26 notes for	Patient #1907, nursing		Constant of the	to the second and the	
		e patient answered "yes" to		지 말 바이 같 지 않는 것		
	the following 6 questions: #1-Have you ever				1.19 61 10 10 10	
	wished you were dead or wished you could go to			I with a second second		
	recommendation of the second second second	up? #2-Have you ever		State - 31,287 - 15		
	actually had any thoughts of killing yourself?		1	Turk de la Lucit Withhat Soften a		
	#3-Have you been thinking about how you might		· · · · ·		he have apply a segur	
		ou had these thoughts and had	Į,			
	- 10- 10 - 10- 10 - 10 - 10 - 10 - 10 -	cting on them? #5-Have you			~	
		or worked out the details of	a	TO STATE AND	2 BALL 1	
		and do you intend to carry out		station of the second sec		
		you done anything, started to		POR R PA		
		pared to do anything to end				
		staff documented the patient's		to were added to the contract of the	191, VS3 (5)	
		as "high" and did not notify		talistation, deningtion particip		
		ected by the screening tool and		the all the feature fight Tay for	hand, of papility (
	hospital policy.	· · · · · ·	. I	the first out to protection from the pro-	an staylouth way	
				· 这次我们还有了,这时就能知道。"	St. 16. 1. 28 19. 1	
	8. Investigator #19	reviewed all Daily Progress	4	"这,这个就是这些人,让他的面上的道。"	n in hai vist 🕸 -	
	Notes for 7 charts (Patents #1901, #1902, #1903,		- Engineers to Provide and a markers where	างเทศแปละ ศตา	
	#1904, #1905, #19	06, and #1907) and found that	1	gy are to a start of the start	Bridgen and Str	
	6 of 7 charts showe	ed failure to use the		. மத்துகுப்பத்தா™்டு உ⊺் உ <u>றி</u> ன்	a ng printing lang	
	RN-Columbia Suici	de Severity Rating Screen as	· · · · ·	teadering in a work determine the Eligin		
x	directed in the scre	ening tool and in hospital		AL 245 10	Cristian July Review	
		ff frequently did not follow the	4			
		ctions to document notification		lagt it is the stage date had at e	nar - Logañ,	
		the provider's response when		want of the strate wantings	· · · · · · · · · · · · · · · · · · ·	
		'yes" to any 2 or more		tak_" la bertouday -		
	questions on the so	creening tool.		terration is under a transformer		
				an bergelen um eine der der gebrechten. He		
	• ·			化合金化合金 网络拉马拉拉		
				don's reprint a later of the structure o	1	
L 320	322-035.1D POLIC	ES-PATIENT RIGHTS	L 320	ाई को ठू. राजपाठा महोदायों मेहा का, जाती-मिला . प्रायोह	ne statistica segunderationale Stratistica	
-	WAC 246-322-035	Policies and				
	Procedures. (1) Th			·	6 - C - G - BÅ	
	develop and implei					
	written policies and			Contraction (1 - 2004 - Aller and 1)		
	consistent with this		1	agta a secon representation (n a tha shannanga a	

Langue englation

PRINTED: 05/27/2022

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
			B. WING		С	
	ROVIDER OR SUPPLIER	000102	ADDRESS, CITY, STATE		05	/05/2022
			E 132ND ST			
	FAX HOSPITAL	KIRKLA	ND, WA 98034		1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
L 320	Continued From page	e 13	L 320		1	
	services provided: (d) patient rights accordin 71.05 and 71.34 RCV posting those rights in place for the patients This Washington Adm as evidenced by:	ng to chapters V, including n a prominent	-			
	Prescribed Antipsych Obtaining Second Op Based on interview, r hospital policies and failed to develop and procedures for the ad	pinion ecord review, and review of procedures, the hospital implement policies and Iministration of chemical				
	protected when the p scheduled antipsycho concurring medical op compelling the medic	otic medication that a second pinion is obtained prior to ation administration, as 3 records reviewed (Patient			·	
	procedures for the ad involuntary antipsych includes the requirem second medical opinio the compelled medical violation of their right	d implement policies and Iministration of compelled otic medications that tent to obtain an additional on prior to administration of ation, puts patients at risk for to refuse antipsychotic sychological harm, and loss				
		shington (RCW) 71.05.215 ychotic medicine - Rules.		• 2		

State Form 2567 STATE FORM

LOJL11

If continuation sheet 14 of 68

	Vashington OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPL	SURVEY ETED
	inerita in	000102	B. WING	2014 - 1205- 2014 - 1205- 2014 - 1205-	05/0	C)5/2022
ME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		
IC FAIRI	FAX HOSPITAL		IE 132ND ST ND, WA 98034		11 C 8 3	active a
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
L 320	Continued From pag	e 14	L 320	1 BU	(म्यू म्व) के जिल्लाम	(420 J
	(1) A person found to	be gravely disabled or to	- 	Anna i antonation i	- shawit'r n	Nº .
	present a likelihood o	of serious harm as a result of	Ē	and the state of the state of the		
		lisorder has a right to refuse		- 1 M2 drs	en e bradate es	on j
		tion unless it is determined		2 p		
		dicate may result in a		i dan ina dia kaominina dia Ny INSEE dia kaominina dia k		
	likelihood of serious	tantially prolong the length of		n Bhas Notfinial an ann an Tallach an Statean an Statean Statean		1 12 - 14 -
		ent and there is no less	1	department of the second of the second		
	-	eatment than medication in		e staar finan, en i sterre		
	the best interest of th			discussed acres to save do the constant		
			a	with the solution the	int avitant — Las	60 ×
		Il adopt rules to carry out the ter. These rules shall include:	v T	and a second		
				. Howing a start in the		
-		eatment up to thirty days, the		a na sana ang sana a Sana ang sana	ele 1994 - Li e La mue Biel d'Al es	
		ychotic medications unless	1	1.7.8	nan igenia in	1997 W
	approving medication	See and see see and the set of th	1	sector in factor of the states		.1
		working with a supervising	. T	1+	en letter som som	ma 1
		tric advanced practice	1	and the second sec	minipal series a	eng (
	registered nurse prac	ctitioner, or physician or				
		n consultation with a mental		$-g_{n}(2) \frac{1}{2} \frac{1}{n} \frac{1}{2} \frac{1}{n} = \frac{1}{2} \frac{1}{n} $		1
	health professional v	vith prescriptive authority.	1	track peritor of the		
	(a) For continued tra	atment housed thirty dove	1	이 라라 40% 및 가 20% - 1 - 1% - 다리 다 40% 및 가 20%		
		atment beyond thirty days on any petition filed under		्या संस्थित अन्त्र अन्त्र स्थान स्थित सन्दर्भ संस्थान स्थान		
		right to periodic review of		2010 100 100 100 100 100 100 100 100 100		10
		cate by the medical director				i n
	or designee.					
				a captoration i allo de tra		1
		the medical record of the		 Received and the second se 		11
		cian, physician assistant, or d registered nurse practitioner		addata in the states of	unisimus pror u Unisimus frances	Acres
		onsent and the reasons why				143
		ation is being administered	1	Adaptation of the form a sub-	All a contra a	ж
er:		jection or lack of consent.		化化化合物 计正式	n grote in en	
	Findings included:	6		gonikale or oor terrer		169
÷		of the hospital's policy titled,	1. I.	aran datar na salar ta		

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
		000102	B. WING		05	C /05/2022
AME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
BHC FAIR	FAX HOSPITAL		E 132ND ST			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ND, WA 98034	PROVIDER'S PLAN OF	CORRECTION	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
L 320	Continued From page	e 15	L 320			
		edication without Formal ber 1000.52, last revised llowing:				
	administered to a det when it is determined	rchotic medications may be ained/committed patient I that the failure to medicate				а. н
	substantial deteriorat the length of involunt no less intrusive cour	ood of serious harm or ion or substantially prolong ary commitment and there is se of treatment that it interest of that person.				
	b. Only the treating p	hysician or psychiatric nurse practitioner may order				
		e made to obtain informed ent prior to administration of dication.				
	for involuntary medical concurring medical re psychiatrist, psychiate practitioner, of physic	er shall document reason ation and request a eview, within 24 hours, by a ric advanced practice nurse ian in consultation with a sional with prescriptive				
	shall document in det	leting the second opinion ail the reasons for curring with the treating				
*	f. Involuntary medicat only if the second opi treatment provider's of medication.					
	g. Staff will attempt to	administer the medication				

STATE FORM

LOJL11

If continuation sheet 16 of 68

STATEMENT	Vashington OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
0 553	5. 1.21-85	000102	B. WING	and BEN-	05/0	5/2022
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	ra . Cos en 14	- ter ale dav
BHC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034		10.92.4	, Y Markagu
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
L 320	Continued From page	e 16	L 320	7 SL	yr Ita 's	
	restraint is necessary medication(s), staff s	physical restraint. If physical to safely administer the hall follow the procedures		land for the second s Realistic second s	n the gate of	
outlined in Policy PC 1000.53 Monitoring of Physical-Chemi Seclusion."				anta ang kananang bah sebaging terta ang ang ang kang kang terta ing kangge sebaging tertakang ang ang sebaging	्म विदेवस्थित स्वयं १९४१ - स्वयं विद्यालय	
	-	review of the hospital's policy e guiding clinical staff on a npelled antipsychotic		ම විදේශය විද්යාවයි. ම වර්ගන්ත වර්ගන්න මාර්ගන්න ම වැන පුළිඳ මීට විද්යා පැහැ පැහැළේ ප්රා ළංගීන අංකුපතු ම	യുണ്ട്. നിന്നും പുറ നിന്നും പുറും പുരം	
	medications, includin initiate the provider's request for a consult	g clarifying the form used to order, how to document the to obtain a second opinion		an the provide the second of t	网络白色花 计	
	used by the provider opinion to document	dministration, what form is completing the second their findings, and the different requirements		ารแก่ง คุณรัฐระวัตรณร (การการการการการการการการการการการการการก	the state of the	785
	for compelled antipsy	chotic medication mergency antipsychotic		ni - Hervidge - Ben Joan Tohno chaed ar Hinobophin B Io anthruschork Bohonala	entre sint () Secolo () () No co da dina	
	Patient #1510			ant saint canadi ber sain i hata e sister a ba ghan ia te	n shi i mili e te	
1	the Assistant Directo #1501) reviewed the	15 PM, Investigator #15 and r of Nursing (ADON) (Staff medical record for Patient	4) 	ער היי משויים משויים לעירים לעירים בעור אייה בלגיילים בינגדים שלי ער היין אין היירי השפתונים בסוג אונהע ביירי הייש שפונויים לכבור יין	i na nina sa Kataratan	en Ma Ric-
	psychiatric diagnosis	female admitted on luntary detainment with a of Major Depressive atient #1510 endorsed	н 	Al PEC Schergen Comment II. B #100 (Selfic Selfic Freide) Schergens OchSchergen (Selfic)	sele antigati e a	
	Suicidal Ideation with herself. Patient #151 suicide by overdosin	n a plan to overdose or cut 0 had recently attempted g, which led to the Patient's	t	ા માં આવેલી શાળાં પ્રચાર - ' - ''''''' માં પ્રચાર શાળાં પ્રચાલ અન્ય પ્રચલ વિષ્યાર પ્રચલવિષ્ય પ	ne - natel Salestei periodisti Series Periodisti Series	
n, enn	showed the following			n fan Karthan (na na 2016) 1 Anna 2016 Anna 2016 An 2016 An 2016 1 Anna 2016 Anna 2017 An 2016	a la francia hai Anganashi na	
				nation (hjelen nor have het) sathregateres met boesto politik doogetered versooner ofto the numerical coloring the	ing fings - hadde and i norse e gelegistelike	04i

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
×.	_	000102	B. WING		05	C 05/05/2022	
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	FAX HOSPITAL	10200 N	E 132ND ST				
	FAX HOSFILAL	KIRKLAI	ND, WA 98034				
(X4) ID PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN O (EACH CORRECTIVE AC	TION SHOULD BE	(X5) COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO DEFICIEN		DATE	
L 320	Continued From page	9 17	L 320				
	Patient #1501 refused	d to take the oral					
	medications offered b	y nursing staff.					
		ed a Restraint Medical					
		ated 04/02/22. Based on the nger to self and the refusal					
		ns, nursing staff contacted					
		er and obtained a verbal					
	order for a chemical r						
	(antipsychotic) 10 mg	, Ativan (benzodiazepine) 1					
		icholinergic) 50 mg. The					
		ninistered at 10:10 PM via					
	intermuscular injection	n (IM).					
	a Investigator #15 for	ind no ovidence in Detient					
		und no evidence in Patient rd documenting an attempt					
	to obtain a second me						
		provider detailing the					
		inion medical review prior to					
		antipsychotic medication.					
		I record found that the					
		learly identified as the					
	administration of a co						
		uld require a request for,					
		, a second concurring					
	opinion prior to medic	ation administration.					
	4 On 04/21/22 at 3:4	5 PM, during an interview					
		Staff #1501 verified that the	x				
		red on 04/02/22 at 10:10 PM					
	was considered a con						
	medication administra	tion. When asked how to					
		was for an emergency					
		elled medication, Staff					
		nedical record and stated					
	that the Medication Ad						
		tient's refusal to take their					
1		ntipsychotic medication.	2				
	Auditionally, nursing s	staff documented the	1 1				

LOJL11

6899

TATEMENT	Vashington OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: B. WING	E CONSTRUCTION	c	ETED Marker
	1.06.01202	000102	B. WING	2210-220	05/0	5/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST/	ATE, ZIP CODE		
	FAX HOSPITAL	10200 NE	E 132ND ST	$\sim \mathbb{R}_{-1}$, $\hat{\sigma}_1$		64 PAR 517 38
	FAX HUSPITAL	KIRKLAN	ND, WA 98034	R L(11_))	in the t	26.31.04
(X4) ID PREFIX TAG	(EACH DEFICIE	Y STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	DBE	(X5) COMPLETE DATE
L 320	Continued From p	age 18	L 320	St upot e	an search	.a. 193 F
	Destraint MD Orde	er. Staff #1501 verified that			1.000	
					ನ್ ಕ್ಷಮದಿಂದ	0.94
	Patient #1510 was given compelled IM antipsychotic medications without ensuring that a			s de Rospert de la proprie de la sec	t was to a fi	
		as obtained. Staff #1501 verified				
		cord for Patient #1510 did not		Cate Resident Place Presson	1	
	an rear where a second second rear	for a second opinion or		and the stand of the second of the		
	documentation for a second concurring opinion			1. 读作"好"。因	en na stan de	
		stration of the medications		address a constraint of the second	神经的主动	
	given on 04/02/22			Margana and Atlantic State	$p_{i} > i \in \mathbb{N}$	
			v		ber ge	
	Patient #1518	÷.		-		
	d a success		1	services of the poly poly of the		
		vestigator #15 reviewed the		·····································		
		Patient #1518, a 34-year-old	1	ndd y gwar di oggreen i yn Produktion af dâl ei seryfrity na		
		dmitted on 04/22/22, with a sis of Major Depressive		and the second secon		
		nd Suicidal Ideation (SI).		and the set of the set of the set of the		
		recently attempted suicide by	3	more trade - and a second 5		
		ot himself, which led to the		Manada i wa i wet		
		dmission. Review of the	1	ARE IN SECTION TO THE PARTY OF		
		record showed the following:		u navidas en la compañía sas alteras		
		-		whether a straight at the		
	a. On an Incident	Report dated 04/23/22, staff		- Strand Black	side in he	
	documented an in	cident categorized as "Patient				
	Out of Control."			网络网络小鸡属小鸡毛 潜艇员 前生物		
			1	Stem Bullins - Charles M. Jahr 19		
		5:30 PM, nursing staff		计记载器 化十十二烷 计 医运动性的		
		Patient #1518 was attempting to	1	sheets of the Stylesta at		
	assault other patie	ents and staff.		is the control of the design of		
	- On 04/00/00	uning staff initiated a Destraint	1 5	्राम्बर में हो मुझ्योंका संस्था प्रयोगित. इ.स.च्या		
		ursing staff initiated a Restraint on evidence of imminent danger	-	如果出售工具的 不可能说这些,这些吧 无限的感觉的话题,这些你知道你? ~		
		d the Patient's attempt to		a name a superior d'a superior de la construction de la construction de la construction de la construction de l Altra de la construction de la const		
		staff. Nursing staff contacted		 Strandor M. (2014) An Address in Address of Address o		
		ovider and obtained a one-time				
		for a chemical restraint of		and a basis of a state		
	10g	otic) 10 mg, Ativan		·····································		
		2 mg and Benadryl		计分析 建氯化物 建分析的 计加强中心 化合物		
		0 mg. The medications were		en ussa lapina na hurmika keritua		
		40 PM via intermuscular	1		a	

STATE FORM

8846,864,871,071,868,771

6899

LOJL11

If continuation sheet 19 of 68

PRINTED: 05/27/2022

State of V	Vashington				FORM APPROVE
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ST BORREOTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMPLETED
		000102	B. WING		C 05/05/2022
AME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
		10200 N	E 132ND ST		
nu fair	FAX HOSPITAL	KIRKLA	ND, WA 98034		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
L 320	Continued From page	e 19	L 320		
	injection (IM).				
	d. Review of the MAR 9:23 PM, Patient #15 9:00 PM dose of olan Investigator #15's rev medications were give approximately 3 ½ ho	R showed that on 04/23/22 at 18 refused their scheduled zapine (antipsychotic). riew found that the IM en at 5:40 PM, purs prior to the scheduled and the Patient's refusal at			
	#1518's medical reco to obtain a second me documentation from a concurring second op administration of the a Investigator #15's rev found that the interve identified as the admi antipsychotic medicat	a provider detailing the binion medical review prior to antipsychotic medication. riew of the medical record ntion was not clearly inistration of a compelled tion and the process and of followed, as directed by			
	with Investigator #15, medication administer was considered a cor- medication administra documentation in the refusal of his olanzap to address the time di compelled medication and the refusal of the medication document verified that the medic did not contain a required documentation for a set	ation based on MAR noting the Patient's ine. Staff #1501 was unable ifference between the n administration at 5:40 PM scheduled antipsychotic ted at 9:23 PM. Staff #1501 cal record for Patient #1518 uest for a second opinion, second concurring opinion			
e Form 256	given on 04/23/22.	ation of the medications			ł

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
)		000102	B. WING	Sector 20	05/0	5/2022
ME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	小田期朝史地山北	અન્યું વસ્તું.
HC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034		法和利益一次行	动物群
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES		ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETI DATE
L 320	Continued From pa	ige 20	L 320	na ana ang ng n	ių reiktrouite	1.0 .00M
	Patient #1519			ina (Mr. manang san 1986) "Perform (Perform) 1986) "Perform (Perform)	tur territe	
	7. On 04/29/22, Investigator #15 reviewed the medical record for Patient #1519, a 42-year-old			n in the descendent of the international of the international of the international of the international of the The international of the international of th	na Parana'n yn Brits El ar Sim fa	idi i Ma
	detainment with a p	3/25/22, on an involuntary osychiatric diagnosis of fied. Upon admission, Patient		H Azəfrikmətiy ilə - İspansızlır Mətərimi zərilə qəkimən X Adər nəhafi şəzəti	a ha christ scrap	
6	Psychosis, unspecified. Upon admission, Patient #1519 presented with aggression and confusion Review of the Patient's medical record showed				u la bas no dia	
		Order Form, dated 03/27/22		s i - riene enfeiter koddarren och red och annen viter en teks i som e sofregalited ver disel ver	terris datal i Sociét National dels combi	
	at 9:30 AM, the psy following order:	chiatric provider wrote the		n ni ni seguna provinsion vi ni ni seksi ng ne vina kiti ana meninakana ni nangan vi	si setende se	報告 報道 私) アド
	i. Patient can receiv oral antipsychotics.	ve IM antipsychotics if refuses		control non a difference and a difference and a difference and a difference and a difference	iliyeri alari taririk 1. jirilika	
	ii. Thorazine 100 m first dose now.	g oral three times daily. Give		alitaria (j. j. 5 prov. – Na Herrick Prima (j. 1-rational) (j. j. j	herrest etn), fre min Herrestniker (1997)	
	compel IM antipsyc	nd Opinion to obtain order to chotics if patient refuses oral		unit Bertrey Autorità Rott, Aprile-		
	antipsychotics.	Progress Note - 2nd Opinion		la a len 1951 füget av filma grafik vikant aligtion antea- anand av pritting 2005 prima	shir psiri ogʻarsen	
	Consultation, dated second opinion pro	1 03/27/22 at 1:00 PM. The wider documented their initial psychiatric providers		ni kedan yumtudah ni Ni infinisian Turki	्रह्म असमा ६ न्य ५	ila Silp
	c. During the Patie	nt's admission, staff initiated ated 04/02/22, 04/04/22,		alt Prission anna stait 19 Pariart (Britagente Sing 19 Pariart (Britagente Singente Singente	t virbens en	
Robert Robert	04/05/22, and 04/0	7/22. Staff categorized each of "Patient Out of Control."		alah manan di Kamara kan un Minanan alah kan	angereiter i Angereiter i	ila'i "t ha i
		nt #1519's Seclusion and ts showed the following:		ver runde privider geverne statsoord verlagehet vjelde i van 11 - J. St. Er 11. Phy keedooren:	et stad a colla	

