Behavioral Health Agency Investigation Report

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

Fairfax Behavioral Health – Kirkland E & T, 10200 NE 132nd St. Kirkland, WA 98034 Agency Name and Address		Beckie Shauinger, CEO Administrator
Investigation Inspection Type	11/14/19 Investigation Onsite Dates	#33894 Investigator
2019-15361 Case Number	BHA.FS.60874579 License Number	Mental Health Evaluation and Treatment BHA/RTF Agency Services Type

Please note that the deficiencies/violations/observations noted in this report are not all-inclusive, but rather were deficiencies/violations/observations that were observed or discovered during the on-site investigation.

Deficiency Number and Rule Reference	Observation Findings	Plan of Correction
WAC 246-341-0600 Clinical—Individual rights. (1) Each agency licensed by the department to provide any behavioral health service must develop a statement of individual participant rights applicable to the service categories the agency is licensed for, to ensure an individual's rights are protected in compliance with chapters 71.05, 71.12, and 71.34 RCW. In addition, the agency must develop a general statement of individual participant rights that incorporates at a minimum the following statements. "You have the right to:" (e) Be free of any sexual harassment.	Based on interview, document review, and clinical record review, the facility failed to ensure that a patient's right to be free of sexual harassment was protected for 2 of 4 patients reviewed (Patients #2, #3). Failure to ensure that patients' right to be free of sexual harassment is protected is a violation of patient rights that can cause patient harm and trauma. Findings included: 1. Record review of the facility's policy titled, "Sexual Aggression / Victimization Precautions", Policy #1000.80 dated 02/2003, states, "It is the policy of Fairfax Behavioral health that we provide safety precautions for a safe,	

	therapeutic environment of care which includes the prevention of patient to patient sexual incidents, as well as verbal/physical threats of sexual incidents." The policy showed that unit staff are responsible to observe patients on Sexual Aggression Precautions (SAP) or Sexual Victimization Precautions (SVP), and to maintain awareness of the patient's location at all times. 2. Record review of the facility's policy titled, "Level of Observation Orders", Policy #1000.21 dated 05/2016, showed that 1:1 means a dedicated staff assigned to a specific patient where the staff stays within approximately one arm's length of the patient and has continuous direct visual observation of the patient. 3. Review of Patient's #1's Master Treatment Plan Update Clinical Staffing Worksheet, dated 10/25/19, showed that on 10/20/19 the patient was hypersexual towards female staff, grabbing and reaching, aggressive behavior, and was on 1:1 observation. 4. Review of Patient #1's Psychiatrist Progress Note, dated 10/27/19 5:30 PM, showed that the patient was making sexual comments to female staff, had auditory hallucinations to kill others, was on 1:1 observation, unit restriction, assault precautions and sexual aggression precautions. 5. During an interview on 11/14/19, Staff A, Risk Manager, stated that review of video on 10/27/19 at 8:20 PM showed that Patient #1 was walking down the hall with his 1:1 when the 1:1 reached out and grabbed Patient #1's wrist, but not before Patient #1 brushed Patient #3 on the breast. One hour later, Patient #1 was leaving the daybreak room with his 1:1 when Patient #1 reached behind another female patient sitting at the table and touched her breast area. 6. Review of Patient #3's Daily Nursing Progress Note, dated 10/28/19 1:55 PM, states, "Pt (patient) reported to med nurse that a male pt had come up behind her night before	

	and grabbed her breasts. She was frustrated because staff didn't come talk to her about it and says that she doesn't feel safe w/him on unit." 7. Review of Patient #3's Daily Nursing Progress Note, dated 10/28/19 10:35 PM states, "Pt does not feel safe r/t assaults and the people touching". 8. Review of Patient #3's Case Management Group Daily Check In, dated 10/28/19, showed that the patient was feeling angry, anxious, helpless, uneasy, resentful, impatient, and powerless because of "being sexually assaulted by [Patient #1] last night. No follow up. No sleep." It also stated, Today I am feeling: "Stressed and tired. Not safe because of other patient. Not happy with staff. No sleep." I am feeling this way because: "Being sexually assaulted last night and touched 2 other times by a patient. Staff didn't even speak to me at all." 9. Review of Patient #2's Patient Observation Record, dated 10/16/19, showed that the patient was on Q15 minutes checks, assault precautions, sexual victimization precautions, and sexual aggression precautions. 10. Review of Patient #2's Addendum Progress Note, dated 10/16/19 7:10 PM, showed that during rounds on 10/16/19 at 7:10 PM, Patient #2 was found in a female patient's room on top of the female patient and both undressed from the waist down in the act of having sex.	

