

# NOTICE OF IMMEDIATE STOP PLACEMENT LIMITING OR PROHIBITING ADMISSIONS

DATE: 4/23/2022

Licensee: BHC Fairfax Hospital

Address: 10200 NE 132nd St Kirkland, WA 98034-2899

License No: HPSY.FS.00000004

Re: Case No. 2022-2123, 2022-3363, & 2022-3389

### Dear Licensee:

This is notice of a limited stop placement of admissions imposed on your psychiatric hospital license, located at 10200 NE 132nd St Kirkland, WA 98034-2899 pursuant to Chapter 71.12 RCW and WAC 246-322. The stop placement limiting admissions to your psychiatric hospital is effective immediately upon receipt of this notice.

# **Basis for Stop Placement Limiting Admissions**

On 4/21/2022 6:00 PM, the Department of Health, Office of Health Systems Oversight (department) conducted an investigation at your facility and found deficient practices or conditions, more fully described below that constitute an immediate jeopardy. On 4/21/2022 the department provided the facility written notification of the immediate jeopardy and the facility had twenty—four (24) hours to develop and implement a department approved plan to address the immediate jeopardy or the facility may be subject to enforcement action.

On 4/23/2022 9:12 AM the department conducted a revisit inspection which verified that the facility did not develop and implement a department-approved plan to address the immediate jeopardy within twenty-four hours. Accordingly, the department is authorized to impose a limited stop placement that takes effect immediately.

## **Deficient Practices or Conditions**

This stop placement is based on the following violations of chapter 71.12 RCW and chapter 246-322 WAC: WAC 246-322-035 Policies and Procedures – Develop and implement policies and procedures to manage assaultive, self-destructive, or out of control behaviors.

Based on observation, interview, and document review, the hospital failed to ensure that staff provided patient care in a safe setting by the failure to identify patients at increased risk for harm, the failure to implement a plan of care for the prevention of sexual aggression or victimization, suicidal behaviors, and self-harm behaviors, and the failure to maintain a safe patient care environment by effectively conducting environmental rounds and patient observations, as directed by the hospital's policies and procedures.

#### Scope of the Stop Placement

The above noncompliance continues to pose immediate jeopardy as defined in chapter 71.12 RCW and chapter 246-322 WAC:

$\square$ Stop placement prohibiting all admissions of new patients. The deficient practices or
conditions that constitute an immediate jeopardy are not limited to a particular category of
patient or section of the hospital. Your facility may not admit any new patients until this
stop placement is terminated by the department.

☑ Limited stop placement because the deficient practices or conditions that constitute an immediate jeopardy apply only to the following category/categories of patients or section(s) of your facility as follows: patients under the age of 18. Your facility may not admit any new patients belonging to the above referenced category/categories or to the above referenced section(s) of the facility.

# **Terminating the Stop Placement:**

The department will terminate the stop placement when the department verifies the violation necessitating the stop placement has been corrected, or the department determines that your hospital has taken intermediate action to address the immediate jeopardy; and establishes the ability to maintain correction of the violations previously found deficient. To request an on-site follow-up inspection to verify the above, please complete and submit the enclosed request form.

### **Request for and Adjudicative Proceeding:**

The facility has the right to contest the stop placement by requesting an adjudicative proceeding. To contest the department's decision, your or your representative must file a written request with the department's Adjudicative Service Unit (ASU) in a manner that shows proof of service on the ASU within Twenty-Eight (28) days from receipt of this decision.

