

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 04/07/2015
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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>This off-site Private Psyciatric State hospital 246-322 complaint investigation survey was conducted in response to case/complaint # 57230/2015-2829 by Joan Pierce MSN, RN on 4/7/2015.</p> <p>No violation of the State Psychiatric Hospital WAC 246-322 was found.</p> <p>Shell # GFEN11</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