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 08/22/2019

NAME OF PROVIDER OR SUPPLIER

BHC FAIRFAX HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE

10200 NE 132ND ST

KIRKLAND, WA 98034

STATE COMPLAINT INVESTIGATION

The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 PRIVATE PSYCHIATRIC AND ALCOHOLISM HOSPITALS conducted this complaint investigation.

Onsite dates: 08/20/19-08/22/19
Case number: 2019 - 9005
Intake number: 91909

The survey was conducted by:
Investigator #33163

There were no violations found pertinent to this complaint.

STATE FORM 2567
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

If continuation sheet 1 of 1