The mailing address is:

Department of Health

**Adjudicative Service Office** 

Post Office Box 47879

Olympia, WA 98504-7879

The physical address is:

Department of Health

Adjudicative Service Office

111 Israel Road SE

Tumwater, WA 98501

Email: ACOfax@doh.wa.gov (For filing under the emergency rules)

Dated: 04 | 23 | 22 , 20 \_\_\_\_\_\_, 20 \_\_\_\_\_\_

By: When Barmien

STATE OF WASHINGTON

**DEPARTMENT OF HEALTH** 

PSYCHIATRIC HOSPITAL PROGRAM

Enclosures

cc: AAG

OAS

**OILS** 

**OCHS** 

ACO

CRIMITED PETAIRI

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:

(X3) DATE SURVEY COMPLETED

000102

B. WING

С 05/05/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

10200 NE 132ND ST

IIIO I AIN	FAX HOSPITAL K	IRKLAND, V	VA 98034	e control de	CARLEY H
(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	INITIAL COMMENTS	r "	L 000	£ spag as A leaper	est femilia
	STATE COMPLAINT INVESTIGATION			· TANTO SAMBINGSON, NO.	ATT .
	T-W-11-4-00-15-4-4-10-10			AS THE TEN TO THE WARRENCE SAL THE	4.3
	The Washington State Department of Health			1. A written PLAN OF CORRECTION is	⊈Dv. h
	(DOH) in accordance with Washington	1		required for each deficiency listed on the	rel .
	Administrative Code (WAC), Chapter 246-322			Statement of Deficiencies.	\$4. T
	Private Psychiatric and Alcoholism Hospitals,			ctatement and to have the being a cost of its	whi.
	conducted this health and safety investigation.			EACH plan of correction statement must include the following:	With the
	Onsite dates: 04/06/22-04/07/22,	7.		proprietation of the control of the control of	1.9
	04/20/22-04/21/22, 04/23/22, 04/27/22-04/29/22 Offsite date: 05/05/22	2		The regulation number and/or the tag number;	n ot
	Case numbers: 2022-3363, 2022-3389, 2022-2123	1		HOW the deficiency will be corrected;	197 NS-1
	Intake numbers: 120861, 120854, 120309			WHO is responsible for making the correction;	
	Additional Review: Vaccine Mandate			correction;	08
_				WHAT will be done to prevent	- 1
	The investigation was conducted by:	P		reoccurrence and how you will monitor for continued compliance; and	le k
	Investigator #15			D. 2 Ko. Co. o. 500 Mr. Sg. Underter in Bracker moonly.	W. Tar. J.
				WHEN the correction will be completed.	Tar.
	Investigator #12			a will be the opposition of	er's
	Investigator #19 (Orientation)	1)		Your PLANS OF CORRECTION must be returned within 10 calendar days from	Jyf I
-				the date you receive the emailed	17.5
	During the investigation, the DOH investigators			Statement of Deficiencies. Your Plans of	l avie
	determined that there was a high risk of serious			Correction must be emailed by 06/07/22.	19
	harm, injury, or death due to the hospital's failur			and assessed that of the index of sections of sections of the control of the cont	100
	to ensure that there were effective processes in	ı "		Return the ORIGINAL REPORT via	100
	place to identify patients at increased risk for			email with the required signatures.	30
	harm to self or others, to ensure that an			AN EDAL THE THE PROPERTY OF TH	Age.
	individualized plan of care was developed and	1		long he had to the deal mathematica, (f) (f)	1.25
	implemented for the prevention of sexual			The arrest of his below subset to an	192
	aggression/victimization suicidal behaviors and	/or		· 国籍和 A. · · · · · · · · · · · · · · · · · ·	Mary 1
	self-harm behaviors, and that staff maintained a			to mis to read a visit of 00 00 15 cm and one	ŒV.
	safe patient care environment by effectively			AND TO SOME STATE OF THE SECOND SECOND	60
-	conducting environmental rounds and patient				1 10
2	observations.			1///	1107
Form 25					11)/ 4