	Vashington TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	DNSTRUCTION		E SURVEY PLETED
l.		000102	B. WING		05	C
AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
HC FAIR	FAX HOSPITAL		IE 132ND ST			
			ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
L 320	Continued From page	e 21	L 320			
	i. On 04/02/22 at 9:05	5 PM nursing staff				
		Patient "tried to punch staff"				
		during "second opinion."				
		der gave a telephone order				
		which was sustained from Additionally, the psychiatric				
		administration of Ativan 2				
	mg IM NOW, which th					
	administered at 9:03	PM.				
	ii Investigator #15's r	eview of the incident on				
		evidence that clearly				
	defined the incident a	is a compelled medication				
		emergency medication				
		is an existing order dated ad medications for refusal of				
		tions, with a concurring				
	second opinion, howe	ever if the one time IM NOW				
		ntion for an emergency				
		ment for a medical review				
	administration was no	a 24 hours of the medication ot met.				
	III. On 04/04/00 minut					
		ing staff documented that ourt on 04/04/22 and had				
		tipsychotic medications				
		ring. (Beginning 24 hours				
		individual may refuse all				
	psychiatric medication 71.05.21).	ns. Reference: RCW				
		10 DM				
	iv. On 04/04/22 at 1:5 documented that the					
		thers. The Patient disrobed				
-	and became agitated	and assaultive, hitting staff				
	while they attempted					
		chiatric provider gave a				
5 # 5		hysical restraint, which was PM to 2:11 PM, seclusion,				

State Form 2567 STATE FORM

TATEMENT	Vashington OF DEFICIENCIES IF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVE COMPLETED	
_		n an sean a the				
	0.20	000102	B. WING		C 05/05/20	22
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	u - Ji An Billene	क्रिस्ट दिस्
HC FAIR	FAX HOSPITAL		E 132ND ST			i NAT DI
			ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU) CROSS-REFERENCED TO THE APPRC DEFICIENCY)	LD BE CO	(X5) MPLETE DATE
L 320	Continued From page	e 22	L 320	한 문제 같이 많이	orei egeneratik	nus j
	and chemical restrain	nt. The psychiatric provider		and the second	S projek i tito nali y	
	ordered the administ	ration of Thorazine 100 mg	1	 TRO - LONG & LONG ALLONG (1) 	et apart Sido a Mixi	
		M, which the nursing staff		Sector Sector Schemelich	n e son e all agu	
	administered at 1:50	PM.				
	in law and a star Harl	and an af the incident an		1997年1月1日)2月1日日(1月1日)) 1997年1月1日(1月1日)(1月1日日)(1月1日)	- 전기되는 전기 및	
		review of the incident on	1	Concernance and the second second		
		d evidence that clearly as a compelled medication	т	panets var itter versteret for. Frankriger og er serer serer for		
		emergency medication		president internet in registere und de		
- 1		is an existing order dated		 RUCE CONTRACTOR RUCE CONTRACTOR 		
		ed medications for refusal of		The state of the second state of the		
		tions, with a concurring		et a to ad which which		
		ever staff failed to document		STRUCTURE STRUCTURE STRUCTURE ST		
	that Patient's refusal			well had a second sold of		
	antipsychotic medica	tions lead to this incident.		entrys Datos MC 2.5 field		
				 March 1999 And 2010 	18 - Land 18 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	
	vi. On 04/07/22 at 6:4			, the state of the second galaxies	alter an sealt an F	
		Patient presented an				
		others. The Patient attacked			× 9.4	
		he psychiatric provider gave		halifichica i na mari chainin guna		
		physical restraint, which	ĩ	a Santa an Astronom an Astro	ayinaal ittii yet	
	was sustained from 6	state o area del teste esta porte				
		s sustained from 6:50 AM to		Normal agence confirmation and service		
		cal restraint. At 6:40 AM, the wrote a one-time NOW order		เสริมชิติ ราวัน การสำคัญสำคัญงาณ โทรสมอากา ใจการสาคา ได้การสาคา		
		of Thorazine 100 mg IM	2	Isoretry E. J. Asserbit 200		
		for aggressive behavior, the				
	nursing staff adminis		· · · ·	And Market Contract and State		
				- 「「「「お」」、「お」」、「お」」を見る		
	vii. Investigator #15's	review of the incident on		all "second and the same		
		d evidence that clearly		and so that a second second for	e for sumption f	
		as a compelled medication		्रकेष्ट्रां न्या गाव्या करे च्या राष्ट्रीकेल		
		emergency medication		的第三人称单数 化酸化磷、胆石		
		e is an existing order dated		· 말한 것 한 수 한 사람	理论的 解释。	
		ed medications for refusal of		2		
		tions, with a concurring	3	and which is a release to the		
		ever staff failed to document		the setter of the set of the set		
	that Patient's refusal		1	14-14 (19) 1 ³		
	antipsychotic medica the one-time IM NOV	tions lead to this incident. If		and a coordy, fam, frankrikers Bennes vetter of events		

STATE FORM

6899 LOJL11

If continuation sheet 23 of 68

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE S COMPL	
		000102	B. WING		05/0	5/2022
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		10200 N	E 132ND ST			
	RFAX HOSPITAL	KIRKLAI	ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE	(X5) COMPLET DATE
L 320	Continued From page	23	L 320		-	
		e requirement for a medical n within 24 hours of the ation was not met.				
	with Investigator #15, Patient #1519's media second concurring op 03/27/22. Staff #1501 failed to document if to administered on 04/00 were compelled media Patient's refusal of sc medication or one-tim Staff #1501 stated that obtained on 03/27/22	2/22, 04/04/22 and 04/07/22 cations based on the heduled psychotropic he emergency medications. at the second opinion		·		(
	tem #2 Emergency M Second Opinion Revi	ledications and obtaining ew within 24 hours				
	hospital policies and p failed to develop and procedures for the ad restraints, to ensure t protected during the a involuntary antipsyche review of the decision second medical opinio					
	procedures for the ad involuntary antipsycho includes the second r	d implement policies and ministration of emergency otic medications that nedical opinion review of the urs, puts patients at risk for				

TATEMENT	Vashington OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		000102	B. WING	China (C 05/05/2022	
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STA		a de retrente de la dela	
	FAX HOSPITAL	10200 N	E 132ND ST ND, WA 98034	an de t	Louise Marine - 1995	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE	
L 320	Continued From pag	e 24	L 320		1,829 CHAP 2019 EARL	
	violation of their right to refuse antipsychotic medications, risk of psychological harm, and loss of personal dignity.			i under der son geskint der steinnen te 1975 – Herrich Honrich, Breitstein für	- ACTURE DE LA CONTRE	
1	Reference:		5	1	nautorel apinologico -	
		shington (RCW) 71.05.215 sychotic medicine - Rules.		קים הלילה להמקונאלה בחיר בידה יינה בי ראי הבלה היוסה שרמטים ישיים ה היינה "רלכולה לי בישיי משירטים - היינה ליכולות ל	n an the Albert of Albert Charles The State of Charles	
	present a likelihood o a behavioral health o antipsychotic medica	b be gravely disabled or to of serious harm as a result of disorder has a right to refuse ation unless it is determined dicate may result in a		्या संस्था विद्यार विद्यार स्थाप स्थलान्या स्थलम् स्थलम् स्थलम् स्थलम् स्थलम्	ter paulatric collette a collette a collette a	
	likelihood of serious deterioration or subs involuntary commitm	harm or substantial tantially prolong the length of ent and there is no less eatment than medication in		भाषामा सम्प्रकार के लाग प्रदेशकालन हो प्राप्त के सुद्ध के लोग मान्द्र कार्य प्राप्त के प्राप्ति स्थान के प्राप्ति कार्य के के प्राप्ति के स्थान के लाग हो से स्थान	8月19日建筑部一组织工 2月3日日本田外部署上 (1919日6月4月19日)第二	
	(2) The authority sha	all adopt rules to carry out the ter. These rules shall include:	4 1	ל הנאיר השוול או מאשרון על האסג יה לא אר עריי שר מצואי מהבשל השוויים מייק - היה שאמאור יהי על לשמעה ארכנטייט - האלגיעה היילעל	na se ar an an Na se an an Antar Na sa an an Antar	
	an emergency and re twenty-four hours. A person presents an i	antipsychotic medication in eview of this decision within n emergency exists if the imminent likelihood of serious acceptable alternatives to			n National States National States	
	administration of ant	ipsychotic medications are unlikely to be successful; and physician, physician	-	ം തീജാം തിൽ ക്ഷെയിം സംഭവം എങ്ങന്നെ തില് പണ്ടിം നി		
er Se	practitioner, the pers emergency requiring	on's condition constitutes an the treatment be instituted second medical opinion.		وه از ۲۰۰۰ همان کیلود (این ۲۰۰۰ از ۲۰۰۰ میلادی). این ۱۹۵ میلو ۱۹۹۰ ۲۰۰۰ از ۲۰۰۱ میلو این ۱۹۹۵ میلو ۲۰۰۰ اینان این ۲۰۰۰ میلودید ۲۰۰۰	ninge affordation skoffision and the Philippine state	
	attempt by the physi psychiatric advanced	n the medical record of the cian, physician assistant, or d registered nurse practitioner onsent and the reasons why	1 92	i tha and read if for the 1999 New end, that have also d		

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE : COMPL	
	N 1	000102	B. WING			05/2022
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	ZIP CODE		
BHC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
L 320	Continued From page	25	L 320			
		tion is being administered ection or lack of consent.				
	Findings included:					
	"Administration of Me	of the hospital's policy titled, dication without Formal ber 1000.52, last revised lowing:				
		chotic medications may be ained/committed patient in 71.05.215).				
	exists if the person pr likelihood of serious h acceptable alternative antipsychotic medicat unlikely to be success physician, the person emergency requiring					
	c. Only a physician or registered nurse prac emergency involuntar	-		- 4		
		lication order shall be a not an as needed (PRN)				
- 14 -	without the need for p restraint is necessary medication(s), staff sh outlined in Policy PC	administer the medication hysical restraint. If physical to safely administer the nall follow the procedures 1000.53 "Proper Use and I-Chemical Restraints and				-

ATEMENT	Vashington OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	ister at	000102	B. WING	1 (* 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1	-	5/2022
ME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		2014-0192
IC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034			
x4) ID REFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
L 320	Continued From pa	ge 26	L 320	the set	an is seath	40 - 86a <i>3</i>
	administer the eme twenty-four hours.	I review the decision to rgency medication within The review will be documented intication of the order.		වුන් වන්නේ විදේශයක කියනුවේ වින්තාවය කියන්නේ කියල් වීට පැමත කියන්නේ කියල් වීට පැමති කියන්නයක් කියන්නේ පැමත වියන්තිව	an a	
	obtained prior to the medications, the tre concurring medical hours, by a psychia	cal opinion has not been e use of the emergency eatment provider will request a review within twenty-four trist, psychiatric advanced actitioner, or physician.		(19) Summer Stream Str Stream Stream Stre		
	shall document in c concurring or not c physicians' opinion 2. Investigator #15'	s review of the hospital's policy		bio coltas de la comença competitiva e seguidar a s laborer coltar recentos (1945) 11.1945	e e Res o e seg Res of the seg Contrations of	
	process for emerge medications, includ initiate the provider request for a consu- within 24 hours of r what form is used b	ing clarifying the form used to 's order, how to document the ilt to obtain a second opinion nedication administration, by the provider completing the	0 t	(1) Some and the server have a server of the server of the server have a server of the server have a server of the server assessed in the server of the server of the of the server of the server of the server the server have have a server the server the server have a server the server the server.	en eta sute porte Sentra en la consta Enformación de la consta Enformación de la consta	
	clarification betwee for emergency anti	document their findings, and on the different requirements psychotic medication compelled antipsychotic stration.		ut en la fanta esperiera Desertes a fanta fanta este et	$4m^2 = 10$	ца 1941 Да 1943 г. 1944
	Patient #1501			ang aray ta da sa sa aka ka aka na na akik aki na barang ka sa Tenbenta kutik a sa ka aka sa	5.2 S 18 - 6	ingen Staat Jaart
2. J.	medical record for nonbinary born fem detention on 02/03 diagnosis of Major Anxiety, and Post	restigator #15 reviewed the Patient #1501, a 13-year-old hale admitted on an involuntary /22, with a psychiatric Depressive Disorder (MDD), Fraumatic Stress Disorder 501 endorsed suicidal ideation		RELEARED TO THE COMPANY AND THE RELEASE OF THE R	antina a segur Al-Leo Arter Martina a segur Martina a segur Martina a segur Martina a segur	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		000102	B. WING			C 05/05/2022	
IAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE		05	/05/2022	
			E 132ND ST				
SHC FAIR	FAX HOSPITAL		ND, WA 98034				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
L 320	Continued From page	e 27	L 320				
	with an undisclosed p medical record show	plan. Review of the Patient's ed the following:					
		D					
		Progress Note dated atric provider documented					
		s to the entire unit related to					
		ors, Patient #1501 became	9				
	agitated and began s	elf-harming by head o elope by running at the					
		nt was not able to redirect.					
	The psychiatric provid	der wrote a one-time NOW					
	order for 10 mg Zypre agitation.	exa (antipsychotic) for					
	b. Review of the Med	ication Administration					
		ed that the medication was					
	administered via intra 1:45 PM on 02/09/22	muscular injection (IM) at					
	c. Investigator #15's r	eview of the medical record					
	for Patient #1501 fou	nd that staff failed to					
		or a second medical opinion					
		concurring second medical within 24 hours of the					
	emergency medicatio						
	Patient #1502						
	4. On 04/06/22. Inves	stigator #15 reviewed the					
		itient #1502, a 16-year-old					
	female admitted volu	ntarily on 01/09/22, with a					
	psychiatric diagnosis						
		rette's Disorder (nervous ving repetitive movements					
		, and Post Traumatic Stress					
	Disorder (PTSD). Pat	ient #1502 endorsed					
		ered by an upcoming court					
		sexual molestation by her een ages 3-14. Patient					
	#1502 had recently a						

State Form 2567 STATE FORM

TATEMENT	Vashington OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	249809-34	000102	B. WING	<u>271.4</u> 01.	C 05/05/2022
	ROVIDER OR SUPPLIER		DDRESS, CITY, STA		national and the second
	FAX HOSPITAL	10200 N	E 132ND ST ND, WA 98034		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLE
L 320	Continued From pag	e 28	L 320	in the second	t and be allowed
	overdosing on Gaba	pentin, which led to the	L.	Addread Lines of the	ten strande danse
	Patient's current admission. Review of the Patient's medical record showed the following:			 A. Status March March 1991 A. Status March 1991 A. Status March 1991 A. Status March 1991 	no dia kaominina m No distribute di Na
	a. On a Nursing Prog	gress Note dated 02/05/22,		MA. WOLKER TEST STONE	
	The state of the second st	at that Patient began choking	=	and trainingstation and the second second	
		ngs from their mask. The ician (MHT) documented that		ite in a state of the second sec	
	the Patient was give		-	initia e a data Eafarrea. E Martina data data data data data data data da	展示之性的(一下)的变。"
		chiatric Progress Note dated	1		
	02/05/22 at 10:25 PM	M, showed that the documented that Patient	÷	了。"赵清州会前后魏段前后 1997年,黄晖和晋清殿前后	
		endorse suicidal ideation and		over statistical province and the statistical statisti	
		er plan. Investigator #15		KER STONE PERCENTION AND A MARKET IN	
		iatric provider failed to	Р 1	ang manya nang pang manang p	
		nt's self-harm/suicide attempt rgency IM medications.		n a silit ikki ni puntur . "	n an trainin an Alla San Ju Ma
	c. On 02/05/22 at 7:	20 PM, nursing staff obtained		s instantio pro it is the	6.00M910-4
		om the psychiatric provider		二回した。 日本のため、 (語)があっていたの	
		osychotic) 10 mg IM NOW		का भारत कही प्रमाध महाये जात. भारती भारत में भारत कि भारति करने	
	and Benadryl 25 mg	IM NOW.		n - se san provinsi se	
	d. Review of the Me	dication Administration		e safé s di "constan da	
	a second real of the second real of the second real second	ed that the medication was at 7:20 PM on 02/05/22.		a de la companya de l	131
	e. Investigator #15's	review of the medical record		「新いいにあいたすね」」という。 ことがいた表面にいる。	
	•	und that staff failed to		a service in the service of the service of the	sloper na 10s no 15 Lao
	document a request	for a second medical opinion		化合物 物的复数形式 化乙酸	
		e concurring second medical		e salasi ki karisa ka Shekara kingila	
	opinion was obtaine emergency medicati	d within 24 hours of the on administration.		n bulkaren buldzen dir so	and the second
	Patient #1503		1 1 1 1		n glieb kan see Er († 13
				a standard and the	
		estigator #15 reviewed the	un de la companya de	 Alexandrian production and the second s second second s second second sec second second sec	
		atient #1503, a 14-year-old untarily on 01/04/22, with a		ist medicip (pupit) ic second in do to mich swaithd yn	

If continuation sheet 29 of 68

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
	a 1 1	000102	B. WING		05/05/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
BHC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLETE DATE
L 320			L 320			
	Olanzapine (antipsycl Benadryl 50 mg IM N medications were adr IM. c. Investigator #15's r for Patient #1503 four document a request fo or document that the	notic) 10 mg IM NOW and OW for agitation. The ninistered at 10:53 AM via eview of the medical record nd that staff failed to or a second medical opinion concurring second medical within 24 hours of the				
	the Assistant Director	5 PM, Investigator #15 and of Nursing (ADON) (Staff nedical record for Patient female admitted on				

STATE FORM

TATEMENT	Vashington OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	i Manu i	000102	B. WING		C 05/05/2022
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	I THE REPORT OF THE
	FAX HOSPITAL	10200 NE	E 132ND ST	L (CDR)	1.171111、黄芩桂香、
			ND, WA 98034	That I have been a second second	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE COMPLET
L 320	Continued From page	ge 30	L 320	ំគឺ, អព្វ៩០	alore Examina देवे - स्थित
	04/01/22, on an invo	pluntary detainment with a		, Transmaar – Ashour Adabase S	ing and the state of the state
		s of Major Depressive		in the second interview	
	Disorder (MDD). P	atient #1510 endorsed	5 E	and the prime for a light not the prime of	
	Suicidal Ideation wit	h a plan to overdose or cut		, transition are side, and polisidely	provide states and the second
		10 had recently attempted		் ஆளியில் படிப்புக்குக்கில் ஆகும் ப	
		ng, which led to the Patient's		a ter an ser say in the	
		Review of the medical record		n dan serie dan dan 1	
	showed the followin	g:		un nuerro.C. Ig reception	
				OF HOME AND STREET MEDICAL	
		ated a Restraint Medical		in the standard states in	
		dated 04/12/22 at 9:46 PM.		340°-7 7070	13 TALIST 84
		attempted to break into the	Υ		
		the intent to find an object to			
		sed on the Patient's imminent			
		ng staff contacted the		hurde Run - beinere ist.	
		and obtained a verbal order		AND SAFELING AND INTERACTION OF A RELEASE	
		t, which was sustained for one		dealers of our dame to a	
		seclusion, which was		nto - real et al solometro. Secondaria	the second s
	The second s	PM to 10:17 PM, and		719 m 2 m 2 m 2 m 2 m	Sec. 1. 2. 2. Autom
		The psychiatric provider			We had a letter
		tration of Olanzapine			station of services in
	mg IM NOW, which	ng IM NOW and Benadryl 50		Net mater of a constraint	a letter ter statue
	administered at 9:55	-		bla sues - i a Contra transmission	
	aurimistered at 3.00	51 (vi.		perioditions and a second of the	
	b Nursing Staff initi	ated a Restraint Medical		electrification of the state light	
		dated 04/14/22 at 11:30 AM.		an Anna an train a star Anna an Anna a' t	
		become agitated and punched		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		sed on the Patient's imminent		HE NAME OF TRANSPORT	
*:		ursing staff contacted the		L. m	gi shika inda d
	-	and obtained a verbal order		 A State And And And And And And And And And And	
		t, which was sustained from		AGEN 2 年末時 月代時期日日	
	11:26 AM to 11:46 A	AM, and chemical restraint.		一、"小小","你们的问题。"	 I summer data to the
	The psychiatric prov				·
		anzapine (antipsychotic) 10		s and the manufacture of the second	
		enadryl 50 mg IM NOW, which		tata a subada biyan a	
	the nursing staff ad	ministered at 11:26 AM.	; ; ;	States of a strategy of a	
				a mathematical and a second and	
		ated a Restraint Medical		and the second the second data and the	
	Doctor (MD) Order.	dated 04/16/22 at 8:15 PM.	8	and the second second second	STATISTICS AND LET

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE COMP	SURVEY
		000102	B. WING		С	
		000102			05/	05/2022 🔍
NAME OF PR	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	E, ZIP CODE		
BHC FAIR	FAX HOSPITAL		E 132ND ST			
			ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
L 320	Continued From pag	e 31	L 320			
	Patient #1510 had be	ecome assaultive, punching				
	and kicking staff mer					
		anger to others, nursing staff				
		atric provider and obtained a				
		ical restraint, which was				
	sustained from 8:08	PM to 8:28 PM, and				
		he psychiatric provider				
	ordered the administ					
		IM NOW and Benadryl 50				
	mg IM NOW, which t					
	administered at 8:08	PM.				
	d Investigator #15's	rovious of the medical record				
	for Patient #1510 fou	review of the medical record				
		for a second medical opinion				
		concurring second medical				
		within 24 hours of the				(
		on administrations on				
	04/12/22, 04/14/22 a					
	Patient #1517					
	7 00 05/05/22 10/0	stigator #15 reviewed the				
		atient #1517, a 19-year-old				
		2/09/22, on an involuntary				
		ychiatric diagnosis of Bipolar				
		aumatic Stress Disorder				
	(PTSD). Upon admis	sion, Patient #1517				
		a, tangential, pressured				
		ppropriate behavior, and				
	endorsed auditory ha					
	medication noncomp					
	medical record show	ed the following:				
	a Nursing Staff initia	ted a Restraint Medical				
		lated 02/09/22 at 7:58 PM.				
		tempted to choke a staff				
		ne Patient's imminent danger				
		iff contacted the psychiatric				
		d a verbal order for physical				

.....