Fairfax Behavioral Health – Kirkland E&T
Plan of Correction for Complaint 2019-15361 – Due 1/20/2020

Regulation Number	Deficiency	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	How Monitored to Prevent Recurrence & Target for Compliance	Action Level Indicating Need for Change of POC
L 340	**246-341-0600 Clinical – Individual Rights.** WAC 246-322-035 Policies and Procedures. (1) Each agency licensed by the department to provide any behavioral health services must develop a statement of individual participant rights applicable to the service categories the agency is licensed for, to ensure an individual's rights are protected in compliance with chapters 71.05, 17.12, and 71.34 RCW. In addition, the agency must develop a general statement of individual rights that incorporates at a minimum the following statements. "You have the right to:" (e) Be free of any sexual harassment.	The Sexual Aggression/Victimization Precautions policy, PC 1000.80 was reviewed with no revisions required at this time. On 1/16/2020, all nursing staff were retrained, in person at staff meetings by the Chief Nursing Officer and/or designee to the Sexual Aggression/Victimization Precautions policy. Focus of the retraining included: • Documenting all current precautions on the daily RN assessment • Documenting all current precautions on the Patient Observation Record • Assessing appropriate room placement based on identified risk factors • Documenting in the medical record the immediate steps taken in the event sexual acting out to include: 1. Separating patients 2. Reporting the behavior to the physician, Charge	Chief Nursing Officer	1/16/2020	Nursing Leadership will conduct a weekly chart audit to ensure that precautions are documented on the daily RN assessment and the Patient Observation Record. All deficiencies will be corrected immediately to include staff retraining and disciplinary action as needed. 100% of sexual allegation incidents will be audited by Nursing Leadership to ensure that medical record documentation reflects immediate steps taken to include separating patients, reporting the behavior to the physician, Charge RN, House Charge and/or Unit Manager and informing the patient of the right to initiate criminal proceedings, if indicated. Documentation will also be	< 90%

Regulation Number	Deficiency	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	How Monitored to Prevent Recurrence & Target for Compliance	Action Level Indicating Need for Change of POC
		RN, House Charge or Unit Manager 3. Informing the patient of the right to initiate criminal proceedings, if indicated On 12/24/19, all Case Managers were retrained, in person at staff meetings by the Director of Clinical Services to the Sexual Aggression/Victimization Precautions policy. Focus of the retraining included documenting immediate steps taken in the event or patient report of sexual acting out to include: • Separating patients • Reporting the behavior to the Charge RN, physician, Unit Manager and/or House Charge The practice of "5-foot rule" has been discontinued at the facility. On 1/9/2020, all providers were retrained in person at staff meetings, by the Chief Medical Officer, to the Sexual Aggression/Victimization Precautions policy. Focus of the training was on the	Director of Clinical Services Chief Medical Officer	12/24/19 1/9/2020	audited to ensure that provider ordered interventions are hospital approved. All deficiencies will be corrected immediately to include staff retraining and disciplinary action as needed. Aggregated data will be reported to the Quality Council, Medical Executive Committee and the Governing Board monthly. Target for compliance is 90%	< 90%

Regulation Number	Deficiency	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	How Monitored to Prevent Recurrence & Target for Compliance	Action Level Indicating Need for Change of POC
		ordering of only hospital approved interventions for patients who are identified as high risk of sexual aggression or victimization.				

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

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

COPY

January 29, 2020

Fairfax Behavioral Health – Kirkland E and T
10200 NE 132nd St
Kirkland, WA 98034-2899

Re: Case Number: 2019-15361
License Number: BHA.FS.60874579
Acceptable Plan of Correction
Date(s) of Investigation: 11/14/19

Dear Mr. Carpenter:

This letter is to inform you that after careful review of the Plan of Correction (POC) you submitted for the investigation recently conducted at your facility, the Department has determined that the POC is acceptable. You stated in your plan that you will implement corrective actions by the specified timeline. By this, the Department is accepting your Plan of Correction as your confirmation of compliance.

Based on the scope and severity of the deficiencies listed in your statement of deficiency report, the Department will not conduct an unannounced follow-up compliance visit to verify that all deficiencies have been corrected.

The Department reserves the right to pursue enforcement action for any repeat and/or uncorrected deficiencies based on applicable statute and rules.

Please contact me at deborah.duke@doh.wa.gov if you have questions regarding the investigation.

Sincerely,

Deborah Duke, RN, BSN
Washington State Department of Health
HSQA/Office of Health Systems Oversight