

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504002	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2017
NAME OF PROVIDER OR SUPPLIER BHC FAIRFAX HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND STREET 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	<p>INITIAL COMMENTS</p> <p>STATE LICENSING SURVEY</p> <p>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.</p> <p>Onsite dates: 06/27/17 to 06/29/17</p> <p>Examination number: 2017-1064</p> <p>The survey was conducted by:</p> <p>Lisa Mahoney, MPH, PHA Joyce Williams, RN, BSN</p> <p>The Washington Fire Protection Bureau conducted the fire life safety inspection on 06/27/17.</p>	L. 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following: The regulation number and/or the tag number; HOW the deficiency will be corrected; WHO is responsible for making the correction; WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and WHEN the correction will be completed.</p> <p>3. Your PLANS OF CORRECTION must be returned within 10 business days from the date you receive the Statement of Deficiencies. Your Plans of Correction must be postmarked by July 21, 2017.</p> <p>4. Return the ORIGINAL REPORT with the required signatures.</p>	
L 455	<p>322-040.8A ADMIN RULES-STAFF</p> <p>WAC 246-322-040 Governing Body and Administration. The governing body shall: (8) Require and approve professional staff bylaws and rules concerning, at a minimum: (a) Organization of the professional staff;</p> <p>This RULE: is not met as evidenced by:</p> <p>Based on document review and interview, the hospital governing board failed to review and</p>	L 455	<p>RECEIVED</p> <p>JUL 24 2017</p> <p>DEPARTMENT OF HEALTH Office of Investigation and Inspection</p>	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Signature] TITLE **CEO**

(X6) DATE **7/21/17**

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L 455	Continued From Page 1 approve the Medical Staff Bylaws. Failure to maintain oversight and approval for the rules and bylaws of the Medical Staff puts patients at risk of substandard care due to lack of oversight. Findings included: 1. During review of the hospital's medical staff bylaws (dated May 2009), Surveyor #1 observed that the signature page of the document had no signatures indicating Governing Body approval. 2. On 06/29/17 at 10:30 AM, the hospital's medical staff credentialist (Staff C) stated that she was unable to locate a signed copy of the document and she was unable to locate any reference to the approval of the bylaws in the minutes of the Governing Body.	L 455			
L 725	322-100.1H INFECT CONTROL-EMPLOYEE WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (h) Coordinating employee activities to control exposure and transmission of infections to or from employees and others performing patient services; This RULE: is not met as evidenced by: Based on observation, interview and review of hospital policy and procedures, the hospital failed to ensure that staff members performed appropriate hand hygiene (HH) during wound care and dressing changes.	L 725			

RA

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L 725	Continued From Page 2 Failure to perform hand hygiene during wound care and dressing changes risks transmission of infectious diseases to patients and caregivers. Findings Included: 1. The hospital's policy and procedure titled, "Hand Hygiene", Policy # 1600.4.4 revised 3/2017, showed that employees were to wash hands thoroughly before and after each individual patient contact. 2. On 06/27/17, Surveyor #2 observed a registered nurse (RN) (Staff D) on 1-West change a dressing covering a wound on a patient's hand. The RN did not perform HH prior to donning his gloves. He changed the dressing, discarded the soiled bandage and proceeded to touch the door handle of the nurses' station, the door handle of the medication room and the glass window in the medication room while still wearing his contaminated gloves. He removed the gloves, but failed to perform hand hygiene afterward. 3. The Director of Nursing (Staff E) observed the dressing change with Surveyor #2. She acknowledged that the RN failed to perform appropriate HH and potentially cross-contaminated areas he touched prior to removing gloves.	L 725		
L 780	322-120.1 SAFE ENVIRONMENT WAC 246-322-120 Physical Environment. The licensee shall: (1) Provide a safe and clean environment for patients, staff and visitors; This RULE: is not met as evidenced by:	L 780		

