STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: 000102

(X2) MULTIPLE CONSTRUCTION
A. BUILDING: 
B. WING: 

(X3) DATE SURVEY COMPLETED: 11/03/2018

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

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<tr>
<th>ID</th>
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<td>L000</td>
<td>INITIAL COMMENTS</td>
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**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: 01/28/2019
Complaint #: 84427
ILRS #: 2018-11918

The investigation was conducted by Surveyor 19812

There were no deficiencies identified relative to WAC 246-322.