STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER: 013250

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

(X3) DATE SURVEY COMPLETED
C 07/17/2019

NAME OF PROVIDER OR SUPPLIER: INLAND NORTHWEST BEHAVIORAL HEALTH
STREET ADDRESS, CITY, STATE, ZIP CODE: 104 W 5TH AVE, SPOKANE, WA 99204

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>L 000</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

INITIAL COMMENTS

STATE COMPLAINT INVESTIGATION

The Washington State Department of Health (DOH) in accordance with the Washington Administrative Code (WAC), Chapter 246-322 Private Psychiatric and Alcoholism Hospitals, conducted this behavioral health complaint investigation.

Onsite dates: 07/16/19 - 07/17/19
Case number: 2019-6892
Intake number: 90855

The investigation was conducted by:
Investigator #13692

There were no violations found pertinent to this complaint.