	Vashington OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	6.2 M.M.	000102	B. WING		C 05/05/2022	
	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE ZIP CODE	ents ou queo data de	- 11
	FAX HOSPITAL	10200 N	E 132ND ST ND, WA 98034		and the providence	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPL	5) LETE TE
L 320	Continued From page	e 32	L 320	an tang s	att an comisti land	ġ,
	restraint, seclusion, and chemical restraint. The psychiatric provider ordered the administration of Haldol (antipsychotic) 10 mg IM NOW, Benadryl 50 mg IM NOW, and Ativan 2 mg IM NOW, which the nursing staff administered at 7:58 PM. b. Nursing Staff initiated a Restraint Medical Doctor (MD) Order, dated 02/22/22 at 12:20 AM. Patient #1517 attempted to attack another patient. Based on the Patient's imminent danger to others and danger to self, nursing staff contacted the psychiatric provider and obtained a verbal order for physical restraint, seclusion, and chemical restraint. The psychiatric provider ordered the administration of Haldol (antipsychotic) 5 mg IM NOW, Benadryl 50 mg IM NOW, and Ativan 2 mg IM NOW, which the nursing staff administered at 12:18 AM.			१९६७ - अल्ला एक्स्विक अन्तिम अन्तिम १९६७ - १७ १९४२ - इत्यामेय ल ३९३० - उत्यक्ति प्रतियाह कोल्ला १९ ७७४ - इत्यक्ती का केन्द्रियल्या	Dia Nameri (11) Mala - Di 199 (111)	
				#17.2 מייר מייר ליום ביאלוגים איריי ליום ביאלוגים איריי ליום ליום ביאלוגים ביאלוגים איריי ליום ביאלוגים בי ליגלים ביאלוגים ביאלוגי ביאלוגים ביאלוגים ביא		
	Doctor (MD) Order, of Patient #1517 had be other patients and st	ted a Restraint Medical dated 02/22/22 at 11:24 AM. ecome verbally threatening to aff members and physically atient. Based on the Patient's others, nursing staff		alaquer ser recher bellan et m. 1995 : se recher de calender et alaquer 1986 : se recher de calender de calender	्रम् इत्य क्रम्पा - प्राप्त होत्	
	contacted the psychi verbal order for seclu The psychiatric provi	atric provider and obtained a usion and chemical restraint. der ordered the nzapine (antipsychotic) 10 he nursing staff		(2) A state of a state of the state of th	n Jacon III. Recogni III. Marchini III. Marchini III. Marchini III. Salat III.	
n Nitae	Doctor (MD) Order, of Patient #1517 had be kicking and attemptin Based on the Patien others, nursing staff	ted a Restraint Medical dated 02/22/22 at 3:40 PM. ecome aggressive, spitting, ng to scratch staff members. t's imminent danger to contacted the psychiatric		hader voorbig op naampel seerlijk by Broken hieren in hierbelde bland seerlijk skoldtoorbige interestien interestie skoldtoor - meneratien interestie skoldtoor - deselwen Mittagel bedee - maat 1910 J. 27. waarde hier		
		d a verbal order for physical al restraint. The psychiatric		वेद्य क्षिप्रसंध के दिन के सुवैद्यों के प्राज्य के प्राज्य सामिति क्षेत्र के प्राप्त के दिनसंख्या क		

.
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE COMP	SURVEY
		000400	B. WING			C
	ROVIDER OR SUPPLIER	000102	DDRESS, CITY, STATE		05/	05/2022 🔍
			E 132ND ST			
	FAX HOSPITAL	KIRKLA	ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
L 320	Continued From page	9 33	L 320			
	(antipsychotic) 10 mg	administration of Haldol IM NOW, Benadryl 50 mg 2 mg IM NOW, which the ered at 3:40 PM.				
	for Patient #1517 sho 11:55 AM, the psychia request for a second to compel antipsycho when the Patient refu antipsychotic medicat	ion. A second concurring and documented on a				
	for Patient #1517 four document a request for or document that the opinion was obtained emergency medicatio	eview of the medical record nd that staff failed to or a second medical opinion concurring second medical within 24 hours of the n administrations 02/09/22, , 02/22/22 at 11:24 AM, and				
	Patient #1518					
	medical record for Pa male voluntarily admit psychiatric diagnosis Disorder (MDD) and S Patient #1510 had rec	Suicidal Ideation (SI). cently attempted suicide by				
	Patient's current admi	mself, which led to the ission. Review of the ord showed the following:				
	Doctor (MD) Order, da	ed a Restraint Medical ated 04/25/22 at 9:58 PM. empted to attack a peer. s imminent danger to				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
997	0 62050	000102	B. WING	1400-4010	C 05/05/2022	
IAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STAT	E, ZIP CODE	a she i waxa sabiyi 🕅	
BHC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034		united the first starting of	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE	
L 320	Continued From pag	e 34	L 320	19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	a state a second of sale 1	
-	others, nursing staff contacted the psychiatric provider and obtained a verbal order for physical restraint and chemical restraint. The psychiatric provider ordered the administration of Haldol (antipsychotic) 5 mg IM NOW and Benadryl		277.2 -			
	(antipsychotic) 5 mg IM NOW and Benadryl (anticholinergic) 50 mg IM NOW and Ativan 2 MG IM NOW, which the nursing staff administered at 9:57 PM.		(1)不不可 後8時 10 元) (19) 不不可 後8時 10 代 (19) 下 12 月1日間 (19) 下 12 月1日間 (11) 「秋田登録の)	44 - 1977 - 1989 - 1989 - 10 - 1971 - 1973 - 1979 - 10 - 1988 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 1979 - 19		
			w of the medical record of find evidence of a lical opinion or evidence ng second medical lin 24 hours of the			
	with Investigator #15 only one of the med 2nd Opinion Consul Medication (Patient medical records revi	#1517) and none of the ewed for Patients' #1501,		tom ion strift westerlight - i Netime regin stringering Netime reginstrike deressigen au	and and the second s	
	Medication (Patient #1517) and none of the medical records reviewed for Patients' #1501, #1502, #1503, #1510, #1517, and #1518 contained a request for a second medical opinion or the concurring second medical opinion, which should be obtained within 24 hours of the emergency medication administration. Staff #1501 stated that the facility's interpretation of the	for a second medical opinion cond medical opinion, which within 24 hours of the ion administration. Staff e facility's interpretation of the		Instructure of a collection of the form of the form of the form of the form the formation of the form of the form the state of the formation of the form the form of the state of the form	sy an' an se ranga j e' sa ashinen dhaa anity sedi ashini si' na' tair (ass biqte)	
	administration of em met by obtaining a c opinion for the admi medications. Thus,	cond opinion for the nergency medication would be concurring second medical nistration of compelled the hospital does not have a		Stationard States of a state of a state (state of states) (states) (states) (states) (states) (states) (states) (states)	mphani mi i sundi i Na mi sundi na mini na	
	second medical opin	ion administration versus		Tradical Alexandria and the formation of the second second formation and the second second second for the second second second second second and the second seco	កម្មសេខាទីសំនេះ។ សម្តាស់ខ្លាំងសំនេះ។ សំនេះ សំនៅខ្លាំងសំនេះ។ សំនេះ។ ស្រែស សំនៅខ្លាំង	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY DETED	
		000102	B. WING		05/05/2022		
ME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
IC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)	
REFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETE	
L 340	Continued From page	9 35	L 340	-			
L 340	322-035.1H PROCED	OURES-BEHAVIOR	L 340				
	WAC 046 000 005 D	Referenced					
	WAC 246-322-035 Pc Procedures. (1) The I						
	develop and impleme						
	written policies and p	rocedures					
	consistent with this ch						
	services provided: (h)						
	assaultive, self-destru out-of-control behavio						
	(i) Immediate actions	-					
	(ii) Use of seclusion a	-					
	consistent with WAC	246-322-180 and					
	other applicable state						
	(iii) Documenting in th	ne clinical					
	record; This Washington Adm	inistrative Code is not met					
	as evidenced by:						
		assignments for prevention					
	of sexual aggression	or sexual victimization					
	Based on observation	, interview, and document					
		iled to provide care in a					
	safe setting by failing	to ensure that staff followed					
		es that identified patients at					
		ual aggression or sexual					
		emented a plan to monitor s of patients on enhanced					
	precautions to preven	•					
	aggression or sexual						
		ents at increased risk for					
		nt a plan for the prevention					
		or sexual victimization by					
	ensuring that patients	identified with sexual is will not be roomed with a					
	nuureaalon precatiion						

TATEMENT	Vashington OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	1212113-10	000102	B. WING		C 05/05/2022
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	provide at a complete state
HC FAIRI	FAX HOSPITAL		E 132ND ST ND, WA 98034		发展展现在11 HTCFF TAL
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE
L 340	Continued From page	e 36	L 340	5. S.S.	reactions of the States of
	precautions places p	atients at risk for serious	· · · ·	has to folly, in concernation	fbros , carosperala
	physical and psychological harm.			an salarin' so a serie a single da	
				the ball of the set of	
	Findings included:			an an islandar ar An islandar	
	1. Review of the hospital document titled, "Sexual			Januar in Court a	
		tion Precautions," policy		san in Sarah and an Ma	
t		t reviewed 06/21, showed		ा । एवं दिन को करतात के हरा समझे।	
		ermines if a roommate		经推进地方 — 1 - 1 - 2 (特定)。 1993年17日17日(日本1933)	
	assignment is appropriate and makes adjustments as needed based on identifiable risk		i.		an har na niji na 197 diani i
	adjustments as needed based on identifiable risk			>法運輸・つうした i clubate	Salar in manual.
				of Arren Constant Shi Said	
	2. Document review	of the hospital's adolescent		in all houses in the weather of	
		et dated 04/23/22, showed 1		a contra constantinative	
		ggression precautions (SAP)		ana hatsudum lond Nakar kati umu na ana di m	
	and 7 patients with s	he document showed that	4	Although the state of the state	
	the patient with SAP		Ŧ	constant	
		e with SVP (Patient #1202).	д» –		п.
		i.	ţ		We and and and
		:30 AM, Investigator #12			
	the second se	ge nurse on the hospital's		here's fam to grante a marte	
		f #1219). Staff #1219 stated P cannot share rooms with		사용되었는 것이지 않는 것은 사망방법 고객 중에서는 그는 사람들이 사망했어?	
	patients who are on a			gan policy to the survey of shifts	
	precautions. When a		1	A DECEMBER OF	
		nt for Patients #1201 and	â	Cales and Annual Constants	
		tated, "they should not be in		ાઇટ છે. તે પુરાવે છે છે સંસ્થિતિ સંસ્થિતિ છે	
	the same room."		I	here its at a statistic	
			n	andra versioner on el servici na Britishi Unicipi anvinae	
	Item #2 - Failure to in	dentify patients at increased		the state of the s	
5		ve, assaultive behavior and		Participation / a second a linear participation of the	
Jacob 1		ons to prevent adverse		AT THE PARTY AND A	
1	outcomes			with a national strategy of	
				ony, sue to mondure bits a	
		record review, and review of	3	Apple (1911) The Control of Market Apple (1911)	^ v
	failed to provide care	procedures, the hospital		and And Alignet and Angles and Ang Angles and Angles and An	

TATEMENT	Vashington OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED
			A. BUILDING:		
	1	000102	B. WING		C 05/05/2022
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE	
HC FAIR	FAX HOSPITAL	10200 N	E 132ND ST		
		KIRKLA	ND, WA 98034		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
L 340	340 Continued From page 37		L 340		
	developing and imple	ementing policies and			
		lified patients at increased			
		ssion/victimization, suicidal			
	behaviors/self-harm l				
	assaultive/aggressive				
		ons, such as treatment			τ
		ncidents related to these			
		s, as demonstrated by 8 of 8			
	records reviewed (Patient #1501, #1502, #1503,				
	#1504, #1507, #1511	, #1515, and #1516).			
	Failure of the hospita	I staff's ability to identify			
	patients at increased				
		care for the prevention of			
	sexual aggression/vio				
	behaviors/self-harm b				
		behaviors to ensure patient			
		, places the patients at risk nd psychological harm.			
	Findings included:				-
	1 Document review	of the hospital's policy and			
		cide Precautions," policy			
		revised 06/21, found that			
		licy is to provide a safe			
	environment for all pa				
		sing the immediate safety			
		ntified as high risk for			
	suicide. All suicide th				
	attempts are conside	red serious and are to be			
	responded to immedi	ately. The policy and			
	procedure failed to pr	ovide guidelines for staff to			
		nt process to establish			
=		gets, document preventative			Δ
	measures and interve				
		d readiness for discharge,			
		atment Plan (MTP) and			
		Plan (ITP), for patients			
	placed on suicide pre	cautions, or that had been			

FORM APPROVED State of Washington (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: С B. WING 05/05/2022 000102 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) ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE **REGULATORY OR LSC IDENTIFYING INFORMATION)** TAG TAG DEFICIENCY) L 340 L 340 Continued From page 38 and a the set of the set of the identified at an increased risk for suicidal/self-harm behaviors. 2. Document review of the hospital's policy and procedure titled, "Assault Precautions," policy number 1000.43, last revised 06/21, found that the purpose of the policy is to provide a safe environment for all patients by providing guidelines for addressing the immediate safety needs of patients identified as high risk for assaultive behavior. All verbal and physical threats, and attempts are considered serious and are to be responded to immediately. The policy and procedure failed to provide guidelines for staff to implement a consistent process to in a least option date, in a 100 band in the set establish specific goals and targets, document preventative measures and interventions, or record the patient's progress and readiness for discharge, such as a Master Treatment Plan (MTP) and Individual Treatment Plan (ITP), for patients placed on assault precautions, or that had been identified at an increased risk for aggressive/assaultive behaviors. 3. Document review of the hospital's policy and procedure titled, "Sexual Aggression(SAP)/Victimization Precautions (SVP)," policy number 1000.80, last revised 06/21, found that the purpose of the policy is to provide a safe, therapeutic environment of care for all patients by providing a plan for the prevention of sexually inappropriate behavior, including aggression and the potential for victimization by identifying early warning signs for sexual behavior, monitoring the patient with a suspected potential for sexual aggression/victimization, and implementing intervention steps to minimize the risk of inappropriate sexual behavior. The policy press and statistical physical states and states and the state of the indicated that when nursing staff identifies a State Form 2567

State Form 2567 STATE FORM

LOJL11

6899

If continuation sheet 39 of 68

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
			B. WING	,		c
		000102			05	/05/2022
AME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE E 132ND ST	E, ZIP CODE		
HC FAIR	FAX HOSPITAL		ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
L 340	Continued From page	9 39	L 340			
	placed on Sexual Agg or Sexual Victimization the provider will be not identified with increase and/or SAP precaution then develop a Sexual Plan and update the I Problem List. 4. Document review of procedure titled, "Sus of Patient Sexual Acti 1000.30, last revised cases of suspected of	tion, the patient will be gression Precautions (SAP) on Precautions (SVP) and otified. When a patient is sed risk factors and SVP ons are initiated, staff will ally Inappropriate Treatment Master Treatment Plan of the hospital's policy and opected or Confirmed Cases vity," policy number 06/21, showed that for r confirmed patient sexual team will initiate a sexually				
6	reported an incident of Intercourse - Patient of place on 02/11/22 at a the adolescent unit, in A group of adolescent the outside courtyard member. While in the female patients (Patient had both reported a h engaged in sexual into male patient (Patient incident, the male patient Unit Restrictions (UR) unit only and did not a courtyard area (Unit F The Investigator's rev footage showed that t	bort dated 02/11/22, staff categorized as "Sexual to Patient." The incident took approximately 7:00 PM, on in the outside courtyard area. It patients were escorted to area by a nursing staff darkened courtyard, two ent #1501 and #1504), who istory of sexual abuse, ercourse (oral sex) with a #1507). At the time of the ient (Patient #1507) was on), which restricted him to the allow access to the outside Restriction-Outside URO). iew of the incident's video the staff member conducting d to respond when several				

State Form 2567 STATE FORM

TATEMENT	Vashington OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C 05/05/2022	
	13 13 - 10 - 20	000102	B. WING	<u>shipstin</u> nifi		
AME OF PR	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STA	TE, ZIP CODE	unte par qui reconder de p	
HC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034	이 같이 같이 있다. 같이 같이 많이 같이	动的主义和主义和中国和学	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPP DEFICIENCY)	ULD BE COMPLET	
L 340	Continued From page	je 40	L 340	*{- 2 0 -1	international Reports and the	
	displayed boundary	violations, such as hugging	<i>h</i> .	with a second with the second	1	
	and sexual touch. The observed sitting on a	he staff member was a bench in the middle of the ack to the patients hidden in		alter ja sirenarishinar (sire) alter ja sirenarishinari		
		corner of the courtyard looking		a survey by the state of the second	ator control A	
		ce. The following patients		Herrichtz (1577) has als reth		
	were involved in the	reported incident:		- A.		
	Patient #1501			。 1994年後天正 1997年19月1日 1995年19月1日 - 1997年月 1995年19月1日 - 1997年月		
	Fallent #1501					
2	6. On 04/06/22, Inve	estigator #15 reviewed the	- +	The area of the second	is an state to the	
		atient #1501, a 13-year-old		and the second sec		
		ale involuntary patient	1.1	diana na ana ang tang tang kanala		
	CANCER AND A CONTRACT OF A CONTRACT. A CONTRACT OF A CONTRACT. A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT. A CONTRACT OF A CONTRACT. A CONTRACT OF A CONTRACT OF A CONTRACT. A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT. A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT. A CONTRACT OF A CONTRACT OF A CONTRACT. A CONTRACT OF A CONTRACT OF A CONTRACT OF A CONTRACT. A CONTRACTACT OF A CONTRACT OF A CONTRACT. A CONTRACT OF A CONTRACT OF A CONTRACT. A CONTRACTACT OF A CONTRACT. A CONTRACTACT OF A CONTRACTACTACTACTACTACTACTACTACTACTACTACTACTA	2, with a psychiatric diagnosis		(c) (c) (g) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c		
		Disorder (MDD), Anxiety, ss Disorder (PTSD), and	1	છે. ક્રિમિયન પ્રાપ્ય વધારે જાણિયાં આવે. આ તેલી આવે આવેલા સામેન્સ તાલ ઉદ્યા ભાજપાલ		
		ity Disorder. Patient #1501		"我的你们知道。""你们这		
<u> </u>		t history of abuse, including				
	sexual abuse by a fa	amily member (grandfather)	-		The work?	
		ently. Review of the medical				
	records showed the	following:		and to pair in the wanglearer measure at most first factors	V ALLYNG ALLYNG I Carlwraet a gwyrau	
	a Patient #1501 wa	s placed on SVP upon			en page na pere.	
		, no plan of care was		and the second		
		ne to address her significant		B. P. ORING L. Scholle M. Stran		
		use or to prevent sexual		化四十月 美国家 化合金基酚酸的 网络		
		pitalization. On 02/18/22, staff		are an area to the main		
		autions" to the MTP Problem exual Precautions Individual	-	, etter produktion in de statistic en dit. Nacionalistica de la terra de statistica de statistica de la seconda de statistica de la seconda de statistica d		
	CONSIGNED STREET STREET STREET FOR THE THE THE	days after the Patient's		ngan gina na kana kana kana. Vina na kata kana kana kana kana kana kana		
	admission.		-	a barrista una contra dorá dispussio		
				gur which and Der 1		
	b. Prior to the incide					
		documented Patient #1501	,	sanna shirika na bababa shirikana Shirika shirika shirika shirika		
		ate sexual behavior on 3		· 第一次,1995年1月1日。 1995年———————————————————————————————————		
		09/22 and 02/11/22. In g staff documented that the		 A state of the sta		
		appropriate sexual behavior or	5 P	Parket were and a set of the set of the		
		ys, 02/03/22 and 02/07/22.	· · · ·	The second second second second	ale na la la vice i V 8, j	
		nent the development of a		energy and the provide also to	AND THE PROPERTY OF	