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L 780	Continued From Page 3 Based on observation and interview, the hospital failed to maintain and clean storage areas for patient items. Failure to clean and maintain storage areas for patient items put patients at risk from an unclean, unsafe environment. Findings included: 1. On 06/27/17 at 10:25 AM, Surveyor #1 toured unit 2-West with the Director of Performance Improvement (Staff A) and a member of the Facilities Department (Staff B). The observation showed excessive amounts of dirt and debris in a hallway storage closet. 2. On 06/27/17 at 10:30 AM, Surveyor #1 toured unit 2-West with the Director of Performance Improvement (Staff A) and a member of the Facilities Department (Staff B). The observation showed an overflowing bin of clothes spilled out into a hallway storage closet. Staff Member A stated that the clothes were items received as donations for patient use, but that no one had sorted through them so they were temporarily stored in one of the unit's closets.	L 780			
L1055	322-170.2C EXAM & MEDICAL HISTORY WAC 246-322-170 Patient Care Services. (2) The licensee shall provide medical supervision and treatment, transfer, and discharge planning for each patient admitted or retained, including but not limited to: (c) A physical examination and medical history completed and recorded by a physician, advanced registered nurse practitioner, or physician	L1055			

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L1055	<p>Continued From Page 4</p> <p>assistant within twenty-four hours following admission, unless the patient had a physical examination and medical history completed within fourteen days prior to admission, and the information is recorded in the clinical record; This RULE: is not met as evidenced by:</p> <p>Based on interview, medical record review and hospital policy and procedure, the hospital failed to ensure that providers completed an initial history and physical examination within 24 hours of admission.</p> <p>Failure to perform an initial history and physical examination within 24 hours of admission risks serious harm to patients if medical conditions are not identified and treated.</p> <p>Findings Include:</p> <ol style="list-style-type: none"> 1. The Hospital policy and procedure titled, "Admission Assessment of Patients" Policy #2061 revised 1/17 showed that a history and physical examination will be completed within 24 hours of admission by a physician, Advanced Registered Nurse Practitioner (ARNP) or Certified Physician Assistant (PA-C). 2. Surveyor #2 reviewed the medical record of an adolescent. Patient#3, was admitted on 05/18/17. On 05/19/17, an ARNP (Staff I) attempted to complete the initial history and physical; however, the ARNP noted the patient was not able to cooperate due to mental status. On 06/9/17, (3 weeks later), a second ARNP (Staff J) performed the physical examination. 3. On 06/27/17 at 11:00 AM, Surveyor #2 discussed this finding with the Risk Manager (Staff 	L1055			

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L1055	Continued From Page 5 H). He acknowledged that a History and Physical should have been attempted and completed sooner than 3 weeks after admission.	L1055		
L1150	322-180.1D PHYSICIAN AUTHORIZATION WAC 246-322-180 Patient Safety and Seclusion Care. (1) The licensee shall assure seclusion and restraint are used only to the extent and duration necessary to ensure the safety of patients, staff, and property, as follows: (d) Staff shall notify, and receive authorization by, a physician within one hour of initiating patient restraint or seclusion; This RULE: is not met as evidenced by: Based on an interview and review of medical records, the hospital failed to ensure that physicians provided the date and time for orders for restraint/seclusion and that the ordering provider's name was included in the order. Failure to ensure that physicians appropriately document, date and time restraint/seclusion orders risks patients' rights violations as well as patient injury. Findings Included: 1. During discharged record review, Surveyor #2 reviewed the seclusion/restraint discontinuation evaluation for patient #1. The Registered Nurse (RN) (Staff F) documented that the staff notified the attending provider on 06/21/17 of discontinuation of restraint but she failed to note the name of the provider and the time the provider received notification.	L1150		

