Washington State Department of Health

Adverse Event Contextual Information Form (Optional)

State law requires facilities to confirm adverse events with the Department of Health when they occur. (RCW 70.56.020) The facility must notify the department within 48 hours of confirming an event. Notification includes date, type of adverse event, and facility contact information. Facilities may also include contextual information regarding the reported event by completing and submitting this form. This form is optional and not required as part of the reporting requirements.

Public disclosure requests of an adverse event will include any contextual information the medical facility chose to provide. (RCW 70.56.020(2)(a))

Complete the following information and return by:

- Email to: AdverseEventReporting@doh.wa.gov, or
- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hil
Date of Event Confirmation:	1.20.2025
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	A 4F event reported to DOH 1.20.2025 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed. Patient admitted on 1.9.25. On 1.17.25 the patient was noted to have an a new DTI to left heel. Wound cleaned and covered with foam dressing. Then foam boots applied. Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified. RCA in progress

Washington State Department of Health

Adverse Event Contextual Information Form (Optional)

State law requires facilities to confirm adverse events with the Department of Health when they occur. (RCW 70.56.020) The facility must notify the department within 48 hours of confirming an event. Notification includes date, type of adverse event, and facility contact information. Facilities may also include contextual information regarding the reported event by completing and submitting this form. This form is optional and not required as part of the reporting requirements.

Public disclosure requests of an adverse event will include any contextual information the medical facility chose to provide. (RCW 70.56.020(2)(a))

Complete the following information and return by:

- Email to: AdverseEventReporting@doh.wa.gov, or
- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hil
Date of Event Confirmation:	1.23.2025
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	A 4F event reported to DOH 1.24.2025 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed. Patient admitted on 1.15.25. On 1.23.25 the patient was noted to have an a new DTI to left heel. Wound cleaned and covered with foam dressing. Foam boots on since admission and heel floated appropriately. Will place patient to specialty mattress. Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified. RCA in progress

Adverse Event Contextual Information Form (Optional)

State law requires facilities to confirm adverse events with the Department of Health when they occur. (RCW 70.56.020) The facility must notify the department within 48 hours of confirming an event. Notification includes date, type of adverse event, and facility contact information. Facilities may also include contextual information regarding the reported event by completing and submitting this form. This form is optional and not required as part of the reporting requirements.

Public disclosure requests of an adverse event will include any contextual information the medical facility chose to provide. (RCW 70.56.020(2)(a)). Please do not include any personally identifiable information for any patient, healthcare professional or facility employee in this form.

Complete the following information and return by:

- Email to: AdverseEventReporting@doh.wa.gov, or
- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	PeaceHealth St. Joseph Medical Center (10995), Bellingham WA
Facility Contact:	Matt Bowles, Quality and Patient Safety Manager
Facility web site:	https://www.peacehealth.org/hospitals/peacehealth-st-joseph-medical-center
Date of Event Confirmation:	2/6/2025
Facility capacity: (e.g., # of beds, rooms, procedures per year)	Licensed Capacity 255 beds
Other Facility information:	Fall with fracture meeting NQF definition 4E.
Event Information:	Patient is a 58-year-old male admitted on 2/1/2025 for abdominal cellulitis and started on IV antibiotics. Falls assessments were completed at regular intervals and the patient maintained a Hester Davis score between 3 and 4 (low risk). Appropriate patient education was given to contact nursing before using the bathroom. On 2/4/25 at approximately 00:52, the patient was found on the bathroom floor after activating the shower call button. Nursing staff assisted the patient back to bed with the use of a Hoyer lift. During the post-fall assessment of the patient, he complained of 10/10 pain in his left lower leg. All other vital signs were stable. Imaging was ordered and confirmed a "minimally displaced fracture involving the proximal metadiaphysis of the fibula". He was made N.P.O. and nonweightbering on his left lower extremity. An orthopedic consult was placed and the fracture will be medically managed without the need for surgical intervention. During the patient interview, he stated that he "slipped" while trying to use the bathroom. The floor was not wet and there were no obstruction in his pathway. He did not have socks on at time of fall. The patient stated he did not hit his head. He was reminded to always contact the nursing staff before using the bathroom so that they can assist with putting on non-skid socks.

Washington State Department of Health

Adverse Event Contextual Information Form (Optional)

State law requires facilities to confirm adverse events with the Department of Health when they occur. (RCW 70.56.020) The facility must notify the department within 48 hours of confirming an event. Notification includes date, type of adverse event, and facility contact information. Facilities may also include contextual information regarding the reported event by completing and submitting this form. This form is optional and not required as part of the reporting requirements.

Public disclosure requests of an adverse event will include any contextual information the medical facility chose to provide. (RCW 70.56.020(2)(a))

Complete the following information and return by:

- Email to: AdverseEventReporting@doh.wa.gov, or
- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hil
Date of Event Confirmation:	2.14.2025
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	A 4F event reported to DOH 2.14.2025 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed. Patient admitted on 1.14.25. On 2.14.25 the patient was noted to have an a new DTI to left heel. Wound cleaned and covered with foam dressing. Foam boots reapplied. Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified. RCA in progress

Washington State Department of Health

Adverse Event Contextual Information Form (Optional)

State law requires facilities to confirm adverse events with the Department of Health when they occur. (RCW 70.56.020) The facility must notify the department within 48 hours of confirming an event. Notification includes date, type of adverse event, and facility contact information. Facilities may also include contextual information regarding the reported event by completing and submitting this form. This form is optional and not required as part of the reporting requirements.