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY
						С
		000102	B. WING		05	5/05/2022
AME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
HC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
L 340	Continued From page	9 41	L 340	C		
	inappropriate behavio	use to the identified sexually ors to prevent and minimize appropriate incidents.				
	provider documented inappropriate sexual 1 02/19/22, 02/20/22, a nursing staff document exhibited inappropriate boundaries on 5 days 02/19/22, 02/20/22, a the continued inciden	nd 02/21/22. In addition, the nted that the Patient te sexual behavior or				
		o the plan of care (initiated nt and minimize the risk of appropriate incidents.				(
	7. On 04/07/22, Invest medical record of Pat female voluntary patie with a psychiatric diag Disorder (MDD), Anxi Post Traumatic Stress #1504 reported a hist including sexual abus Patient #1504's father currently engaging in	e by a family member. reported that she was risk-taking sexually rs. Review of the Patient's				
	admission. On the Ps provider documented placed on SVP based sexual abuse. The Pa SVP until after the inc	not placed on SVP upon ychiatric Evaluation the that the Patient would be on the Patient's history of tient was not placed on ident on 02/11/22. The MTP dd Sexually Inappropriate				

and the contract of the second	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		(X3) DATE SURVEY COMPLETED	
	- nanan	000102	B. WING	2 2017 (2017) 2017 (2017)	C 05/0	5/2022
			ADDRESS, CITY, STA		NOT THE EAST OF ANY	
BHC FAIR	FAX HOSPITAL	KIRKLA	ND, WA 98034		an a	s Merikansak raad
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
L 340	Continued From pa	ge 42	L 340	La niji	al marth have the	के एक्सी
	Behavior to the Pro	blem List and an Individual	l l	CONTRACT STREET AND	Phone For A. 5	1
	1.55.553.5553.555.555.5555.5555.555	s not initiated throughout the		a star in teach dear that the particular		
	Patient's admission	and the standard sector of the standard sector and the standard sector se		terre tree state from the		
				with stages and its name		â.
	b. Prior to the incident on 02/11/22, the			a we produced as a war we be	a) Berne, in Ander	
	psychiatric provider documented Patient #1504		I	1 1 20 1 20 1 20 1 20 1 1 1 1 1 2 1 2 1		
		iate sexual behavior on 4	Å	- Department - Streed A		
		06/22, 02/08/22 and 02/11/22.		and the dry way is not be	网络门口 化氟丁石盐	Phy.
		sing staff documented that the				
-		appropriate sexual behavior or	Ŧ	in the section of the		
		ys, 02/03/22, 02/04/22,	1	GRE - 新聞家社社、 1987年18月1		
	The second	(two incidents), 02/09/22 and		jotus (primetri - Gerri M		
		ents prior to the reported	1	the strategy is the strategy		
	The second se	incident). Staff failed to		 H. P. BERG, "GGP, P.A. Phys. Rep. 1, 1984. 		
		lopment of a plan of care in	1	introduce and in space of 14.5 ft is		
		ntified sexually inappropriate		in a farmle sha she had		
		nt and minimize the risk of	т 4	NE OF A PERSON OF		
	sexually inappropriate	ate incidents.		 ANAB (Malagorina) justa Ascill next Markets 		
	A face the local device	to a 00/11/00 the neurobiotric		 PERTIN NERTICAL CONTRACTOR - CO		en en
		t on 02/11/22, the psychiatric		 Second state years for a second state 	and have a second s	175 70
		ed Patient #1504 exhibited al behavior on 3 days,	n d			
		, and 02/20/22. In addition, the	1	調査部にとてもうない	Alasi warate inst.	
	· · · · · · · · · · · · · · · · · · ·	nented that the Patient	1	for the mask to be a not a		
	•	riate sexual behavior or		and the second second second		
		ays, 02/13/22, 02/14/22,	4	10.30361 5.453 5.515060		
		, 02/19/22, and 02/20/22. In		as the principal of the second	21.2	
		ntinued incidents of reported	2	- second frame much inter-		4
	A DESCRIPTION OF A REAL PROPERTY OF A DESCRIPTION OF A DE	ate behavior, staff failed to		asserve entry of	a Aguieta an	
		ent a plan of care to prevent		a material solar second and the		
		sk of additional sexually		is the second	and and he music	
	inappropriate incide	ents.		ale algorithm - when		
	Patient #1507			nearch an that the terminal	Nahyoʻqtişi, kuris Lagoni (pokum) Bur	sa Se
		vestigator #15 reviewed the		and the set will be all the regular		
		Patient #1507, a 16-year-old		unda sá i strá akoly. A do		
		letained patient admitted on	1	二、工具、合作性、内核化的痛		
		ychiatric diagnosis of Major er (MDD), Anxiety Disorder,		 Presidential V. Valencie in Advanced Internet (1999) 26(18) 		

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
	L.*	000102	B. WING		C 05/05/2022	
ME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	E, ZIP CODE		
HC FAIR	FAX HOSPITAL		132ND ST			
			ID, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IN SHOULD BE	(X5) COMPLETE DATE
L 340	Continued From page	ə 43	L 340			
	reported homicidal the random students at se a history of sexual ab Patient reported that against him after he h female classmate in 7 Patient's medical reco a. Upon admission, P	eased risk for SVP or SAP				
-	admission assessmen staff documented that placed on SVP and S records found that the on 02/12/22 (5 days la updated to add Sexua to the Problem List an	AP. Review of the medical Patient #1507 would be AP. Review of the medical Patient was placed on SAP ater). The MTP was not ally Inappropriate Behavior and an Individual Treatment throughout the Patient's				
	exhibited inappropriat days, 01/14/22, 02/09 addition, the nursing s Patient exhibited inap boundaries on 5 days 02/07,22, 02/08/22 ar document the develop response to the identi	ocumented Patient #1507 e sexual behavior on 3 /22 and 02/10/22. In staff documented that the propriate sexual behavior or , 12/24/21, 01/21/22, nd 02/09/22. Staff failed to oment of a plan of care in fied sexually inappropriate and minimize the risk of				
	provider documented inappropriate sexual to In addition, the nursin	t on 02/11/22, the psychiatric Patient #1507 exhibited behavior on 1 day, 02/15/22. g staff documented that the propriate sexual behavior or	· · ·			

STATEMENT	Vashington OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPL		
	1917 No.1	000102	B. WING	and the second sec	05/0	; 5/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	na vester na	o ista unyai	
BHC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034		1 anna an t-	an a	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES AY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	ON SHOULD BE COMPLE HE APPROPRIATE DATE		
L 340	Continued From pag	e 44	L 340	and the set	në mena babaj ma	10 08e l	
	02/16,22, 02/19/22, 0 and 02/28/22. In resp incidents of reported behavior, staff failed plan of care to preve additional sexually in 9. On 04/07/22 at 11 with Investigator #15 #1503) stated that w displaying sexually in patient is placed on of and/or SAP) and the 10. On 04/20/22 at 1 with Investigator #15 Risk Manager (Staff patient is placed on of as SAP or SVP, staff treatment plan. 11. On 04/07/22 at 1 with Investigator #15 #1503) stated that do patients are assesses sexual aggression of on reports of a histor or reported incidents assault. Once the patients and/or SAP), the treat to the MTP and initia Plan. 12. Investigator #15 ⁴ records for Patients and and #1516 showed of	s, 02/14/22, 02/15/22, 02/22/22, 02/24/22, 02/26/22, oonse to the continued sexually inappropriate to initiate and implement a int and minimize the risk of appropriate incidents. 00 AM, during an interview , the Nurse Manager (Staff hen a patient is observed happropriate behavior, the enhanced precautions (SVP treatment team is notified. 0:10 AM, during an interview and Investigator #19, the #1504) stated that when a enhanced precautions, such will initiate a supporting 1:15 AM, during an interview , Nurse Manager (RN) (Staff uring the admission process, d for an increased risk for sexual victimization, based y of sexual aggression or tients are identified with the afety precautions (SVP atment team should add this ite an Individual Treatment		 The Birk Algorithm Algorithm Algorithm The Algorithm Algorithm Algorithm, and the construction of the constr		·····································	
	including the identified the failure of staff to	cation of increased risks and					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			(X3) DATE COMF	SURVEY	
		000102	B. WING			C 05/05/2022		(
ME OF PR	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE				05/2022	
	FAX HOSPITAL		E 132ND ST					
	FAX HUSPITAL	KIRKLA	ND, WA 98034					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	PLAN OF CORRECT CTIVE ACTION SHOL NCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLI DATE	ETE
L 340	Continued From page	45	L 340					
	process to identify int	TP and ITP, providing a erventions, establish goals, gress during admission and omes.						
	with Staff #1501, Invest the missing behavioral inconsistencies that w medical record review need for enhanced sa initiation of treatment interventions to addres Staff #1501 stated that MTP/ITP would depend Staff #1501 reported the provider would review	w when staff identified the afety precautions and the plans and individualized ess those increased risks. at the inclusion to the nd on the circumstances. that the treatment team and view the clinical data, behavior and decide whether						
¢	ITEM #3 Effectively conservations and enservations and enservations and enservations and enservationment	onducting patient uring a safe patient care						
	and review of hospita the hospital failed to p by developing and im	n, interview, record review, I policies and procedures, provide care in a safe setting plementing policies and e staff to effectively conduct rounds and patient						
	provide a safe patient protect patients from	icies and procedures that care environment and self-harm or harm from ients at risk for serious ogical harm.						
	Findings included:							

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000102	(X2) MULTIPLE A. BUILDING: B. WING		(X3) DATE S COMPLE C 05/0	TED
ME OF PR	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE		eleten rohako
HC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034		al desalt	n an a' tai
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETE DATE
L 340	Continued From page	ge 46	L 340	C 1998 19	1496 A. A. 40	at 1946 -
	procedure titled, "Pa	of the hospital's policy and atient Observation Policy," .5, last revised 06/21, showed		e a Richarden - Reportanti, Senat etang Abiantinasi (J. 13) abiatinasi karisi Pole (teasi abiatinasi karisi Polato (J. 14) and	and in the second and the second second in the second second	
		e ensures that Patient ds are occurring as ordered, en days a week.		and and the first sector of plane and a confirmed at the confirmence (Deducto Substitution (Press), "Confirmence Substitutions;	enders (M Mini M	तेष - इत्रे.
-		e Charge Nurse reviews all al rounds and initials the on.		कोक व्यक्त हैं से प्राप्त के साम कर का का कि	égné tu 18	484 J
	Registered Nurse (F (LPN), and Certified responsible for revie observations record individual precaution	h Technician (MHT), RN), Licensed Practical Nurse I Nursing Assistant (CNA) are ewing and updating the patient s. Any changes in the n levels, room or bed ssions and/or discharges will y occur.		and an intertencia de la com Decidad de la company de la company Decidad de la company de la company de la company de la company de la company Decidad de la company de la company Decidad de la company de la company	inerni, Min Bank Frisker Bankster	ad Jas
		loyee name and initials in the of the patient observations		स्व उत्तेन को १६५४ में संदुर्धन संघे मेन द्वाराज्य न घट वट में राजेपाल संघलित संस्वालन मार प्रयोग हो	a in di God conta	
	minutes and/or acco	tient a minimum of every 15 ording to the precaution level rvation on the patient		han ann an an Stair Stair Stair Gall, Stair Stair Stair Stain Gallan an Stair Stair Stains Air Ballan Stairs	la curta Iosi curta Isi	
		ient location and behavior on occurs on the patient	1	ne sanagen i ser en en en marco alimento Ne sanagen en esta en esta esta esta esta esta esta esta esta	in the course	49 1319
	g. Visually observe doors or curtains.	patients when behind closed		y fay <u>an</u> a that an a star 19 20 y tha an An Tara da ann an an tha 1980 an T	t in the light	
	h. Staff that is accord	mpanying the patient off			· (1	

S STATE FORM

化磷酸盐 肉 法政府利用

6899

LOJL11

If continuation sheet 47 of 68

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		000102	B. WING			C
AME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE		05	105/2022
HC FAIR	FAX HOSPITAL		E 132ND ST			
		KIRKLA	ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE	(X5) COMPLETE DATE
L 340	Continued From page	e 47	L 340			
	Fairfax grounds (Eme Security or housing a document observation Observation Form.					
	procedure titled, "Lev	of the hospital's policy and el of Observation Orders r 1000.21, last revised lowing:				
		the patient observation made, using the coding the record for patient				
		ne patient and note their ts, and any other pertinent				
	the designated areas	ropriate documentation in . Documentation should th the actual process of al rounds.				
	d. Staff will be vigilant identified for specific precautions).	t for potential risk factors patients (level of				
	3. Document review of training slides titled, " Levels," no policy nur revision, showed the	Rounds and Observation nber, no date of last				
	a. You must visually c each round (even if th bathroom).	bserve the patient's face on the patient is in the				
	b. If patient is leaving should go with the sta patient.	the unit, rounds sheets ff accompanying the				

STATE FORM

TATEMENT	Vashington OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	(X3) DATE SI COMPLE	
	a l	000102	B. WING		C 05/0	5/2022
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E, ZIP CODE	- TOWNER POLICY	ा एको भूछ स
HC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034			ACTION 2
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE
L 340	Continued From pa		L 340	() the second	u mat ^{ar} laborita	vo ské i
				1.08012-011-9-01-01	terr maker of	
	c. Check environme	ent for safety.		a satisfies had to		
				3000 中非常的变形的 (11)中心的	1	
	Incident #1 - 02/11/	22 Patient Observations		요즘 가지고 말했다면.	n mus, terdia	82 [°] .
	1 On an Incident P	eport dated 02/11/22, staff	4	atta antina terrati da	on the set of	
		t categorized as "Sexual		1: Advanter av a		
	Intercourse - Patier			Jeine WWW.DT Repairerie (
				1.5 시간의 감독 25 House 1.5		
	5. Review of the ho	spital's video of the incident		$V = 2\pi i \frac{2\pi}{3} R_{1}^{2} \left[\frac{1}{2} \left[$		
		Risk Manager (Staff #1504)		, di Quettersont u		
	confirmed that incident took place on 02/11/2			process of the second s		
		in the outside courtyard area.		, geleneliké bés vetebber.	esta tital survi	219
	THE ART OF PREASE CONTRACTOR PROVIDED AND	that one staff member and			uniternal an his	· ·
		tients entered the outside		e estante presentaria. A foi a tablecaria	substant - Maka	
		:52 PM. At 6:57 PM, all the f the view of the camera in the			-change - Al -1 -3	
		the courtyard. While in the			nonlinet di 43	
		I, two female patients (Patient				
		who both had a reported		withough while have been	antra Mita - Sil	
		ouse, engaged in sexual	¥	beth with providenal the sense.	and mail first.	St the Lat
	The second se	ex) with a male patient (Patient		the near strain of the second	n see na stand in the	
	#1507). The staff m	nember sat in a chair facing		धाः हित् ज्याताः (त्योच्य अपने व		
		I courtyard and appeared to be		the second dependence of here		
		onic device. At 7:01 PM, the	1	后,后来的"外国"的"中国"的	제488일 전쟁 전자 등	
	and the second	d to a bench in the middle of				
		g away from the darkened	1	2016年1月1日 1月1日日日 1月11日 1月111日 1月111日 1月111日 1月111日 1月111日 1月111 1月1111 1月1111 1月1111 1月1111 1月1111 1月1111 1月1111 1月1111 1月1111 1月11111 1月11111 1月11111 1月11111 1月11111 1月111111	a start de sa	
		several of the patients were of the video camera and still	Ĵ.	Pite Police and the Company of the		
		king at an electronic device.		10 小空水道,思潮的水气。17		
		iew of the video, from 6:52 PM		ADDERE INTERACTORIA		
	-	ients intermittently moved		mu choisimeagae énis últra may	s dente contes la contes la contes la contes de la contes d	
		rd, sometimes visible on the				
	camera, and some	times moving to the darkened	1	alay and a fight of the second of a second s		
	corners of the cour	iyard out of view.	A C	E china chan le company à		
	6. During the inves	tigation of the incident,		Der Habier	- Brighten - Miller	1 (M. ¹
		und discrepancies in the		portion of solar	的现在分词	es s
		s/rounding forms for the three			ndanadul 👘 Ed	6 N 1
		the incident. Review of the		Burnets Inc.	Reflap, J.; Mill (1	1. N. 1.

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			
		000102	B. WING		C 05/05/2022	
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
L 340		e 49 ms for Patients #1501, owed that staff failed to	L 340			
		tients were located in the				
	#1501 was on Suicide Restriction Outside Province	documented that Patient e Precautions, Unit rivileges (URO) which t could go to the outside				
-	courtyard (with staff s #1501's Observation (observations every 1	upervision). On Patient Record for Q15 5 minutes) Rounds, dated				
	02/11/22, staff docum 6:45 PM - Location: D 7:00 PM - Location: H	Day Room				
	7:15 PM - Location: H 7:30 PM - Location: B	lallway				
	the MHT performing rewas documenting the behavior. Review of the Patient #1501 entered	ation Records found that ounds inside on the unit Patient's location and he video showed that d the outside courtyard at l inside to the unit at 7:30				
	b. On 02/11/22, staff #1504 was on Suicide Restriction Therapy P	rivileges (URT) which				
	courtyard and the gyn Patient #1504's Obser	t could go to the outside n (with staff supervision). On rvation Record for Q15 5 minutes) Rounds, dated ented the following:				
	6:45 PM - Location: D 7:00 PM - Location: D	ay Room ay Room				
	7:15 PM - Location: D 7:30 PM - Location: D					