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L1150	Continued From Page 6 2. Surveyor #2 reviewed the Seclusion/Restraint Order for Patient #2. A RN (Staff G) wrote and signed the order on 04/16/17 at 5:00 PM. It was written as a telephone order with the "read back completed" checked by the RN; however, the name of the provider was missing on the order and the provider had not authenticated the order. 3. On 06/29/17 at 9:30 AM, Surveyor #2 discussed this finding with the Risk Manager (Staff H). He acknowledged the providers' names were not listed, time of contact with the providers was missing and the provider had not signed off on the order to authorize it.	L1150		
L1485	322-230.1 FOOD SERVICE REGS WAC 246-322-230 Food and Dietary Services. The licensee shall: (1) Comply with chapters 246-215 and 246-217 WAC, food service; This RULE: is not met as evidenced by: Based on observation and interview, the hospital failed to maintain the cold-holding temperature of refrigerated items in compliance with the Washington State Retail Food Code (WAC) 246-217. Failure to maintain compliance with the Washington State Retail Food Code puts patients at risk from food-borne illnesses. Findings Included: On 06/27/17 at 11:00 AM, Surveyor #1 used a thin stemmed thermometer to assess the internal temperature of foods in the 1-West kitchen refrigerator. The item selected (commercial	L1485		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Fairfax Behavioral Health
Plan of Correction for State Licensing – Progress Report
BHC Fairfax Hospital (504002)

PR rec'd 9/29/17
PR app 10/20/17

Tag Number	Deficiency	How the Deficiency was Corrected	Responsible Individual(s)	Date of Correction	Results of Monitoring
L455	322-040.8A ADMIN RULES – STAFF WAC 246-322-040 Governing Body and Administration. The governing body shall: (8) Require and approve professional staff bylaws and rules concerning, at a minimum: (a) Organization of the professional staff.	The Governing Board approved the hospital's medical staff bylaws on 7/28/17. The Medical Staff Coordinator placed a completed signature page with the bylaws to demonstrate approval and now ensures the bylaws are reviewed on approved on at least an annual basis.	Chief Medical Officer	7/28/17	100%
L725	322-100.1H INFECT CONTROL – EMPLOYEE WAC 246-322-100 Infection Control The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (h) Coordinating employee activities to control exposure and transmission of infections to or from employees and others performing patient services.	The Infection Preventionist provided re-education to direct care nursing staff during a staff meeting on 7/17/17, regarding hand hygiene policy, as it relates to MRSA and performance of patient care. The individual who did not follow hand hygiene protocol during patient care was re-trained 6/29/17 on proper hand hygiene, as it relates to wound care and went over MRSA policy and procedure with staff. The wound care treatment plan intervention was updated to include: Nursing will follow hand hygiene protocol during wound care.	Infection Preventionist	7/17/17	100%
L780	322-120.1 SAFE ENVIRONMENT WAC 246-322-120 Physical Environment The licensee shall: (1) Provide a safe and clean environment for patients, staff and visitors.	On 7/14/17, all nursing staff were re-trained via email and an electronic bulletin board posting regarding the proper storage of patient belongings and the cleanliness of patient storage areas. Further, Nursing Leadership	Director of Nursing	7/26/17	95%

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		retrained all nursing staff in-person at staff meetings on 7/26/17. On 7/3/17, the donated items were removed. Effective 7/3/17, donated items are no longer accepted at Fairfax Behavioral Health.			
L1055	<p>322-170.2C EXAM & MEDICAL HISTORY WAC 246-322-170 Patient Care Services (2) The licensee shall provide medical supervision and treatment, transfer, and discharge planning for each patient admitted or retained, including but not limited to: (c) A physical examination and medical history completed and recorded by a physician, advanced registered nurse practitioner, or physician assistant within twenty-four hours following admission, unless the patient had a physical examination and medical history completed within fourteen days prior to admission, and the information is recorded in the clinical record.</p>	<p>The Director of Medical Services or designee now audits the Medical Consult/History & Physical (H&P) spreadsheet every morning and alerts the Medical team about any new patients approaching the 24-hr deadline.</p> <p>The Medical ARNP's now check the spreadsheet daily for any admissions that have arrived between 0900 and 1200 to ensure the consults and H & Ps are done by the end of the same day.</p> <ol style="list-style-type: none"> 1. Medical providers will document patient refusal or inability to participate in the exam and finalize the H&P within 24 hours of admission. 2. On-going education of Intake staff on the need to enter new admissions on the Medical spreadsheet will be conducted by the Director of Medical Services or designee. 	Director of Medical Services	6/20/17	95%
L1150	<p>322-180.1D PHYSICIAN AUTHORIZATION WAC 246-322-180 Patient Safety and</p>	On 7/3/17, the individual RN was retrained by the Risk Management	Chief Medical Officer ;	7/20/17	96%

