

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 000102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/29/2016
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NAME OF PROVIDER OR SUPPLIER BHC FAIRFAX HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND STREET KIRKLAND, WA 98034
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(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
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L 000	<p>INITIAL COMMENTS</p> <p>STATE PSYCHIATRIC HOSPITAL COMPLAINT SURVEY</p> <p>This administrative State psychiatric hospital review was done by Mary Wood, MN, BSN, RN on January 29, 2016.</p> <p>There were no deficiencies found per 246-322 WAC pertinent to this complaint.</p> <p>Shell # RBKF11</p>	L 000		
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ADSA --- Residential Care Services or Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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