Dot102 B. WING C. 05/05/2/ MARE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 10200 NE 132ND ST MICHARX HOSPITAL 10200 NE 132ND ST KIRKLAND, WA 96034 (M)D Record Descriptions Y MUST BE PRECIDED BY YILL PRETX PRETX (M)D Record Descriptions Y MUST BE PRECIDED BY YILL PRETX PRETX PRETX (M)D Record Descriptions Y MUST BE PRECIDED BY YILL PRETX PRETX <th></th> <th>Vashington OF DEFICIENCIES OF CORRECTION</th> <th>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</th> <th>(X2) MULTIPLE A. BUILDING:</th> <th>CONSTRUCTION</th> <th>(X3) DATE SURVEY COMPLETED</th>		Vashington OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AME OF PROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST KIRKLAND, WA 98034 (X0) D SUMMARY STATEMENT OF DEFICIENCIES (PACH OBFICIENCY MIST BE PRECIDED BY FULL (PACH) REGULATORY OR LSC DEATIFYING INFORMATION) L 340 Continued From page 50 7.45 PM - Location: Day Room Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patient's Location and behavior. Review of the video showed that Patient #1507 uses on Assault Precautions, Unit Restriction (UR) Which ment that the Patient could not leave the unit or go to the outside courtyrad. On Patient #1507 biservation Record for Q15 (observation severy 15 minutes) Rounds, dated 02/11/22, staff documented the following: 6.45 PM - Location: Hallway 7:30 PM - Location: Hallway 7:35 PM - Location: Hallway 7:35 PM - Location: Hallway Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1507 was on Assault Precautins, Unit Restriction (UR) Which ment the the Patient #1507 was on Assault Precautins, Unit Restriction (UR) Which ment the the the the the patient following: 6.45 PM - Location: Hallway 7:30 PM - Location: Hallway 7:30 PM - Location: Hallway 7:30 PM - Location: Hallway 7:45 PM - Location: Hallway 7			000102	1	the second se	
Index A REACH HOSPITAL 10200 NE 132ND ST KIRKLAND, WA 98034 (M) ID PEETX TAG SUMANY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MURT BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) D PERK TAG PROVIDEND FALAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C L 340 Continued From page 50 7:45 PM - Location: Day Room L 340 L 340 Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patients location and behavior. Review of the outside county and at 6:52 PM and returned inside to the unit at 7:30 PM. . O n 02/11/22, staff documented that Patient #1507 was on Assault Procautions, Unit Restriction (UR) which meant that the Patient could not leave the unit org to the outside countyred. On Patient #1507 Observation Record for Q15 (observations every 15 minutes) Rounds, dated 02/11/22, staff documented the following: 6:45 PM - Location: Hallway 7:00 PM - Location: Hallway 7:35 PM - Location: Hallway 7:45 PM - Location: Hallway 7:45 PM - Location: Hallway Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patients location and behavior. Review of the video showed that Patient #1507 entered the outside countyrant at 6:52 PM and returned inside to the unit at 7:30 PM. The investigators failed to observe the staff The investigators failed to observe the staff		AMP 12	000102			
KIRKLAND, WA 98034 (XIRKLAND, WA 98034 CARLAND, WA 98034 CREATER STANDED DEFICIENCIES CALL D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENC WIST BE RECEDED BY PLL) REGULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY) CONSERCEMENT AND CORRECTION SHOLD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C L 340 Continued From page 50 L 340 L 340 I I Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1501 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. I I I C On 02/11/22, staff documented that Patient #1507 was on Assault Precautions, Unit Restriction (UR) which meant that the Patient could not leave the unit or go to the outside courtyard. On Patient #1507's Observation Record for Q15 (observation severy 15 minutes) Rounds, dated 02/11/22, staff documented the following: I I I 6:45 PM - Location: Hallway 7:30 PM - Location: Hallway 7:45 PM - Location: Hallway I I I 7:30 PM - Location: Hallway 7:45 PM - Location: Hallway I I I I 7:45 PM - Location: Hallway 7:45 PM - Location: Hallway 7:45 PM - Location: Hallway I I<	AME OF PI	ROVIDER OR SUPPLIER				
(EACH DORRECTIVE ACTION SHOULD BE REGULATORY OR LISCIDENTIFYING INFORMATION) PREFX Tag (EACH DORRECTIVE ACTION SHOULD BE CROSS-REFERENCE DT THE APPROPRIATE DEFICIENCY) L 340 Continued From page 50 L 340 7:45 PM - Location: Day Room Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1507 was on Assault Precautions, Unit Restriction (JR) which meant that the Patient #1507 was on Assault Precautions, Unit Restriction: Patient #1507's Observation Record for Q15 (observations every 15 minutes) Rounds, dated 02/11/22, staff documented the following: 6:45 PM - Location: Hallway 7:00 PM - Location: Hallway 7:45 PM - Location: Hallway	HC FAIR	FAX HOSPITAL				1117 年,本中国旗气子
 7:45 PM - Location: Day Room Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1507 was on Assault Precautions, Unit Restriction (UR) which meant that the Patient could not leave the unit of to the outside courtyard. On Patient #1507's Observation Record for Q15 (observations every 15 minutes) Rounds, dated 02/11/22, staff documented the following: 6:45 PM - Location: Hallway 7:00 PM - Location: Hallway 7:00 PM - Location: Hallway 7:30 PM - Location: Hallway 7:45 PM - Location: Ha	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	OULD BE COMPLET
 Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1501 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. c. On 02/11/22, staff documented that Patient #1507 was on Assault Precautions, Unit Restriction (UR) which meant that the Patient could not leave the unit or go to the outside courtyard. On Patient #1507's Observation Record for Q15 (observations every 15 minutes) Rounds, dated 02/11/22, staff documented the following: 6:45 PM - Location: Hallway 7:00 PM - Location: Hallway 7:30 PM - Location: Hallway 7:30 PM - Location: Hallway 7:45 PM - Location: Hallway 7:45 PM - Location: Hallway Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1507 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. The investigators failed to observe the staff 	L 340	Continued From page	e 50	L 340		month of the second
 the MHT performing rounds inside on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1501 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. c. On 02/11/22, staff documented that Patient #1507 was on Assault Precautions, Unit Restriction (UR) which meant that the Patient could not leave the unit or to the outside courtyard. On Patient #1507's Observation Record for Q15 (observations every 15 minutes) Rounds, dated 02/11/22, staff documented the following: 6:45 PM - Location: Hallway 7:00 PM - Location: Hallway 7:30 PM - Location: Patient's Room 7:30 PM - Location: Hallway 7:45 PM - Location: Hallway Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1507 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. The investigators failed to observe the staff 		7:45 PM - Location: D	Day Room	1		
 was documenting the Patient's location and behavior. Review of the video showed that Patient #1501 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. c. On 02/11/22, staff documented that Patient #1507 was on Assault Precautions, Unit Restriction (UR) which meant that the Patient could not leave the unit or go to the outside courtyard. On Patient #1507's Observation Record for Q15 (observations every 15 minutes) Rounds, dated 02/11/22, staff documented the following: 6:45 PM - Location: Hallway 7:00 PM - Location: Hallway 7:05 PM - Location: Hallway 7:30 PM - Location: Hallway 7:45 PM - Location is ide on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1507 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. The investigators failed to observe the staff 						
Patient #1501 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. c. On 02/11/22, staff documented that Patient #1507 was on Assault Precautions, Unit Restriction (UR) which meant that the Patient could not leave the unit or go to the outside courtyard. On Patient #1507's Observation Record for Q15 (observations every 15 minutes) Rounds, dated 02/11/22, staff documented the following: 6:45 PM - Location: Hallway 7:00 PM - Location: Patients' Room 7:15 PM - Location: Patients' Room 7:30 PM - Location: Hallway 7:45 PM - Location: Hallway 7:45 PM - Location: Hallway Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1507 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. The investigators failed to observe the staff		was documenting the Patient's location and			10 - 17 th day 1.08 1	State - States
 c. On 02/11/22, staff documented that Patient #1507 was on Assault Precautions, Unit Restriction (UR) which meant that the Patient could not leave the unit or go to the outside courtyard. On Patient #1507's Observation Record for Q15 (observations every 15 minutes) Rounds, dated 02/11/22, staff documented the following: 6:45 PM - Location: Hallway 7:00 PM - Location: Illegible documentation 7:15 PM - Location: Patients' Room 7:30 PM - Location: Patients' Room 7:30 PM - Location: Hallway 7:45 PM - Location: Hallway Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1507 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. The investigators failed to observe the staff 		Patient #1501 entered 6:52 PM and returned	d the outside courtyard at		alle in the Constance of the second of the s	мания — настору Боргали — стрик XIII
 #1507 was on Assault Precautions, Unit Restriction (UR) which meant that the Patient could not leave the unit or go to the outside courtyard. On Patient #1507's Observation Record for Q15 (observations every 15 minutes) Rounds, dated 02/11/22, staff documented the following: 6:45 PM - Location: Hallway 7:00 PM - Location: Hallway 7:00 PM - Location: Patients' Room 7:30 PM - Location: Patients' Room 7:30 PM - Location: Hallway 7:45 PM - Location: Hallway Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1507 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. The investigators failed to observe the staff 				· .	and a three in a first first of a start for	and the standing
 could not leave the unit or go to the outside courtyard. On Patient #1507's Observation Record for Q15 (observations every 15 minutes) Rounds, dated 02/11/22, staff documented the following: 6:45 PM - Location: Hallway 7:00 PM - Location: Illegible documentation 7:15 PM - Location: Patients' Room 7:30 PM - Location: Hallway 7:45 PM - Location: Hallway Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1507 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. The investigators failed to observe the staff 	r.	#1507 was on Assaul	t Precautions, Unit	1 5	100、 2120 #問題中的	网络龙属熊 计静静的
 Record for Q15 (observations every 15 minutes) Rounds, dated 02/11/22, staff documented the following: 6:45 PM - Location: Hallway 7:00 PM - Location: Illegible documentation 7:15 PM - Location: Patients' Room 7:30 PM - Location: Hallway 7:45 PM - Location: Hallway Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1507 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. The investigators failed to observe the staff 		could not leave the u	nit or go to the outside		1997년 1997년 1997년 11월 1997년 1997년 - 1997년 1997년 11월 1997년 11월 11월 11월 11월 11월 11월 11월 11월 11월 11	
6:45 PM - Location: Hallway 7:00 PM - Location: Illegible documentation 7:15 PM - Location: Patients' Room 7:30 PM - Location: Hallway 7:45 PM - Location: Hallway Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1507 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. The investigators failed to observe the staff		Record for Q15 (observed) Rounds, dated 02/11	ervations every 15 minutes)			
7:15 PM - Location: Patients' Room 7:30 PM - Location: Hallway 7:45 PM - Location: Hallway Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1507 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. The investigators failed to observe the staff		6:45 PM - Location: H	Hallway		States and the state of the	1
7:45 PM - Location: Hallway Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1507 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. The investigators failed to observe the staff		7:15 PM - Location: F	Patients' Room	v	一、46月1日,龙门广大台桥道。天	 A D.Burrt + R.BHA +
the MHT performing rounds inside on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1507 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. The investigators failed to observe the staff		2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			$(\pi^{+} \sim T)^{+} = (1 - \pi^{+})^{+} = (1 - \pi^{+})^{+} (2\pi^{+})^{+} (2\pi$	11、12、12、11、12、12、12、12、12、12、12、12、12、1
behavior. Review of the video showed that Patient #1507 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. The investigators failed to observe the staff		the MHT performing	rounds inside on the unit			ус ^т 1996 -
6:52 PM and returned inside to the unit at 7:30 PM. The investigators failed to observe the staff		behavior. Review of t	he video showed that		ing a state of the	f. f. 1 1. 9 20 1
		6:52 PM and returned			的数据400 计正确执行 4 "Legale" 网络魏国王 海道公司 10 日日	ra di San di Art. Angeli padagat
member documenting observation rounds for the patient in the courtyard.		member documenting	g observation rounds for the		and under a state of million state	en hann an ann an t-
7. On 04/20/22 at 10:10 AM, during an interview with Investigator #15 and Investigator #19, Staff #1504 verified that on 02/11/22, the staff doing		with Investigator #15	and Investigator #19, Staff			生物的 化二氯酸铵

STATEMENT OF	DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY IPLETED	
Ŧ		000102	B. WING		0	C 5/05/2022	C
	IDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
	CHOSPITAL	KIRKLAN	ND, WA 98034				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLI DATE	ETE
ali pa re no cc di pa cc di pa cc di pa cc di fai ob fai fai ob fai ob fai ob fai ob fai fai ob fai fai ob fai ob fai fai ob fai ob fai fai ob fai fai fai ob fai fai fai ob fai fai fai fai fai fai fai fai fai fai	Atients in the courty, view of the video sl by visible in the back ourtyard. Staff #150 screpancies in the or titient's observations of the video sl on an out fro ovever, Investigato iled to find evidence overvation rounds d 501, #1504, and # tween 6:52 PM and scurate. cident #2 - 01/30/22 outs On an Incident Rep ported an incident for sconduct - Patient olescent patients, F 515. Patient #1506 ported to the psych en sexually molest 515). On a Nursing Prog /01/22, nursing star 506 reported to the titent #1515, a 13-y male patient, pinne llway leading to the her several times. titent #1515 told he cing that hallway. . During a tour of t /07/22 at 1:15 PM,	ervation rounds for the ard. Staff #1504 verified that howed that the patients were k corner of the darkened	L 340				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000102	(X2) MULTIPLE A. BUILDING: _ B. WING		COMPL	URVEY ETED 5/2022
AME OF PF	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	and the second	Montesits W
		10200 NE	132ND ST		6.1A 0.1.497	وي الأور الحالي
HC FAIR	FAX HOSPITAL	KIRKLAN	ID, WA 98034		140 74	Alfandi (†
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES WINST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
L 340	Continued From page	52	L 340	N 48	er me Pusti te	3 - 1
	positioned facing the	hallway leading to the	4	u de Éserve de au		
		The short hallway leading to		- 아이크 가게 바이지 않는 것		
		viously been identified as a		0 - 1 3000 00 10 10 10		
		lack of video monitoring				
		ght lines when staff was		Stear - Chatter Server a		
	conducting observations in the main hallway. Staff #1503 stated that the blind spot should always be monitored, however sometimes their					· · ·
			4	the his was a data and the end	er benet i ut i så	al and
			T I	医白白 网络白海白 网络海		
		spond to a Code called on a	-	the management of the		
	different unit. Staff #1503 stated that was why the		- E	and a fair singular free a		
		monitored on 04/07/22.				
	naiway wao not boing					
	11 On 04/20/22 at 6	45 AM, during an interview				a.1
		Mental Health Technician	2			
	-	stated that sometimes at		الأحد بدأن والمتحور المتحرب	-lost free	P
_		ave the nurses station door		เป็นสมาริษณ์การใบการเป็นการส		
	•	ne blind spot located near		Married and Posts Parks		
		ring the unit is always			the better with the state	
				the and the second s	trupper i Mediter i M	成 。 ・
	12. Investigator #15 f	ound that hospital staff		and the person of the second		
	reported inconsistence	ies in the process for		ALL		
		servations off-unit and		 Complete Representation 	and when a second	834 -
	monitoring identified	plind spots within the	:		,有限的10-1-1-2	14
	hospital. Review of th	e hospital's policies and	•			
	procedures showed t	hat the hospital failed to	1	State and the state of a state of		urfi -
	develop a policy and			 Billini Pike Vir. 46. 6 		2142
	guidelines for staff wh			regulit rupide intelligione e re-re-		
		rounds in the exterior		the and the constants with		1
		policy and procedure to	T T	jun son ja	Read areaction ing	сж.
	safely and effectively spots within the hosp	monitor identified blind ital.		and the Astrophy and	tan kaptel kui	nal .
				alafan ar estateida e	11 1860 Jack 1994	, · · .
	Item #4 Reassess na	tients for increased suicidal		and the second s		
	risks and notify provid			water and the goal	li sean in inanaw	8
		w and document review, the	1	nething south a trade in w	terres and the second	
		ure staff followed policies				
	and procedures to re	assess patients for		· · · · · · · · · · · · · · · · · · ·	그 김희님의 여러 그 모양기	198 - A - A

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE COMF	SURVEY
		000102	B. WING		05	C /05/2022
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
BHC FAIR	FAX HOSPITAL		ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
L 340	on the risk formulation increased risk when i by 6 of 7 records revi #1904, #1905, #1906	idal behaviors and, based n, notified the provider of ndicated, as demonstrated ewed (Patients #1902, , #1909, #1914, and #1916).	L 340			
	and notify the provide suicide risk puts the p	ne suicide risk reassessment of any identified increased patient at risk for an unsafe psychological harm, and h.				
	1. Document review o "Suicide Risk Assess	ment and Management," 6, last reviewed 06/21,				
	Health will be assess admitting Registered	d to Fairfax Behavioral ed for suicidality by the Nurse (RN) using the Severity Rating Screen				
	waking shift (twice pe suicide precautions o	uicidality will occur every r day) for any patient on r who exhibit a significant us; these are documented ss note.				
	c. This assessment s	hall contain, at a minimum:				
	i. Current or past thou					
		ory of suicide attempts				
	iii. Evidence of suicida					
Form 25		ncluding categorization of				

HC FAIRFA (X4) ID PREFIX TAG	VIDER OR SUPPLIER	000102		12 at 6x - 2 - 1 - 40 33 301		
HC FAIRFA (X4) ID PREFIX TAG		000102	B. WING		C 05/05/2022	
HC FAIRFA (X4) ID PREFIX TAG						
(X4) ID PREFIX TAG	AX HOSPITAL		DDRESS, CITY, STA E 132ND ST			
TAG			ND, WA 98034		and the state of the state	
L 340 C	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMP	(5) PLETE ATE
	Continued From page	54	L 340	Ge Blive	nari herani di ju	12.3
ri	isk as compared to t	ne general patient		nin als se voje nie spaarlij die v	terra para da arra	
	•	atient unit (lower, similar, or		i dram no transfer star the	्रम् क्यून के क्यून	
	nigher).			E compared the strength deve		
				and the second states with each		
		ns (interventions) initiated to		al fee him the Repair park		
P	prevent suicide and/o	r self-destructive behavior.		Australia (L. Adragato and		
	Defient #1002			กรรัฐมาไป และ และประวัตร ก็ประสมบัญญา แต่การเป็นไป 15 เป็นไป เป็นไป เป็นกระการเร		
F	Patient #1902			 A second sec second second sec		
2	2 On 04/11/22 Inves	tigator #19 reviewed the		一日 2.31、2013 11、11日1日1月1日		
	2. On 04/11/22, Investigator #19 reviewed the medical record of Patient #1902 for the dates of			การสุริมภาษ์ การขณะก็สุดร้างสุด		
		27/22. Patient #1902 is a				
		dmitted for suicidal ideation,	×	 The second problem of the Count 		
		ntoxication. Patient #1902	1	and the structure of the fight com-		
h	had a history of a rec	ent suicidal gesture that		网络西南方 网络同性中 机铸造工具		
		ency department visit, where		a rate have to the consecutive		
		ne facility. She also had a		the search of the attempt fragment		
h	nistory of sexual assa	ault by a family member.		in the state state and a state of the		
		viewed the Deily Number		不能提供我的数据的 [1] 对此说: 14 Jahon C.C.S.S. 2		
1	and the second sec	viewed the Daily Nursing ound that nursing staff		Provide the second s		
		using the RN-CSSRS twice		f and bells of the desires a	CAR SWITTER	
		y hospital policy. In 9 of 34			Store and the factor	
		02, nursing documented that		Courses of Male Briance of		
		"yes" to the following 2		creation sile is the provide same the		
		ou ever wished you were	1	 In problems front of motion off to th 	na éseri névi né <mark>s</mark> tété (
c	dead or wished you o	could go to sleep and not		and the second strings goody could be	peng wasi in pos	
		ou ever actually had any		Charden (* 1. breakste), e. 12		
	thoughts of killing you	-		ં સંદર્ભ નામનોમેલ્લ તેવી લીધાન તો		
		ent's level of suicide risk as		the state of the s		
		tify the provider, as is		to Britten California Manager Manager		
		ning tool and hospital policy. Formulation shows that a	4	(1) A de la desta de la de Har de la d de la de la		
		2 or more questions on the		and the same same share the		
		t the nurse must notify the		·····································		
		ent the provider's response.		y which are also to get the factor of		
	i ul e E di las e secono		6			
		viewed the Daily Nursing		a choise " while I then a r		
		found that nursing staff using the RN-CSSRS twice		キーペインデアレビーを含むた物を行っていた。 したとうから、「このやくのため就なたか」を		

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMP	
			1			c /
	×	000102	B. WING		05/	05/2022
IAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
BHC FAIR	FAX HOSPITAL		E 132ND ST			
			ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLET DATE
L 340	Continued From page	e 55	L 340			
	per day as directed b	y hospital policy. In 2 of 34				
		02, nursing documented that				
		"yes" to the following 3				
	questions: #1-Have y	ou ever wished you were				
	dead or wished you o	could go to sleep and not				
		ou ever actually had any			÷	
		urself? #3-Have you been				
		ou might do this? Nursing				
		patient's level of suicide risk				
		d not notify the provider as				
	directed by the scree	ning tool and hospital policy.				
	c On 01/24/22 in a [Daily Nursing Progress Note				
		ing staff documented that	N			
		one to the staff earlier that				
		her arm with broken glass				
		ipset throughout the day. No				
		was documented. No room				
		n of contraband (glass) was				
	documented. No add					
		cted by hospital policy.				
	d. On 01/25/22, in an	Addendum Progress Note				
		nursing staff documented				
	that Patient #1902 wa	as found in a male patient's	<i>a</i>			
	room and ran out of t	he room to her bathroom in				
		t they went to speak with her				
	the second s	r room and then returned,				
		I in their bathroom cutting				
		th a piece of broken glass				
		lish bottle. Staff wrote that				
		I and said she was cutting				
		to die. Staff documented				
		to the charge nurse and the				
	provider. An additiona					
	completed, as is direc	cted by hospital policy.				
	e. On 01/26/22, in a [Daily Progress Note during				
		ff documented that Patient #				
		lal ideation with no intent or				

	Vashington OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		URVEY
	000102		B. WING	Mo.antog	C 05/0	5/2022
AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE	ning naarin	a na Ara aw
		10200 M	NE 132ND ST	= (1 ° 50)		1.2
HC FAIR	FAX HOSPITAL	KIRKLA	AND, WA 98034			1 - 12 - 14 - 16 - 16 - 16 - 16 - 16 - 16 - 16
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
L 340	Continued From page	e 56	L 340	i alista	traps becedie	ich die L
	plan. The nurse docu	mented that the patient	5. I	Recordense und sud and	Selfabet many a	
	self-harmed yesterda wrists and that the pa kill herself. An addition	y by cutting her neck and atient stated that she tried to		මෙන්නවන්න අතර පසු කාල් පින්නේ විශ්ව පතින ක්රීමය කිරීම ද පින්නේ මානය කාල් කාල් ක්රීමය කිරීමය හා ක්රීමය කිංහා ක්රීමයක් නොවාත් කිරීමේ පතින කාල් කොටා කාර කාල් ක්රීමය කොල	機動物力加強 第1日本本工作期 干預1日本一部 開発11年一部	
	f. On 01/27/22, in a Daily Progress Note during day shift, nursing staff documented that Patient #1902 endorsed suicidal ideation and verbalized that she wants to kill herself. The provider and case manager were informed. An additional CSSRS was not completed, as is directed by hospital policy.			and an other and a set of a s because of a set o	er Briger (no 1) 187 - Anton See 1976: Delt I - See 1986: Sector of Pro- 1986: Sector of Pro- 1987: Sector of Pro-	
	Patient #1904				- Andre Hill	
	3. On 04/11/22, Invest medical record of Pa 01/27/22 through 02/ 15-year-old female re department for depre	stigator #19 reviewed the tient #1904 for the dates of 04/22. Patient #1904 is a eferred from the emergency ession and suicidal ideation ang herself. She reports the her home.		Maadapalet 1973 Marsapalitika Makhanka (bilitar una tenaput un utiker Marsar 1960) Marsharanka Persaya ta Akutu Marsharan di eta kejiti Maatau Marsharan Arkatater tuan a Marsharan Arkatater tuan	o un esta indea Sedera de Sala de Sedera de Sala de Sala de Sedera de Sala de Sala de Sedera de Sala d	
	Progress Notes and assessed Patient #11 twice per day as dire	eviewed the Daily Nursing found that nursing staff 904 using the RN-CSSRS cted by hospital policy. In 4		din ngangan minangirimin anti Politiki amangki indiangi na idizi Interni a gitalaminan in Uria yin I	arina a taragania ar Newt Hundh aug gal ei	191
	the following 2 quest wished you were dea	patient answered "yes" to ions: #1-Have you ever ad or wished you could go to		भी साथ प्रत्यक्षणा किस्ट दिखाँद्व स्थित भाग स्थान कार्य उठाव्य साथ क्षेत्र साथ करण्ड्य क्षेत्रव्य स्था "द्वस्त स्वर्काद्व स्थान्त्र सिर्फ स्थान क्षेत्र व्यस्य क्षेत्र स्वर्वाच्वे स्वर्वीच्यु स्थान	n an tao tao tao 1988 - Anna 20 1998 - Anna 20	24
	actually had any thou Nursing staff docume suicide risk as "low"	up? #2-Have you ever ughts of killing yourself? ented the patient's level of and failed to notify the		ער דיר אין דיר אין ער דיין דיין איז "פאיל" <mark>איז איז איז איז איז איז איז איז איז איז </mark>	Radadoscalisimado q. C. Stálais I. A Norae (M 2014)	
	provider, as is directe hospital policy.	ed by the screening tool and		દેશનાં આવે કેટ્સ પ્રયત્વ છે. તે દેવવું ન વેતુ તો પ્રાથમિક દુધ વહેલી આજવાડી ન ને જાઈલ્લાએ લોક 'સ્વ	THE LOUT VERIC	
	b. Investigator #19 re	eviewed the Daily Nursing		- CT ACTAIN THREE AND AND		