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	<p>Seclusion Care. (1) The licensee shall assure seclusion and restraint are used only to the extent and duration necessary to ensure the safety of patients, staff, and property, as follows: (d) Staff shall notify, and receive authorization by, a physician, physician assistant, or psychiatric advanced registered nurse practitioner within one hour of initiating patient restraint or seclusion.</p>	<p>Coordinator to document the name of the provider notified of seclusion or restraint. On 7/20/17, all Charge RNs were retrained in person by Nursing Leadership on properly documenting the name of the provider notified of seclusion or restraint and the time of the telephone order for seclusion or restraint.</p>	<p>Director of Nursing</p>		
L1485	<p>322-230.1 FOOD SERVICE REGS WAC 246-322-230 Food and Dietary Services. The licensee shall: (1) Comply with chapters 246-215 and 246-217 WAC, food service. Based on observation and interview, the hospital failed to maintain the cold-holding temperature of refrigerated items in compliance with the Washington State Retail Food Code (WAC) 246-217. This RULE: is not met as evidenced by: Failure to maintain compliance with the Washington State Retail Food Code puts patients at risk from food-borne illnesses.</p>	<p>Effective 7/19/17, the Dietary Staff now immediately stock all unit refrigerators upon delivery. A temperature monitoring system that tracks internal temperatures 24/7 was installed and became operational as of 8/28/17. When a food refrigerator is out of temperature range for an hour, system now alerts the Director of Plant Operations (DPO). The DPO or designee determines the cause and alert Dietary staff who determines if food is within safe guidelines (and take action as necessary). These actions are documented.</p>	<p>Director of Plant Operations</p>	8/28/2017	100%

By submitting this Progress Report on the 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.

Fairfax Behavioral Health
 Plan of Correction for State Licensing
 BHC Fairfax Hospital (504002)

~~PR rec'd 9/29/17~~
~~PR approved 10/20/17~~

Tag 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
L455	322-040.8A ADMIN RULES – STAFF WAC 246-322-040 Governing Body and Administration. The governing body shall: (8) Require and approve professional staff bylaws and rules concerning, at a minimum: (a) Organization of the professional staff.	The Governing Board will approve the hospital's medical staff bylaws on 7/28/17. The Medical Staff Coordinator will ensure that a complete signature page will be placed with the bylaws to demonstrate approval and will ensure the bylaws are reviewed on approved on at least an annual basis going forward.	Chief Medical Officer	7/28/17	The Medical Staff Coordinator will establish a standing agenda item at the Medical Executive Committee Meeting to ensure the minimum of an annual review and approval. The agenda item was also added to the Governing Board agenda annually. The target for compliance is 100%.	<100%
L725	322-100.1H INFECT CONTROL – EMPLOYEE WAC 246-322-100 Infection Control The licensee shall: (1) Establish and implement an effective hospital-wide infection control program,	The Infection Preventionist provided re-education to direct care nursing staff during a staff meeting on 7/17/17, regarding hand hygiene policy, as it relates to MRSA and performance of patient care.	Infection Preventionist	7/17/17	Infection Preventionist will observe staff weekly to monitor hand hygiene	<100%

