State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000102	A. BUILDING: _____ B. WING _____	C 11/03/2018

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	INITIAL COMMENTS State Complaint Investigation Survey The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322, Private Psychiatric and Alcoholism Hospitals, conducted this health and safety survey. Administrative review completed: 01/25/2019 Complaint #: 84426 ILRS #: 2018-11099 The investigation was conducted by Surveyor 19812 There were no deficiencies identified relative to WAC 246-322.	L 000		