S STATE FORM

6899 LOJL11

If continuation sheet 57 of 68

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
	<u>.)</u>	000102	B. WING		05	C 5/05/2022
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HC FAIR	FAX HOSPITAL	10200 N	E 132ND ST			
		KIRKLA	ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE	(X5) COMPLETE DATE
L 340	Continued From page	e 57	L 340			
	Progress Notes and assessed Patient #19 twice per day as dire of 18 notes for Patien documented that the the following 2 quest wished you were dea sleep and not wake u actually had any thou Nursing staff failed to of suicide risk and dia	found that nursing staff 904 using the RN-CSSRS cted by hospital policy. In 3				
	Patient #1905	ning tool and nospital policy.	4			
	medical record of Par 01/21/22 through 01/ 13-year-old transgen admitted for depressi Patient #1905 had a gesture with a plan to himself, which resulted department visit. The referred the patient to also had a history of member.	e emergency department o the facility. Patient #1905 sexual assault by a family				
	Progress Notes and a assessed Patient #19 twice per day as direct of 22 notes for Patien documented that the the following 2 questive wished you were deal sleep and not wake us actually had any thou	patient answered "yes" to ons: #1-Have you ever d or wished you could go to up? #2-Have you ever ughts of killing yourself? ented the patient's level of				

	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL DF CORRECTION UDENTIFICATION NUMBER		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		URVEY
	000102		B. WING	*ore00	05/0	; 5/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	1. mil - 80 - 400	ie way to alive
BHC FAIR	FAY HOSPITAL		132ND ST	111288	4 3647-9657 (1968)	aa istaa ista
		KIRKLAN	D, WA 98034			n The second second
(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 CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
L 340	Continued From page 58	1	L 340	1 B 4 B 1	meni cita antis	57 BEL
	provider, as is directed by the screening tool a	nd	÷.	there are enable property in		
	hospital policy.		1	alt in the second administration of the training of the traini		
(Deficient #1000			non in des statistices in in		
	Patient #1909			general and white and a second	कारणाम् सः । २५५ दर्भगद्यः १ – २४५३	
	5. On 04/28/22, Investigator #19 reviewed the			. Constanting		
	medical record of Patient #1909 for the dates			te bradel allocation differences and		
	04/15/22 through 04/27/22. Patient #1909 is a			Pala press at the second second	પાછળી તે તેજ સંદર્ભ	
	15-year-old transgender male (female to male			LEGITO BRAL MARKER BRAL		27 .
	with a history of depression, anxiety, self-harm	1		, v shunn, proved Adress of		
	behaviors, suicidal ideation with plans, and			Rain 201 - and		
	homicidal ideation with a plan to burn down his	6	í.	e - North Antonio and Artholic arts I		
	mother's home. He has a history of sexual assault victimization.		0	n kälehiki Vi Hara uru, ku kel y 1. kessi vilakoon vi urustala ju kis		
			6 ·	The set of the second		
	a. Investigator #19 reviewed the Daily Nurse			The second states and showed		
	Progress Notes and found that nursing staff			n light in hindly we as that this want in the		
	assessed Patient #1909 using the RN-CSSRS			set both stopsorthesized both too		
	twice per day as directed by hospital policy. In	6		一個人會 医尿道性炎、副学校 化化学		
	of 26 notes for Patient #1909, nursing			พ.ศ. เกษาสุด (ค.ศ. 1976)		
	documented that the patient answered "yes" to		1	18 - 1 1 to the the specific manufacture of the second sec		
	the following 2 questions: #1-Have you ever wished you were dead or wished you could go	to		भार भारती कालक काल्प्र विक्रम्प स्थित है। में के सम्मानसारी कार्यात कार्यातीय का स्थान		
	sleep and not wake up? #2-Have you ever	10		1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.		
	actually had any thoughts of killing yourself?		i i	When the she had their bears		
	Nursing staff documented the patient's level of	f	1	to a local primary and the basics of		
	suicide risk as "low" and failed to notify the					C C
	provider, as is directed by the screening tool a	nd				
	hospital policy.			÷	316 4 1 14	940 y
	b Investigates #10 reviewed the Daily Nursing			A STARLES AND A STARLES AND	CONSIGNATION OF A	~
	b. Investigator #19 reviewed the Daily Nursing Progress Notes and found that nursing staff			and the set of the set		
	assessed Patient #1909 using the RN-CSSRS		1			
	twice per day as directed by hospital policy. In		1	Bertaning, and as helder the of		39
ner siĝ	of 26 notes for Patient #1909, nursing			in dia no intradico dalesse		17 - E
	documented that the patient answered "yes" to	o i		t granikati kanalangi di dala taka		
	the following 3 questions: #1-Have you ever		1.	编型 I	o physicad	62
	wished you were dead or wished you could go	to				
-	sleep and not wake up? #2-Have you ever) i	presente di si primi che con con		
Land and the	actually had any thoughts of killing yourself?			ng Barpai di viti Sari Pingan tahu	이 영제 나온다 나	11. July 19.

St STATE FORM

6899 LOJL11

If continuation sheet 59 of 68

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
000102		B. WING		05	C /05/2022	
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034	k.		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
L 340	Continued From page	e 59	L 340			
	do this? Nursing staff level of suicide risk a	inking about how you might documented the patient's s "moderate" and did not directed by the screening cy.		e.		
	Progress Notes and f assessed Patient #19 twice per day as direct of 26 notes for Patien documented that the the following 6 questi wished you were deal sleep and not wake u actually had any thou #3-Have you been th do this? #4-Have you some intention of act started to work out or how to kill yourself an this plan? #6-Have you do anything, or prepa your life? Nursing sta- level of suicide risk as	viewed the Daily Nursing found that nursing staff 209 using the RN-CSSRS cted by hospital policy. In 1 at #1909, nursing patient answered "yes" to ons: #1-Have you ever d or wished you could go to p? #2-Have you ever rights of killing yourself? inking about how you might had these thoughts and had ing on them? #5-Have you worked out the details of ad do you intend to carry out ou done anything, started to ured to do anything to end aff documented the patient's s "high" and did not notify ed by the screening tool and				
-	medical record of Pat 04/17/22 through 04/2 16-year-old female ad	stigator #19 reviewed the tient #1914 for the dates of 27/22. Patient #1914 is a dmitted as Family Initiated sion, a dissociative episode,				
	kitchen knife to her cl	viewed the Daily Nursing	4			

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		9 - <u>1</u> 9-1 	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	Niko I	000102	1 ** ×	B. WING		05/0	; 5/2022
AME OF PR	ROVIDER OR SUPPLIER	STREE	ET ADD	RESS, CITY, ST	ATE, ZIP CODE	anterio e calif	in las so ab
HC FAIR	FAX HOSPITAL			32ND ST , WA 98034		$= \int dx dx dx + x \partial t$	xisteran a
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
L 340	Continued From pag	e 60	1	L 340	71 50)SA	ngel not, die	5 BAC
		914 using the RN-CSSRS cted by hospital policy. In 1		t.			
	of 26 notes for Patien documented that the	nt #1914, nursing patient answered "yes" to		n da n	- 		er u neu
		ions: #1-Have you ever ad or wished you could go to			A Start St. Oak		
1		up? #2-Have you ever ughts of killing yourself?		L.	Creation and a second sec	Z SI PAR	\$1 °
. 1		ented the patient's level of			$-\gamma_{2} + \alpha_{2}^{2} + \beta_{2} + \beta_{1} + \beta_{2} + \beta_{2} + \beta_{1} + \beta_{2} +$	 Encode 	e4
		and failed to notify the ed by the screening tool and			in worr all base a		
2	hospital policy.				1-15. 18 10. 18 10.		(0)
	Patient #1916				anna faite a' na ann ann ann. Ann faite a' na aite ann an	of Switchers	945 ()
	7. On 05/04/22, Inve	stigator #19 reviewed the		n n	proprieta a construction de la construcción de la construcción de la construcción de la construcción de la const La construcción de la construcción d		
		tient #1916 for the dates of		e	A LE DINGER ALL ALL ALL ALL ALL ALL ALL ALL ALL AL		
		17/22. Patient #1916 is a			training a second state of the second		
		dmitted for suicidal ideation				医毛丛 化广告间隙的	
		e attempt, and aggression			and set in the content		
		other. She has a history of			 0 m - 36 aca 		12
	sexual assault by he	r father.			11 the phy will the		14
	a Investigator #10 m	wiewed the Daily Nursing			· 是你们的是 种物格 静脉		1
		eviewed the Daily Nursing Patient #1916 and found that		1	and the state of t		
		sing failed to complete the		1	an a single during		30
	RN-CSSRS. No nurs				ing to react a start start a		
	document and no pro			Ŷ	2	d hatelute te	36. 1
		eviewed all Daily Progress		1	a plant in a horizon app		NE T
		atents #1902, #1904, #1905,		1	11 " TOLER, BANN & WARDAN & BANK		
		4, and #1916) and found that			a relieve the original pression to be		
	6 of 7 charts showed				an ^a Maran san Salit san an Borr	na 48 - 1a - Ar€	15
		e Severity Rating Screen as			maken states		
		ning tool and in hospital			there are a new solar		
		frequently did not follow the ions to document notification				the sets with	9.95
	and and a second rest the second second second	he provider's response when					
2	a patient answers "y				. Fallen solar, son solar		
	questions on the scr				a start for gradients	la sta piterine	31 J 1

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		P. C.		с		
000102		B. WING		05/05/2022		
AME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
HC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETE	
L 340	Continued From pag	e 61	L 340			
L1065	322-170.2E TREATM	IENT PLAN-COMPREHENS	L1065			
	WAC 246-322-170 Services. (2) The lice provide medical supe	ensee shall			а 4	
	treatment, transfer, a planning for each par retained, including bu limited to: (e) A comp	nd discharge tient admitted or ut not				
	treatment plan developed by a m	oped within Ilowing admission:				
	treatment team with i appropriate, by the p and other agencies;	atient, family, (ii) Reviewed and				
	modified by a mental professional as indica patient's clinical conc Interpreted to staff, p	ated by the lition; (iii)				
	when possible and a family; and (iv) Imple persons designated i	ppropriate, to emented by				
		ninistrative Code is not met				
		medical record review, and procedures, Investigator #19				
	found that the hospital in the formulation of a	al failed to include the patient an individualized treatment				
		nts reviewed (Patients 3, #1904, #1905, #1911,		ан Далан ал		
	Failure to ensure pat treatment care plann	ient participation in their ing can result in				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED C		
) tak	istise.	000102	B. WING	$= \frac{-1}{2} \left(\frac{1}{2} \frac{1}{2} \frac{1}{2} \frac{1}{2} \right),$	05/0	5/2022
ME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE	n. Anderson en	
	FAX HOSPITAL		E 132ND ST ND, WA 98034		J. Marsh	公司的实现
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
L1065	Continued From page	62	L1065	Se an	and harris	रः अक्षे
	of patients' needs and and lack of appropria	stent, or delayed treatment d may lead to patient harm te treatment for a behavioral		i sonaite and ogie of const objects hob an lite is far t		
	or medical condition.				计成选通用 经	977
	Findings included:			17、17、18日前18日号。1996年1日日日日 - 1996年19月1日(11日)1日日 - 1996年1日日日(11日)1日日	den salen as	63 C _
1. Document review of facility policy titled, "Interdisciplinary Patient Centered Care Planning," policy number 1000.81, last approve 06/21, showed the following:		ent Centered Care ber 1000.81, last approved	ł.	halos kirjārēt tur robrāka naras o kom nakārus metlietas menam saturkas prības ro	e satu effekters me	ja.,
	Master Treatment Pla	esentative is to sign the in to indicate agreement in the development of the		nie d., freiher Norderlag von Mitolake sone mitolaef op i Schöttige och Schottige al of the grant fra transminula prica grant af mitolaef Schottige och – Lyand Schottige Schottige	i soft bre sy i sogetspacet i soldegrik, f i soldegrik, f	al nafi nga nga
	Treatment Plan with t	member is to discuss the he patient/representative if sent in the Treatment Team		a Hospital United and Antonia (1997) A Hospital United Antonia A Hospital State (1997) State (1997)	n olt i comodat unist lasti com	
	c. If the patient refuse Plan, the refusal will l	es to sign the Treatment be documented.		的品牌交到 机机 网络水浴 散水 1、注24号 4月 网络之人 "数""武 4-70 工程选择电路行过 106	State 1. B	
		am, with the e, will update the Treatment cated, or at minimum every 7		(a) the first of the second s second second sec	n (22), eheadar 101 a nun - 151 21 t Sasadar - 1	다. 위로
		entative is to sign the te to indicate agreement review/modification of the		्रतिष्ठः		1945) 8. 24 ₀₉₆ 1974
		nember is to discuss the				1
f. A designated staff member is to discuss the Treatment Plan Update with the patient/representative if the patient is not present in the Treatment Team meeting.		te with the e if the patient is not present	2 1	日本人们就会很好的社会。 1999年,日本周期的原始中心。 1999年,日本周期的原始中心。	n konstruktur Statunike (file	

S STATE FORM

6899

LOJL11

If continuation sheet 63 of 68

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		000102	B. WING		C 05/05/2022	
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE		05	/05/2022
			E 132ND ST	, ZIP CODE		
BHC FAIR	FAX HOSPITAL		ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
L1065	Continued From pag	e 63	L1065			
		es to sign the Treatment usal will be documented.				
	Patient #1901					
	medical record for Pa female patient admitt ideation with comma	stigator #19 reviewed the atient #1901, a 13-year-old ted 12/03/21 for suicidal nd hallucinations and history d found the following:	×			
	Treatment Plan," cor that the patient did n confirming that the tr	ed, "Interdisciplinary Master npleted on 12/09/21, showed ot sign the treatment plan eatment plan had been tient or that the patient had k questions.				
	showed that staff fail	tment plan document ed to document patient atient's refusal to sign.				
	12/16/21, 12/22/21, 1 02/01/22, 02/16/22, 0 03/16/22, showed that updates confirming th	tment plan updates, dated (2/29/21, 01/05/22, 01/26/22, 02/23/22, 03/09/22, and at the patient did not sign the hat the treatment plan had he patient or that the patient o ask questions.				
		tment plan updates showed cument patient participation al to sign.				
	Patient #1902					
	medical record of pat female admitted on 0	stigator #19 reviewed the tient #1902, a 13-year-old 11/13/22 with depression, icidal ideation, self-harm,				

FORM APPROVED 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: С B. WING 000102 05/05/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PRFFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L1065 L1065 Continued From page 64 and history of sexual assault, and found the following: a. The document titled, "Interdisciplinary Master しんりょうが 立て されやくにこう あらう かんがざ Treatment Plan," completed on 01/17/22, showed and the state of the second state of the secon that the patient did not sign the treatment plan confirming that the treatment plan had been 法法法法法 化苯甲基甲基苯甲基甲基甲基 reviewed with the patient or that the patient had the opportunity to ask questions. word on a most or full way in the work of b. Review of the treatment plan document showed that staff failed to document patient participation or the patient's refusal to sign. Patient #1903 PERMIT A and the state of the second second second 4. On 04/11/22, Investigator #19 reviewed the medical record for Patient #1903, a 19-year-old The Composition of the features female admitted on 02/09/22 for psychosis, aggression, mood instability, and history of sexual assault and sexual victimization, and found the the second and the states of the three and following: a. The document titled, "Interdisciplinary Master Treatment Plan," completed on 02/11/22, showed that the patient did not sign the treatment plan 「そことの時代 南部の外のション・ションド confirming that the treatment plan had been reviewed with the patient or that the patient had a species contractivity and a second part of Production and the training break day the opportunity to ask questions. b. Review of the treatment plan document 11 1 200 54 showed that staff failed to document patient participation or the patient's refusal to sign. n hanna an the state of the second state of the se Patient #1904 经承认证书 法指数抵押 法定任任任 warm may and farely the dynamics 5. On 04/11/22, Investigator #19 reviewed the medical record for Patient #1904, a 15-year-old female admitted on 01/26/22 with suicidal ideation and mood instability, and found the State Form 2567

STATE FORM

stanting of the second

6899

LOJL11

If continuation sheet 65 of 68

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		000102	B. WING		05	C /05/2022
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		1
BHC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	FCORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE
L1065	Continued From page	e 65	L1065		1	
	following:					
	a The decument title	d "Interdisciplinen, Master				
		d, "Interdisciplinary Master ppleted on 01/28/22, showed				
		ot sign the treatment plan		8		
		eatment plan had been ient or that the patient had				
	the opportunity to asl					
	b. Review of the treat	tment plan document				
	showed that staff faile	ed to document patient	-			
	participation or the pa	atient's refusal to sign.				
	Patient #1905					
		tigator #19 reviewed the				
		itient #1905, a 13-year-old 1/20/22 for suicidal ideation				
	CONTRACTOR CONTRACTOR STATE	and found the following:				
	a. The document title	d, "Interdisciplinary Master				
	Treatment Plan," com	pleted on 01/21/22, showed				
		ot sign the treatment plan eatment plan had been				
	reviewed with the pat	ient or that the patient had				
	the opportunity to ask	questions.				
	b. Review of the treat	ment plan document				
		ed to document patient				
	participation or the pa	atient's refusal to sign.				
	Patient #1911					
	7. On 04/29/22, Inves	stigator #19 reviewed the				
	medical record for Pa	tient #1911, a 56-year-old				
	male admitted on 04/ aggression, and foun	08/22 for psychosis and d the following:				
	a. The document title	d, "Interdisciplinary Master				
		pleted on 04/09/22, showed				

State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED		
		000102	B. WING	1.4.1 (A)	C 05/05/2022
AME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE	regeler at ladge service
BHC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034	n digen New digen	144 (1997) J.A. (2006)
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLET
L1065	Continued From pag	e 66	L1065	R ⁱ - UR	and monoration 350
	that the patient did no	ot sign the treatment plan	2. 6.		, d
	confirming that the tr	eatment plan had been		and the interval	
		tient or that the patient had		 C. 200 B. Mellin, 10 	
	the opportunity to as	k questions.	1	(日本)(11)(11)(11)(11)(11)(11)(11)(11)(11)(1	
	b. Review of the trea	tment plan document		THE REPORT OF A POINT	
		ed to document patient	E		
		atient's refusal to sign.		the state of seasons in used	计规定 化偏子 网络
				a the television and the	
		ocuments titled, "Treatment		A high the land of the second second	
*		04/18/22 and 04/26/22,	-	teris in Frail dats state	
	showed that the patient did not sign the updates confirming that the update had been reviewed			1. 成社中学学習新加强。RL 新工作。1.	
				64, 19 P. (11, 27, 27)	nt sinta tsea ne li ci li
		at the patient had the	1		
	opportunity to ask qu	lestions.		to the second the left connector In the second connector in the loss	
	d Deview of the tree	tment plan undates showed		n min of a superior particular a A subscription in the superior of the superior	
		tment plan updates showed cument patient participation	1	to divert a survey of a structure of a	Church Treindigen verstand.
	or the patient's refus			and the set product of the set of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	of the patient's relus	ai to sign.		A. M. Kong, edited and edited and a state of the state	
	Patient #1912			REPAIRS AND A REPAIR	
				The state all the second states and	
	8. On 04/29/22, Inve	stigator #19 reviewed the		Strong of the Registration of	
		atient #1912, a 28-year-old	· ·	The Star AND Star Star Star Star and a star	ni ni waasa dhaq
	male admitted on 04	/07/22 with psychosis, mood	×.	We have a good to be the second of the star	
		y of assault, and found the		Revenues and a state of the second second	
	following:		1. 1.	na an garaga Marazar an s	
		· · · · · · · · · · · · · · · · · · ·	Ē	e national and a share	
		ed, "Interdisciplinary Master	1. 1.	1 - A series and the second second	
		npleted on 04/08/22, showed		1977 - 1970) ADRESS - 2010 - 2010 1979 - 2010 - 2010 ADRESS - 1970 - 1970 - 1970	
		ot sign the treatment plan eatment plan had been	,	en statistikki internetionen Statistikki internetionen	
		tient or that the patient had	Ŷ.	 Alternative States 	
	the opportunity to as			terio di Ner Childalette in La Little	
	and opportunity to do			1.1 2.1 2月4月新聞の1.1 14.1 単位	
. 1.6	b. Review of the trea	tment plan document			Martin and - 194
		led to document patient		1 .	
		atient's refusal to sign.			
	Patient #1913				

3

ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					C .	
		000102	B. WING		05/05/2022 🔍	
AME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
HC FAIR	FAX HOSPITAL		ND, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
L1065	Continued From pag	e 67	L1065			
	medical record for Pa female admitted on 0	stigator #19 reviewed the atient #1913, a 15-year-old 04/19/22 for psychosis, tory of assault, and history of found the following:				
	Treatment Plan," con that the patient did n confirming that the tr	ed, "Interdisciplinary Master npleted on 04/21/22, showed ot sign the treatment plan eatment plan had been tient or that the patient had k questions.	e e e e e e e e e e e e e e e e e e e			
	showed that staff fail	tment plan document ed to document patient atient's refusal to sign.				
	with Investigator #19 Assistant Director of #1501) confirmed tha failed to include docu participation in the tro patient signatures an	2:45 PM, during an interview and Investigator #15, the Nursing (ADON) (Staff at medical records reviewed umentation of the patient's eatment planning process, ad documentation of the n or refusal to sign. Staff				
	responsible for meeti review their Master T Treatment Plan Upda that when the Case M patients to review the should be obtaining a If the patient refuses, Case Manager would	e Case Managers are ing with the patients to Treatment Plans and ates. The ADON reported Manager meets with the eir treatment plans, staff a signature from the patient. , or is unable to sign, the d document the reason for				
	the refusal.					