POL rec'd 7/24/17
 POL rec'd - 7/31/17

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	which includes at a minimum: (h) Coordinating employee activities to control exposure and transmission of infections to or from employees and others performing patient services.	<p>The individual who did not follow hand hygiene protocol during patient care was re-trained 6/29/17 on proper hand hygiene, as it relates to wound care and went over MRSA policy and procedure with staff.</p> <p>The wound care treatment plan intervention was updated to include: Nursing will follow hand hygiene protocol during wound care.</p>			compliance while performing patient care. The Infection Preventionist will audit 100% of wound care treatment plans weekly to ensure compliance. The target for compliance is 100%.	
L780	<p>322-120.1 SAFE ENVIRONMENT WAC 246-322-120 Physical Environment The licensee shall: (1) Provide a safe and clean environment for patients, staff and visitors.</p>	On 7/14/17, all nursing staff were re-trained via email and an electronic bulletin board posting regarding the proper storage of patient belongings and the cleanliness of patient storage areas. Further, Nursing Leadership will retrain all nursing staff in person at staff meetings on 7/26/17. On 7/3/17, the donated items were removed were removed. Effective 7/3/17 donated items were no longer accepted at Fairfax Behavioral Health.	Director of Nursing	7/26/17	Compliance will be monitored through weekly walk- throughs by Nursing Leadership. The target for compliance is 95%.	90%
L1055	<p>322-170.2C EXAM & MEDICAL HISTORY WAC 246-322-170 Patient Care Services</p>	The Director of Medical Services or designee now audits the Medical	Director of Medical	6/20/17	Compliance will be monitored	90%

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	<p>(2) The licensee shall provide medical supervision and treatment, transfer, and discharge planning for each patient admitted or retained, including but not limited to: (c) A physical examination and medical history completed and recorded by a physician, advanced registered nurse practitioner, or physician assistant within twenty-four hours following admission, unless the patient had a physical examination and medical history completed within fourteen days prior to admission, and the information is recorded in the clinical record.</p>	<p>Consult/History & Physical (H&P) spreadsheet every morning and alerts the Medical team about any new patients approaching the 24-hr deadline.</p> <p>The Medical ARNP's now check the spreadsheet daily for any admissions that have arrived between 0900 and 1200 to ensure the consults and H & Ps are done by the end of the same day.</p> <ol style="list-style-type: none"> 1. Medical providers will document patient refusal or inability to participate in the exam and finalize the H&P within 24 hours of admission. 2. On-going education of Intake staff on the need to enter new admissions on the Medical spreadsheet will be conducted by the Director of Medical Services or designee. 	Services		through, at a minimum, monthly chart audits. The target is 100% compliance.	
L1150	<p>322-180.1D PHYSICIAN AUTHORIZATION WAC 246-322-180 Patient Safety and Seclusion Care. (1) The licensee shall assure seclusion and restraint are used only to the extent and duration necessary to ensure the safety of patients, staff, and property, as follows: (d) Staff shall notify,</p>	<p>On 7/3/17 the individual RN was retrained by the Risk Management Coordinator to document the name of the provider notified of seclusion or restraint. On 7/20/17, all Charge RNs were retrained in person by Nursing Leadership on properly documenting</p>	Chief Medical Officer ; Director of Nursing	7/20/17	Compliance will be monitored through on-going Seclusion and Restraint Audits by Nursing	90%

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	and receive authorization by, a physician, physician assistant, or psychiatric advanced registered nurse practitioner within one hour of initiating patient restraint or seclusion.	the name of the provider notified of seclusion or restraint and the time of the telephone order for seclusion or restraint.			Leadership. The target for compliance is 95%.	
L1485	<p>322-230.1 FOOD SERVICE REGS WAC 246-322-230 Food and Dietary Services. The licensee shall: (1) Comply with chapters 246-215 and 246-217 WAC, food service. Based on observation and interview, the hospital failed to maintain the cold-holding temperature of refrigerated items in compliance with the Washington State Retail Food Code (WAC) 246-217. This RULE: is not met as evidenced by: Failure to maintain compliance with the Washington State Retail Food Code puts patients at risk from food-borne illnesses.</p>	Effective 7/19/17, the Dietary Staff now immediately stock all unit refrigerators upon delivery. A temperature monitoring system that will track internal temperatures 24/7 will be installed and operational by 8/28/17. When a food refrigerator is out of temperature range for an hour, system will alert the Director of Plant Operations (DPO). The DPO or designee will determine the cause and alert Dietary staff who will determine if food is within safe guidelines (and take action as necessary). These actions will be documented.	Director of Plant Operations	8/28/2017	Spot checks will be performed during monthly rounding until the temperature monitoring system is functioning properly. The target for compliance is 100%.	90%

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.