Public disclosure requests of an adverse event will include any contextual information the medical facility chose to provide. (RCW 70.56.020(2)(a))

Complete the following information and return by:

- Email to: AdverseEventReporting@doh.wa.gov, or
- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hil
Date of Event Confirmation:	2.17.2025
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	A 4F event reported to DOH 2.18.2025 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed. Patient admitted on 2.8.25. On 2.17.25 the patient was noted to have an a DTI to Coccyx/sacrum. Wound cleaned and covered with skin protectant cream and foam dressing applied. Order to reposition patient more often due to femoral line entered. Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified. RCA in progress

Washington State Department of Health

Adverse Event Contextual Information Form (Optional)

State law requires facilities to confirm adverse events with the Department of Health when they occur. (RCW 70.56.020) The facility must notify the department within 48 hours of confirming an event. Notification includes date, type of adverse event, and facility contact information. Facilities may also include contextual information regarding the reported event by completing and submitting this form. This form is optional and not required as part of the reporting requirements.

Public disclosure requests of an adverse event will include any contextual information the medical facility chose to provide. (RCW 70.56.020(2)(a))

Complete the following information and return by:

- Email to: AdverseEventReporting@doh.wa.gov, or
- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hil
Date of Event Confirmation:	2.21.2025
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	A 4F event reported to DOH 2.21.2025 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed. Patient admitted on 2.8.25. On 2.21.25 the patient was noted to have an a DTI to the right ischium. Wound cleaned and covered with foam dressing. Patient placed on alternating air mattress. Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified. RCA in progress

Washington State Department of Health

Adverse Event Contextual Information Form (Optional)

State law requires facilities to confirm adverse events with the Department of Health when they occur. (RCW 70.56.020) The facility must notify the department within 48 hours of confirming an event. Notification includes date, type of adverse event, and facility contact information. Facilities may also include contextual information regarding the reported event by completing and submitting this form. This form is optional and not required as part of the reporting requirements.

Public disclosure requests of an adverse event will include any contextual information the medical facility chose to provide. (RCW 70.56.020(2)(a))

Complete the following information and return by:

- Email to: AdverseEventReporting@doh.wa.gov, or
- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hil
Date of Event Confirmation:	2.24.2025
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	A 4F event reported to DOH 2.24.2025 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed. Patient admitted on 1.21.25 On 2.24.25 the patient was noted to have an a DTI to the left hip. Wound cleaned and covered with foam dressing. Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified. RCA in progress

Washington State Department of Health

Adverse Event Contextual Information Form (Optional)

State law requires facilities to confirm adverse events with the Department of Health when they occur. (RCW 70.56.020) The facility must notify the department within 48 hours of confirming an event. Notification includes date, type of adverse event, and facility contact information. Facilities may also include contextual information regarding the reported event by completing and submitting this form. This form is optional and not required as part of the reporting requirements.

Public disclosure requests of an adverse event will include any contextual information the medical facility chose to provide. (RCW 70.56.020(2)(a))

Complete the following information and return by:

- Email to: AdverseEventReporting@doh.wa.gov, or
- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://www.kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	2.26.25
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	7D event reported to DOH 2.26.25 on-line send the contextual form as follow up via email. Patient alleged that on 2.25.25 the CNA was verbally abusive to her. Nursing leadership followed up immediately with the patient and a police report was filed. Patient denied any physical or sexual assault occurred. The employee was suspended pending investigation. Investigation to follow.

Washington State Department of Health

Adverse Event Contextual Information Form (Optional)

State law requires facilities to confirm adverse events with the Department of Health when they occur. (RCW 70.56.020) The facility must notify the department within 48 hours of confirming an event. Notification includes date, type of adverse event, and facility contact information. Facilities may also include contextual information regarding the reported event by completing and submitting this form. This form is optional and not required as part of the reporting requirements.

Public disclosure requests of an adverse event will include any contextual information the medical facility chose to provide. (RCW 70.56.020(2)(a))

Complete the following information and return by:

- Email to: AdverseEventReporting@doh.wa.gov, or
- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	University of Washington Medical Center
Facility Contact:	Diana Guillen
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	03/27/2025
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 beds
Other Facility information:	N/A
Event Information:	This event is being reported as an unintentionally retained foreign object due to lack of documentation at the time of device explantation confirming that it was intentionally left in place. There is subsequent documentation in the patient's medical record that indicates the involved surgeon was aware it was retained at the time due to case complexity, however this statement was made years after the explantation of the LVAD device.

Washington State Department of Health

Adverse Event Contextual Information Form (Optional)

State law requires facilities to confirm adverse events with the Department of Health when they occur. (RCW 70.56.020) The facility must notify the department within 48 hours of confirming an event. Notification includes date, type of adverse event, and facility contact information. Facilities may also include contextual information regarding the reported event by completing and submitting this form. This form is optional and not required as part of the reporting requirements.

Public disclosure requests of an adverse event will include any contextual information the medical facility chose to provide. (RCW 70.56.020(2)(a))

Complete the following information and return by:

- Email to: AdverseEventReporting@doh.wa.gov, or
- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hil
Date of Event Confirmation:	2.24.2025
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	A 4F event reported to DOH 3.31.2025 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed. Patient admitted on 1.18.25 On 3.31.25 the patient was noted to have 2 stage 3 pressure injuries to bilateral heels. Wound cleaned and covered with foam dressing. Patient already on a specialty mattress. Education to nursing on proper flotation of the heels. Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified. RCA in progress