Fairfax Hospital Plan of Correction for State and CMS Investigation (Case #2022-3363, #2022-3389, and #2022-2123)

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

Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	Monitoring procedure & Target for Compliance
	Item #1 The CEO, COO, Chief Medical Director, Chief Nursing	Human	7/5 c/22	MONITORING:
L 001	Officer and Director of Risk Management met to review the	Resources		Item #1 The Infection Control Preventionist
	findings of this survey and review/revised the policies to meet	Director		and Human Resource Director (HRD) will
	regulatory compliance on 5/31/2022.			maintain the list of all COVID 19 vaccine
	The COVID-19 Mandatory Vaccination policy was reviewed			exempt staff and confirm they are
	and the Contingency Plan Addendum revised to confirm that			informed of the weekly testing
	healthcare workers who met the requirements for exemption			requirement. The HRD will monitor and
	will be tested weekly prior to reporting to work.			report testing status weekly to Department
				Leaders and will follow up with the
	The revised policy was submitted for review and approval to			department managers of all staff who are
	the Infection Control Committee, Medical Executive			noncompliant with their weekly testing.
	Committee and the Governing Board in an ad hoc meeting on			Noncompliance with weekly testing will
	6/7/22.			result in immediate suspension. Staff will
				be permitted to return to work only when
	The Human Resources department is responsible for			compliance is reestablished.
	monitoring/obtaining staff vaccination information for			
	compliance upon hire by obtaining their vaccination or			Target goal and accepted compliance for
	exemption status prior to their first day of employment. The			testing is 100%.
	HRD will inform any staff who are exempt of the requirement			
	for weekly testing via a signed copy of the Contingency Plan			Monitoring is ongoing until otherwise
	Addendum, ensure they are set up for weekly testing,			indicated.
	understand deadline for testing and know where to go for			
	their tests each week. Additionally, the HRD monitors all staff			Aggregated data will be reported to the
	who have met the requirements for exemption and need to			Quality Council and Medical Executive
	be tested once weekly for COVID 19.			Committee monthly and to the Governing
	The Human Resources staff were retrained to the revised and			Board quarterly.
	approved COVID 19 Mandatory Vaccination policy by the			
	Human Resources Director. Training will be verified by a		1	Item #2 The Human Resource Director
	signed copy of the revised policy.		1	(HRD) and Infection Control Preventionist
			1	will maintain the list of all COVID 19 vaccine
				exempt staff and confirm they are
The Director of Human Resources will set up weekly COVID-19 testing for all staff who meet COVID-19 vaccine exemption requirements to be completed every Tuesday. Results will be obtained from the lab by the HRD/designee by no later than Friday of each week. The HRD/designee will ensure each exempt staff who is scheduled to work has a weekly test done. If a staff member misses their deadline for weekly testing, the HRD will inform the staff members department leader. Testing compliance will be reported weekly to Department Leaders. Staff who are out of compliance for weekly COVID-19 testing will not be permitted to work until they are back in compliance. The HRD will designate another HR staff member to monitor and report compliance weekly should coverage be needed.

Training included:

- All current exempt staff shall be informed of the requirements as evidenced by a signed copy of the Contingency Plan Addendum in their HR file. New staff shall be informed of the requirements upon hire as evidenced by a signed copy of the Contingency Plan Addendum in their HR file.
- Requirement of weekly testing for healthcare workers that met the requirements for exemption
- Staff that are not compliant with weekly testing are unable to work and suspended until they are back in compliance with weekly testing.
- Human Resources staff are responsible for obtaining the vaccination information or exemption status prior to hire and that it is entered into the Lawson system as soon as possible.
- The HRD/designee will report compliance with weekly testing of exempt staff to Department Leaders once a week in the morning Flash meeting

Item #2 The CEO, COO, Chief Medical Director, Chief Nursing Officer and Director of Risk Management met to review the findings of this survey and review/revised the policies to meet regulatory compliance on 5/31/2022.

The COVID-19 Mandatory Vaccination policy was reviewed and the Contingency Plan Addendum revised to remove the requirement of healthcare workers who met the informed of the weekly testing requirement as evidenced by a signed copy of the Covid 19 Contingency Plan Addendum in their HR file. The HRD will monitor and report Covid 19 testing completion status weekly to Department Leaders and will follow up with the department managers of all staff who are noncompliant with their weekly testing will result in immediate suspension. Staff will be permitted to return to work only when compliance is reestablished.

The Infection Control RN monitors for 100% compliance with staff use of required PPE when assigned to work on the on the Covid unit with positive patients. All staff assigned to the Covid unit are required to use full PPE. All noncompliant staff will be addressed immediately by the CNO/designee. Staff will be directed to comply with use of required PPE. Retraining of staff is completed immediately. Monitoring data for 100% compliance is reported monthly to the Infection Control Committee.

Target goal and accepted compliance for testing and staff use of proper PPE is 100%.

Monitoring is ongoing until otherwise indicated.

Aggregated data will be reported to the Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly.

requirements for exemption to wear N95 masks while in the			
facility. Additional PPE such as eye protection, isolation gowns			
and N95 masks are available for use by staff who work with			
patients who are Covid 19 positive, awaiting test results or in			
the event of an outbreak at the facility. All staff who work in			
patient care areas are required to have new hire and annual			
fit testing for proper mask size.			
The revised policy was submitted for review and approval to			
the Infection Control Committee, Medical Executive			
Committee and the Governing Board in an ad hoc meeting on			
6/7/22.			
All Staff will continue to follow standard and transmission			
based precautions as outlined in the facilities Transmission			
Based Precautions policy regardless of vaccination status.			
The Human Resources department is responsible for			
monitoring/obtaining staff vaccination information for			
compliance. Additionally, they monitor healthcare workers			
who have met the requirements for exemption and need to			
be tested once weekly for COVID 19, see item #1.			
The Human Resources staff were retrained to the revised and			
approved COVID 19 Mandatory Vaccination policy by the			
Human Resources Director. Training will be verified by a			
signed copy of the revised policy. The HRD will designate			
another HR staff member to monitor and report compliance			
weekly should coverage be needed.			
Training included:			
Unvaccinated Exempt healthcare workers are no			
longer required to wear an N95 mask at all times			
while in the facility. They will be required to wear a			
surgical mask as required for all hospital employees			
while on duty.			
All current exempt staff shall be informed of the			
requirements as evidenced by a signed copy of the			
Contingency Plan Addendum in their HR file. New			
staff shall be informed of the requirements upon hire			
as evidenced by a signed copy of the Contingency			
Plan Addendum in their HR file.			
Requirement of weekly Covid 19 testing for			
healthcare workers that met the requirements for			
exemption	1	1	

	 Healthcare workers that are not compliant with weekly testing are unable to work until they are back in compliance with weekly testing. Human Resources staff are responsible for obtaining the vaccination information or exemption status prior to hire and that it is entered into the Lawson system as soon as possible. The HRD/designee will report compliance with weekly testing of exempt staff to Department Leaders once a week in the morning Flash meeting. 			
L315	 The CEO, COO, Chief Nursing Officer and DRM met to review the findings of this survey and reviewed the current policies and procedures in place on 5/31/22. Policy <i>Suicide Risk Assessment and Management 1000.26</i> was reviewed with no revisions required. The Daily Nursing Progress note was revised to clarify provider notification will occur with any changes in screening results and submitted for review and approved by the Medical Executive Committee and the Governing Board on 6/7/22 and was implemented on 6/8/22. Chief Nursing Officer/designee will confirm all Registered Nurses are current with their training and education in the completion of the RN-CSSRS screening scale. Nursing staff were retrained on the policy Suicide Risk Assessment and Management 1000.26 and trained to the revised Daily Nursing Progress note to include: Reassessment of patients with increased risk of suicidal behaviors or self-harm will occur every waking shift using the RN-CSSRS suil be completed after any incident of self-harming behavior, results are reported promptly to the provider and providers response is documented in the nursing progress note. Prompt notification of the provider of any identified increased risk from the previous assessment. 	Chief Nursing Officer	7/5/22	 MONITORING: The Chief Nursing Officer and/or designee will audit 100% charts of patients on Suicide Precautions weekly to confirm compliance with risk assessment policy for the following items: 1. Accurate completion of the RN-CSSRS risk screening is being followed for identified patients per policy. 2. Completion of the CSSRS as required based on screening information. 3. Documentation of Provider notification, date and time of notification and the providers response is present when indicated. Target goal for compliance is 90% or greater. The CMO/designee will audit 100% of patients charts, that were identified on the RN-CSSRS as having an increased risk for suicide or self-harm, weekly to confirm documentation of the patient. Monitoring will be ongoing until compliance of 90% or greater is achieved and sustained for a minimum of 3 months. All deficiencies will be corrected immediately to include staff retraining as needed.

meeting on 6/16/22. The Providers were informed that Nursing staff are to document on the RN-CSSRS which provider was notified, date and time of notification and the providers response to the notification. Additionally, the provider is responsible for the timely reassessment of the patient for risk of suicide or self-harm and to initiate and order any changes necessary to the patients safety level, observations or precautions.			Aggregated data will be reported to Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly.
	Chief Medical Officer	7/5/22	 MONITORING: Item #1 The Chief Medical Officer and/or designee will review 100% of compelled medications ordered and administered weekly to confirm compliance with revised hospital policy to include: All compelled antipsychotic medications administered have a 2nd opinion form completed prior to the administration of the antipsychotic. Target goal for compliance will be corrected immediately to include provider or licensed nursing staff retraining. Providers identified as out of compliance with obtaining a 2nd opinion prior to the administration of the administration of a compelled antipsychotic medication will have 1:1 meeting with the CMO to discuss expectations and consequences of further non-compliance. Subsequent violations of this process may result in suspension or termination of employment. Licensed Nursing staff who have administered a compelled antipsychotic medication with out ensuring a 2nd opinion form is completed antipsychotic medication with the CNO/designe to discuss expectations and consequences of further non-compliance. Subsequent violations of this process may result in suspension or termination of employment.

- That same provider will contact the 2nd provider themselves and request they complete the 2nd opinion and corresponding documentation.
- 3. After the 2nd provider has completed and documented the requested 2nd opinion in the patients medical record on the 2nd Opinion form, the second provider will put a note in HCS documenting the 2nd opinion has been completed and notify the original, provider who requested the 2nd opinion.
- 4. After the 2nd Opinion form is completed and documented in the patients medical record, the patients Provider will then write an order in the patients chart for the compel antipsychotic medications and in the PRN section of HCS for the compel antipsychotic medications that will state, "2nd opinion was obtained".
- 5. Pharmacy will not have an order for these medications prior to the completion of these steps therefore the medications will not be available for administration until the 2nd opinion is obtained, the form is completed, and the provider enters into HCS that the 2nd opinion was obtained.

The Medical Staff and providers were retrained by the Chief Medical Officer to the revised code of Washington (RCW) 71.05.215 – Right to refuse antipsychotic medications rules. Training was initiated on 4/22/22 as well as revised *The Psychiatric Progress Note-2nd Opinion Form* and process for compelled antipsychotic medication as listed above during the 6/16/22 Medical Staff meeting.

Training included:

- A patient found to be gravely disabled or presents a likelihood of serious harm as a result of a behavioral disorder has the right to refuse antipsychotic medication unless it is determined that the failure to medicate may result in serious harm, substantial deterioration or prolong length of involuntary commitment.
- For short term treatment up to thirty days, the right to refuse antipsychotic medications unless there is an additional medical opinion approving medication by a psychiatrist, PA or APRN

process may result in suspension or termination of employment.

Aggregated data will be reported to the Performance Improvement Committee and Medical Executive Committee monthly and to the Governing Board quarterly. Monitoring will be ongoing until compliance of 90% or greater is achieved and sustained for a minimum of 3 months.

Item #2 The Chief Medical Officer and/or designee will review 100% of the administered emergency antipsychotic medications to include:

 All emergency antipsychotic medications administered have a 2nd opinion form completed in the medical record within 24 hours of administration of the emergency antipsychotic.

All deficiencies will be corrected immediately to include staff retraining. Providers identified as out of compliance with obtaining a 2nd opinion within 24 hours of the administration of an emergency antipsychotic medication will have 1:1 meeting with the CMO to discuss expectations and consequences of further non-compliance. Subsequent violations of this process may result in suspension or termination of employment.

Target goal for compliance is 90% or greater.

Aggregated data will be reported to the Performance Improvement Committee and Medical Executive Committee monthly and to the Governing Board quarterly. Monitoring will be ongoing until compliance of 90% or greater is achieved and sustained for a minimum of 3 months.

For continued treatment beyond thirty days through • the hearing on petition filed under RCW 71.05.217 the right to periodic review of the decision to medicate by the medical director or designee Documentation in the medical record of the attempt by the physician, PA, APRN to obtain informed consent and the reasons why antipsychotic medication is being administered over the person's objection or lack of consent. Additional retraining to the Medical Staff and providers included the revised Administration of Medication without Formal Consent #1000.52 policy and the Chemical Restraint *hospital policy* by the Chief Medical Officer. Training verified via signed attestation. A Medical Staff meeting was held on 6/16/22 where providers were reeducated on the requirements for documentation and given the opportunity to ask clarifying questions regarding the revised *Psychiatric Progress Note-2nd Opinion Form*. Licensed Nursing staff were educated on: • The revised 2nd Opinion form • The requirement for the nurse who is administering a compelled antipsychotic medication to a patient to ensure a completed 2nd opinion form in their medical record prior to administering the compelled antipsychotic medication. • Documenting in the patients medical record the reason the patient received compelled antipsychotics, i.e., the patients refusal of scheduled medications. Item #2 Emergency Medication and Obtaining a 2nd Opinion Review within 24 hours. The CEO, COO Chief Medical Director and Chief Nursing Officer met to review the findings of this survey and reviewed/revised the policies to meet regulatory compliance on 5/31/2022. The Psychiatric Progress Note-2nd *Opinion Form* policy was revised with the following revisions: • Clear process for ordering and obtaining a 2nd opinion for emergency antipsychotic medications • Clarifying the form used to initiate the provider's order

 How to document the request for a consult to obtain a second opinion prior to medication administration or within 24 hours for emergency medications What form is used by the provider completing the second opinion to document their findings Clarification between the different requirements for compelled antipsychotic medication administration and emergency antipsychotic medication administration.
The revised <i>Psychiatric Progress Note-2nd Opinion Form</i> was reviewed and approved by the Medical Executive Committee and Governing Board on 6/3/22.
The <i>Chemical Restraint policy</i> was also reviewed with no revisions required.
 The process for obtaining a second opinion for emergency antipsychotic medication administration was reviewed and confirmed with the CMO and is as follows: Ordering Provider will document in the patients medical record an order for a 2nd opinion for emergency medications and completes the first part of the 2nd opinion form. That same provider will contact the 2nd provider and request they give a second opinion within 24 hours. The provider offering the second opinion evaluates the patient and documentation surrounding the administration of the emergency medication and completes the remainder of the 2nd opinion form. They will then put a note in HCS, documenting that the 2nd opinion has been completed, and notify the original provider. After the ordering provider is notified that the 2nd opinion documentation is complete, the ordering provider will state "2nd opinion was obtained".
The Medical Staff and providers were retrained by the Chief Medical Officer to the revised code of Washington (RCW) 71.05.215 – Right to refuse antipsychotic medications rules. Training was initiated on 4/22/22.
Training included:

	• A patient found to be gravely disabled or presents a			
	likelihood of serious harm as a result of a behavioral			
	disorder has the right to refuse antipsychotic			
	medication unless it is determined that the failure to medicate may result in serious harm, substantial			
	deterioration or prolong length of involuntary			
	commitment.			
	 For short term treatment up to thirty days, the right 			
	to refuse antipsychotic medications unless there is			
	an additional medical opinion approving medication			
	by a psychiatrist, PA or APRN			
	For continued treatment beyond thirty days through			
	the hearing on petition filed under RCW 71.05.217 –			
	the right to periodic review of the decision to			
	medicate by the medical director or designee			
	Documentation in the medical record of the attempt			
	by the physician, PA, APRN to obtain informed			
	consent and the reasons why antipsychotic			
	medication is being administered over the person's			
	objection or lack of consent.			
	Additional retraining to the Medical Staff and providers			
	included the revised Psychiatric Progress Note-2 nd Opinion			
	Form and the Chemical Restraint hospital policy by the Chief			
	Medical Officer.			
	Training verified via signed attestation.			
	A Medical Staff meeting was held on 6/16/22 where providers			
	were reeducated on the requirements for documentation and given the opportunity to ask clarifying questions regarding			
	the revised <i>Psychiatric Progress Note-2nd Opinion Form</i> .			
L340	The CEO, COO, CNO, ACNO and DRM met to review the	Chief Nursing	7/5/22	MONITORING:
Item #1	findings of this survey and reviewed the current policies and	Officer	,	Charge RN/designee performs chart checks
	procedures in place to meet regulatory compliance.			every shift on 100% of patient orders to
	The policies Sexual Aggression/Victimization Precautions			ensure all patients precautions/safety
	1000.80 Safety Levels 1000.97 were reviewed and no			levels are accurately documented on the
	revisions were made.			observation sheets & the unit census board
				is updated.
	On 4/22/22 The CNO added to the House Charges' duties that each shift they will review and verify the unit boards to			Nursing Leadership/designee will monitor
	ensure all patients room assignments are appropriate; verify			the completion of these chart checks by the
	that patients on sexual aggression precautions (SAP) are			unit Charge RN.
	never sharing a room with patients who are on sexually			
	victimization precautions (SVP). Verify the accuracy of patient			

rounding sheets; precautions, safety levels and observations ordered are appropriately marked. This was a change in process, not policy. These duties are outlined in the April 2022 CMS Training. All House Charges have been trained by the CNO on this responsibility and have signed an attestation of understanding of this requirement. The CNO modified the Charge Nurse's responsibilities as outlined in the April 2022 CMS Training to include the responsibility for correct and appropriate room assignments. To meet this requirement, each Charge Nurse reviews the Unit board each shift comparing it with current orders in the patient's medical record as well as each patients rounding sheet to ensure accuracy and appropriateness of monitoring and room assignments. All charge nurses were provided training by the CNO on this responsibility and signed attestations of understanding.

The CEO provided direction to all Leadership members who are responsible for performing unit rounds to add "confirm patient's precautions/safety levels match the provider's order, unit board demonstrates compliance with policies for patient room assignments, and rounding sheet are congruent". This was added to the Leadership Rounding tool and sent to all members of Leadership who perform these rounds. Leaders responsible for these rounds signed attestation of understanding of these new requirements.

