## Statement of Deficiencies and Plan of Correction

### Name of Provider or Supplier

**Inland Northwest Behavioral Health**

**Street Address, City, State, Zip Code**

104 W 5TH AVE  
SPOKANE, WA  99204

### List of Deficiencies and Plan of Correction

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction</th>
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| A 000 | INITIAL COMMENTS | A 000 | - Medicare Complaint Investigation  
The Washington State Department of Health (DOH) in accordance with 42 CFR 482 Conditions of Participation for Hospitals conducted this health and safety 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.  
|  |  |  |  |  |  |  |  |

### Laboratory Director's or Provider/Supplier Representative's Signature

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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.