Nursing staff training included:

- Nursing staff will update the unit board as changes in patient observations/precautions occur in real time. SAP/SVP precautions are highlighted as an additional alert.
- 2. All room assignments require a review of precautions by the RN prior to the assignment. This includes new admissions and patient requests to change rooms.
- Any addition of SAP or SVP orders for a patient will include a review of the patient's roommates precautions with the understanding that patient's room assignments may be revised to maintain patient safety.
- 4. Sexual Aggression/Victimization Precautions 1000.80 which includes appropriate roommate assignment.

The Risk Management Department will monitor all completed Leadership Rounds for compliance with continued documentation of the review of unit boards/provider orders/observation sheets and appropriate room assignments. Leadership Rounds are done once per unit per shift on a weekly schedule.

Monitoring of appropriate room assignments will be ongoing until the target goal for compliance of 90% or greater is achieved and sustained for a minimum of 3 months. Any room inappropriate assignments will be immediately addressed to relocate patients to a more appropriate room.

Aggregated data will be reported to Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly. Any non-compliance will be addressed through 1:1 meeting with the CNO/designee any subsequent noncompliance may be met with disciplinary action up to and including termination of employment.

Commented [HJ1]:

Commented [RM2]: shouldn't the RM be using these tools for documentation of correct room assignments? I dont think compliance with leadership and charge rounds is as important as making sure the pts are correctly assigned.

Commented [HJ3R2]: Covered in the charge rn checking each shift for appropriate room assignments and the double check charge rn does when any room assignment is given or changed

L340	The CEO, COO, CNO, Interim DCS and Director of Risk	Director of	7/5/22	MONITORING:
m #2	Management met to review the findings of this survey and	Clinical Services	., .,	The Director of Clinical Services/designee
	reviewed the current policies and procedures in place on	& Chief Nursing		will monitor/review 100% charts of those
	5/31/22. Policies Suspected or Confirmed Cases of Patient	Officer		with the identified behaviors to confirm
	Sexual Activity 1000.30 and Sexual Aggression/Victimization	onicer		compliance with hospital policy and ensure
	Precautions 1000.80 were reviewed with no revisions			patients identified as having
	required at this time. The policies <i>Suicide Precautions</i> 1000.24			aggressive/assaultive behaviors,
	was revised to include a section for Clinical Services:			suicidal/self-harm behaviors, are identified
	1. For patients on Suicide Precautions or have			as sexually aggressive or identified at risk
	otherwise been identified as an increased risk for			for sexual victimization, have an
	suicidal or self-harm behavior:			individualized treatment plan and master
	 Staff will update the patients individual treatment 			treatment plan and/or update and
	plan to include a problem sheet for self-			corresponding problem sheet to include
	harm/suicidal behaviors.			the criteria listed above. Any high-risk
	 The problem sheet shall include specific goals and 			behaviors identified during admission are
				0
	targets, document preventative measures and			listed on the High-Risk Notification Form
	interventions and record the patients progress and			and nursing has included appropriate
	readiness for discharge. Assault Precautions 1000.43 was revised to include a section			precautions in the Initial Nursing Treatment
				Plan. These open charts will be reviewed
	for Clinical Services:			during treatment team daily. Patients will
	For patients on Assault Precautions or have			be identified for review by the patients
	otherwise been identified as an increased risk for			Case Manager via changes on the unit
	suicidal or self-harm behavior.			board from the previous day of the patients
	Staff will update the patients individual treatment			precautions, safety levels or observation
	plan to include a problem sheet for			orders.
	aggressive/assaultive behaviors.			
	 The problem sheet shall include specific goals and 			Monthly monitoring and reporting will be
	targets, document preventative measures and			ongoing until the target goal of 90% or
	interventions and record the patients progress and			greater for compliance is achieved and
	readiness for discharge.			sustained for a minimum of 3 months. All
				deficiencies will be corrected immediately
	The revised policies were submitted for review and approval			to include staff retraining and/or
	to the Performance Improvement Committee on 5/31/22,			disciplinary action as needed.
	Medical Executive Committee and the Governing Board on			
	6/7/22.			Aggregated data will be reported to Quality
				Committee and Medical Executive
	The Clinical Services department staff, to include social			Committee monthly and to the Governing
	workers and group therapists, were retrained on the current			Board quarterly.
	and approved revised policies by the Interim DCS to include:			
	1. Timely documentation on the patients Master			
	Treatment Plan and Individual Treatment			
	Plan/problem sheets for all patients who are			
	identified at risk for sexual aggression/victimization,			

Commented [RM4]: any training for Intake staff on identification of SAO risks?

Commented [HJ5R4]: No, there was no specific citation but I will address.

 suicidal behaviors/self harm behaviors and assaultive/aggressive behaviors. Documentation will include specific goals and targets, preventative measures and interventions as well as the patient progress and readiness for discharge. Nursing staff were retrained to the revised and approved policies by the ACNO to include. Immediate Provider notification for any patient exhibiting suicidal behaviors/self harm behaviors and assaultive/aggressive behaviors, sexually aggressive behaviors or identified as at risk for sexual victimization to request appropriate precautions are ordered. 					Commented [RM6]: Add identification of sexually inappropriate behavior and development of ITP or MTP related to SAO behaviors. Commented [HJ7R6]: Initial tx plan was not cited as an issue. Case management reviews unit board and updates tx plan
 Unit board is reviewed and updated each shift and as changes in orders for precautions, safety levels and observations occur. Any identified high risk behaviors are addressed in the initial treatment plan. Policy 1000.6 Broset Violence Assessment which includes guidance on behaviors used to assess for violence and staff interventions. Sexual Aggression/Victimization Precautions 1000.80 which includes guidance on behaviors used to assess for potential sexually acting out behaviors and staff interventions. 					
 The CEO, COO, CNO and Director of Risk Management met to review the findings of this survey and reviewed the current policies and procedures in place on 5/31/22. Policies <i>Level of Observation Orders Policy 1000.21, Safety Levels 1000.97</i> were reviewed with no revisions required. The <i>Patient</i> <i>Observation Policy 1000.5</i> was revised to include: Identification of "blind spot" monitoring. Courtyards/outdoor areas. Areas on the units not covered by video surveillance. Areas not visible from the nurses station, common hallway monitoring or mirrors. Blind spots should be assessed frequently during rounding to ensure patients safety. 	Chief Nursing Officer	7/5/22	MONITORING: The Chief Nursing Officer/designee will audit 5 charts per unit per week, to confirm the Charge Nurse is signing off on the rounds/observation sheets and the round sheets reflect current orders. The Risk Management department will audit Senior Leadership Rounds monthly to ensure observation/precautions, patients current location is accurately documented and reflects current orders, Charge RN oversight is evident, there are no missing entries and that staff can speak to the process if a patient was thought to be increasing in risk.		Commented [RM8]: Again - policy needs to be changed Commented [HJ9R8]: done Commented [RM11]: I think the audit is the senior leadership rounds - but they need modification to observe correct observations, including locations. also need to do some camera observation of staff during outside times Commented [HJ12R11]: revised
	 assaultive/aggressive behaviors. 2. Documentation will include specific goals and targets, preventative measures and interventions as well as the patient progress and readiness for discharge. Nursing staff were retrained to the revised and approved policies by the ACNO to include 1. Immediate Provider notification for any patient exhibiting suicidal behaviors/self harm behaviors and assaultive/aggressive behaviors, sexually aggressive behaviors or identified as at risk for sexual victimization to request appropriate precautions are ordered. 2. Unit board is reviewed and updated each shift and as changes in orders for precautions, safety levels and observations occur. 3. Any identified high risk behaviors are addressed in the initial treatment plan. 4. Policy 1000.6 Broset Violence Assessment which includes guidance on behaviors used to assess for violence and staff interventions. 5. Sexual Aggression/Victimization Precautions 1000.80 which includes guidance on behaviors used to assess for potential sexually acting out behaviors and staff interventions. The CEO, COO, CNO and Director of Risk Management met to review the findings of this survey and reviewed the current policies and procedures in place on 5/31/22. Policies Level of Observation Orders Policy 1000.21, Safety Levels 1000.97 were reviewed with no revisions required. The Patient Observation Policy 1000.5 was revised to include: Identification of "blind spot" monitoring. Courtyards/outdoor areas. Areas on the units not covered by video surveillance. Areas on the units not covered by video surveillance. Blind spots should be assessed frequently during 	assaultive/aggressive behaviors. 2. Documentation will include specific goals and targets, preventative measures and interventions as well as the patient progress and readiness for discharge. Nursing staff were retrained to the revised and approved policies by the ACNO to include. 1. Immediate Provider notification for any patient exhibiting suicidal behaviors, setually aggressive behaviors or identified as at risk for sexual victimization to request appropriate precautions are ordered. 2. Unit board is reviewed and updated each shift and as changes in orders for precautions, safety levels and observations occur. 3. Any identified high risk behaviors are addressed in the initial treatment plan. 4. Policy 1000.6 Broset Violence Assessment which includes guidance on behaviors used to assess for violence and staff interventions. 5. Sexual Aggression/Victimization Precautions 1000.80 which includes guidance on behaviors used to assess for potential sexually acting out behaviors and staff interventions. The CEO, COO, CNO and Director of Risk Management met to review the findings of this survey and reviewed the current policies and procedures in place on 5/31/22. Policies Level of Observation Orders Policy 1000.21, Safety Levels 1000.97 were reviewed with no revisions required. The Patient Observation Policy 1000.5 was revised to include: Identification of "blind spot" monitoring. Courtyards/outdoor areas. Areas on the units not covered by video surveillance. Areas on the units not covered by video surveillance. Areas on the units not covered by video surveillance. Areas on the units not	assaultive/aggressive behaviors. 2. Documentation will include specific goals and targets, preventative measures and interventions as well as the patient progress and readiness for discharge. Nursing staff were retrained to the revised and approved policies by the ACNO to include; 1. Immediate Provider notification for any patient exhibiting suicidal behaviors, sexually aggressive behaviors or identified as at risk for sexual victimization to request appropriate precautions are ordered. 2. Unit board is reviewed and updated each shift and as changes in orders for precautions, safety levels and observations occur. Any identified high risk behaviors used to assess for violence and staff interventions. 3. Any identified high risk behaviors used to assess for potential sexually acting out behaviors and staff interventions. Chief Nursing Officer 7/5/22 The CEO, COO, CNO and Director of Risk Management met to review the findings of this survey and reviewed the current policies and procedures in place on 5/31/22. Policies Level of Observation Policy 1000.51, Safety Levels 1000.97 were reviewed with no revisions required. The [Patient] Observation Policy 1000.51 was revised to include: Identification of "blind spot" monitoring. Courtyards/outdoor areas. Areas on the units not covered by video surveillance. Areas on the units not covered by video surveillance. Areas on the units not covered by video surveillance. Blind spots should be assessed frequently during 	 assultive/aggressive behaviors. Documentation will include specific goals and targets, preventative measures and interventions as well as the patient progress and readiness for discharge. Nursing staff were retrained to the revised and approved policies by the ACNO to include? Immediate Provider notification for any patient exhibiting suicidal behaviors, self harm behaviors and assaultive/aggressive behaviors or identified as at risk for sexual victimization to request appropriate precautions are ordered. Unit board is reviewed and updated each shift and as changes in orders for precautions, safety levels and observations occur. Any identified high risk behaviors are addressed in the initial treatment plan. Policy 1000.6 Broset Violence Assessment which includes guidance on behaviors used to assess for violence and staff interventions. Sexual Aggression/Victimization Precautions 100.80 which Includes guidance on behaviors used to assess for potential sexually acting out behaviors and staff interventions. The CEO, COO, CNO and Director of Risk Management met to Observation Prices Julio 2.13 (sefur Levels 1000.02.13 (sefur Levels 1000.2.13 (s	2. Documentation will include specific goals and targets, preventative measures and interventions as well as the patient progress and readiness for discharge. Nursing staff were retrained to the revised and approved policies by the ACNO to include assaultive/aggressive behaviors, scalary large essive behaviors or identified as at risk for sexual victimization to request appropriate precautions are ordered. 2. Unit board is reviewed and updated each shift and as changes in orders for precautions, safety levels and observations occur. 3. Any identified high risk behaviors are addressed in the initial treatment plan. 4. Folloy 1000.6 Broset Violence Assessment which includes guidance on behaviors used to assess for potential sexually acting out behaviors and staff interventions. 7. Securit Aggression Victimization brecautions 1000.80 which includes guidance on behaviors used to assess for potential sexually acting out behaviors and staff interventions. 7. Securit Aggression Victimization Differ Tools Bisk Management met to Diffeer Diffeer Diffeer 7. Delet Nursing Officer/designee will audit 5 charts per unit per week, to confirm the Charge Nurse is gloing off on the rounds/observations action 21. Sofey Levels 100.97 were reviewed with no revisions required. The [Patient] Deservation dress Roly 1000.21. Sofey Levels 100.97 were reviewed with no revisions required. The [Patient] Deservation of "bind spot" monitoring: . Current blaction of "bind spot" monitoring: . Areas on the units not covered by video surveillance. Areas on twishle from the nurses station, common halway monitoring or mirrors. Bind spots should be assessed frequently during rounding to ensure patients safety. Bind spots should be assessed frequently during rounding to ensure patients safety. Bind spots should be assessed frequently during rounding to ensure patients safety.

On 2/11/22, the bushes in the courtyard were trimmed to eliminate the blind spot in the courtyard. Clauson Landscaping is on-site every week to ensure landscaping is maintained. Additionally, patients were no longer allowed outside after dark. On 2/14/22, a staff meeting was held to inform staff of the changes.

In April 2022 designated areas for staff to stand while monitoring patients in the courtyard were permanently marked on all unit courtyards to increase visibility while observing patients and eliminate blind spots in these areas.

Nursing staff were retrained on Policies *Level of Observation Orders Policy 1000.21, Safety Levels 1000.97* and *Patient Observation Policy 1000.5* by the ADON/designee. Training focused on:

- The Charge Nurse/designee will ensure patient observation rounds are occurring as ordered at all times via rounding twice per shift. The Charge Nurse/designee will update any/all changes to a patients observation/precaution levels on the unit board in real time.
- 2. The Charge Nurse/designee will review and initial all patient observation sheets for accuracy twice per shift.
- Nursing staff observes each patient a minimum of every 15 min or more often as ordered and document appropriately on the patient's observation form. Documentation will include the patient's location and behavior at the time of the observation.
- Nursing staff will monitor hallways and patient care areas ensuring patients are entering only rooms assigned to them and confirm constant staff supervision in all treatment areas.
- Nurses round on the unit often during their shift to ensure rounds are being done appropriately by staff. Expectations of nursing staff rounding on their patients and oversight of staff working with them is identical for every shift. There is no set number of expected rounds.
- Designated spots are marked for staff to stand on all unit courtyards to increase patient visibility and eliminate blind spots. A minimum of 1 staff member will be in the courtyard with patients at all times.

Camera observation rounds will include monitoring of staff timeliness of patient rounding and that nursing oversight is evident while on the unit and in the courtyards.

Monitoring of CNO weekly audits, RM monthly audits of Senior Leadership Rounds and monthly camera observation rounds will be ongoing until the target goal of 90% or greater compliance is achieved and sustained for 3 months. All deficiencies will be corrected immediately to include staff retraining.

Aggregated data will be reported to Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly.

	 Prior to taking patients off the unit, staff will check each patient's observation form to ensure they are on appropriate safety levels to leave the unit. The patients rounding form must follow the patient. If a patient is going in and out of the courtyard the rounding sheet must be given to the staff monitoring the area the patient is in. Staff may not use personal devices at any time while providing patient care and should be stored except during staff leaves the unit for break/emergencies, the patient observation rounds are assigned to 	
	another staff member.	
L340	The CEO, COO, Chief Nursing Officer and DRM met to review	MONITORING:
Item #4	the findings of this survey and reviewed the current policies and procedures in place on 5/31/22. Policy <i>Suicide Risk</i> <i>Assessment and Management 1000.26</i> was reviewed with no revisions required. The Daily Nursing Progress note was revised to clarify provider notification will occur with any changes in screening results and submitted for review and approved by the Medical Executive Committee and the Governing Board on 6/7/22 and was implemented on 6/8/22. Chief Nursing Officer/designee will confirm all Registered Nurses are current with their training and education in the completion of the RN-CSSRS screening scale.	The Chief Nursing Officer and/or designee will audit 100% charts of patients on Suicide Precautions weekly to confirm compliance with this policy/process for the following items: 1. Accurate completion of the RN-CSSRS risk screening is being followed for identified patients per policy. 2. Completion of the CSSRS as required based on screening information. 3. Documentation of Provider notification, date and time of notification and the providers response is present when indicated.
	Nursing staff were retrained on the policy Suicide Risk Assessment and Management 1000.26 and trained to the revised Daily Nursing Progress note to include: 1. Reassessment of patients with increased risk of suicidal behaviors or self-harm will occur every waking shift using the RN-CSSRS Rating Screen on the nursing progress note. 2. An additional RN-CSSRS will be completed after any incident of self-harming behavior, results are reported promptly to the provider and providers response is documented in the nursing progress note. 3. Prompt notification of the provider of any identified increased risk from the previous assessment.	 Target goal for compliance is 90% or greater. The CMO/designee will audit 100% of the patient charts that were identified as having had Provider notification due to a change in the RN-CSSRS assessment to confirm: Documentation of the providers timely reassessment of the patient. CMO immediate follow up with the provider for any non-compliance with reassessment.

Commented [HJ10]: the citation stated the device was a hospital owned device for playing music for the patients, not a cell phone.

	The CMO educated the providers of the revisions made to the Nursing Progress note RN-CSSRS assessment and expectations that the Nursing staff will call the provider with changes in a patients RN-CSSRN assessment during the Medical Staff meeting on 6/16/22. The Providers were informed that Nursing staff are to document on the RN-CSSRS which provider was notified, date and time of notification and the providers response to the notification. Additionally, the provider is responsible for the timely reassessment of the patient for risk of suicide or self-harm and to initiate and order any changes necessary to the patients safety level, observations or precautions.			Monitoring will be ongoing until the target goal compliance of 90% or greater is achieved and sustained for a minimum of 3 months. All deficiencies will be corrected immediately to include staff retraining as needed. Any non-compliance will be addressed through 1:1 meeting with the CMO. Any subsequent noncompliance may be met with disciplinary action up to and including termination of employment. Aggregated data will be reported to Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly.
L 1065	 The CEO, COO, DCS and DRM met to review the findings of this survey and the policies to meet regulatory compliance on 5/31/22. The policy Interdisciplinary Patient Centered Care Planning 1000.81 was reviewed and no revisions were made. The Director of Clinical Services retrained the Case Managers to the hospital policy. The Group Therapists, with Case Managers support, are the only designated staff to review the plan of care with the patient. Training was initiated on 5/31/22. Training will be verified by signed attestation. Training included: The patient or representative is to sign the Master Treatment Plan to indicate agreement with and participation in the development of the treatment plan. A designated staff member is to discuss the Treatment Plan with the patient/representative if the patient is not present in the Treatment Plan, the refusal will be documented. The Treatment Team, with the patient/representative, will update the Treatment Plan as clinically indicated, or at minimum every 7 days. 	Director of Clinical Services	7/5/22	 MONITORING: The Director of Clinical Services/designee will monitor/review 100% of all open charts that are scheduled for treatment team review, updates or have any additions to the treatment plan, during the daily treatment team meeting ensure the following: Patients participation is evidenced in their treatment plan i.e. the patient has signed the treatment plan or; Documentation of patients refusal to participate is present. Documentation on the treatment plan demonstrates the patients ability to ask questions. Monitoring will be ongoing until the target goal of 90% or greater compliance with the above is achieved and sustained for a minimum of 3 months. All deficiencies will be corrected to include staff retraining as needed. Staff identified as not meeting this requirement will have 1:1 meeting with the DCS to discuss expectations and

Commented [HJ13]: Revised to capture the charts that are brought to tx team daily. Monitoring/auditing 100% of all charts is not manageable.

5.	The patient/representative is to sign the Treatment	consequences of further non-compliance.
	Plan Update to indicate agreement and participation	Subsequent violations of this process may
	with review/modification of the Treatment Plan.	result in suspension or termination of
6.	A designated staff member is to discuss the	employment.
	Treatment Plan Update with the	
	patient/representative if the patient is not present in	Data will be reported to Quality Council
	the Treatment Team Meeting.	and Medical Executive Committee monthly
7.	If the patient refuses to sign the Treatment Plan	and to the Governing Board quarterly.
	Update, the refusal will be documented.	
8.	Failure to properly document the patients	
	participation as evidenced by the patients signature	
	or documentation of their refusal to sign the	
	treatment plan, will result in progressive disciplinary	
	action taken up to and including termination of employment.	
9.	The Director of Clinical Services will assign a specific	
	staff member to review and follow up on any	
	identified deficiencies should they be out of the	
	office.	

Plan of correction reviewed and approved by:

Christopher West, CEO _____ Date 7/6/22