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
70.0	, solution in	is Et this is the transfer to	A. BUILDING: _		00	
+		000102	B. WING		05/0	5/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BHC FAIR	BHC FAIRFAX HOSPITAL 10200 NE KIRKLANI					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
L 000	Continued From page	1	L 000			
	SAFETY was declare Hospital staff created immediate risk to pati plan was approved or Investigators verified Risk to Patient Safety Cross Reference: WA Procedures	ents. The hospital's removal n 04/27/22 at 2:35 PM. removal of the Immediate on 04/28/22 at 5:15 PM.  AC 246-322-035 Policies and es remained uncorrected at gation exit. Fairfax emains NOT IN				
L 001	(1) This section applied types licensed by the chapters 18.46, 70.47 71.12, and 71.24 RCV to this rule must computatutes, administrative other legal requirement of the facility and the spread of coronavirus ID-19). (3) Lawful or climited to, orders issue chapter 43.06 RCW, under chapter 43.70 I health or local health	as to all health care facility department of health under 1, 70.42, 70.127, 70.230, W. (2) Every facility subject oly with state and federal ve rules, lawful orders, and ints relating to the operation control or prevention of the sidisease 2019 (COVders include, but are not ed by the governor under by the secretary of health RCW, or by a local board of officer under chapter 70.05, for chapter 246-100 WAC.	L 001			

State Form 2567

STATE FORM

6899

If continuation sheet 2 of 68

어린은 백화장이 그림생각 이번의 PRINTED: 05/27/2022 **FORM APPROVED** State of Washington (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING 000102 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) L 001 L 001 Continued From page 2 This Washington Administrative Code is not met as evidenced by: A PROBLEM CAN CHARLES Based on interview and document review, the hospital failed to adopt and implement policies and procedures that ensure unvaccinated staff receive weekly COVID-19 testing (Item #1) and that ensure unvaccinated staff wear appropriate personal protective equipment (PPE) (Item #2). \* Last V 10 174 Failure to adopt and implement policies and procedures for ensuring that unvaccinated staff receive weekly COVID-19 testing and wear

Findings included:

death.

1. Review of the hospital document titled, "COVID-19 Mandatory Vaccination, Washington," no policy number, effective 08/21, showed that healthcare workers who have met the requirements for exemption must be tested once weekly for COVID-19.

appropriate PPE places patients, visitors, staff, and the community at risk for harm, including

Item #1 Weekly Testing for Unvaccinated Staff

2. On 04/28/22 between 11:20 AM and 11:55 AM, Investigator #12 interviewed 5 staff members with approved COVID-19 vaccine exemptions. The interviews showed that 1 of 5 staff was not receiving weekly testing for COVID-19 (Staff #1201).

3. On 04/28/22 at 12:30 PM, Investigator #12 interviewed the Chief Operating Officer (Staff #1206), the Human Resources generalist (Staff #1207), and the Regional Director of Risk

State Form 2567 STATE FORM

LO.II 11

to to Commission of the Commis

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND FLAN	DI CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPL	EIEU	
	,	000102	B. WING			05/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE			
BHC FAIR	FAX HOSPITAL	10200 NE	132ND ST				
Diretain		KIRKLAN	ID, WA 98034				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADDITIONAL DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
L 001	COVID-19 testing pro Staff #1207 stated that supposed to submit the Tuesday of each weet who did not submit we suspended. The interstaff worked without restaff #1201, #1203, and #1201, #1203, and #1201, #1203, and #1201, #1203, and #1201, #1202 was had not submitted a test the submitted at the submitted	1208) about the weekly ocess for unvaccinated staff. At unvaccinated staff were heir test to the lab by lak, and unvaccinated staff eekly tests would be view showed that 4 of 14 ecciving weekly testing #1203, and #1204). Staff y had identified "gaps in and 3 staff had not been set since they were hired (Staff 1204). Staff #1207 confirmed set up for weekly testing but est since 03/25/22.  Itective Equipment (PPE)  Dital document titled, by Vaccination, Washington, ective 08/21, showed that the have met the mption must wear an N95 evel respirator approved by of Occupational Safety and times while in the building and or eating or within their	L 001				

State Form 2567 STATE FORM

regarden. I digit de r

State of Washington			man and service for the
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:	(X3) DATE SURVEY COMPLETED
O stole Rest	000102	B. WING	C 05/05/2022
37			

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

10200 NE 132ND ST

HC FAIRE	FAX HOSPITAL	132ND ST ND, WA 98034	The state of the s	AND LALE
(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 001	Continued From page 4	L 001	- Jakis 10 - 2 - 2.	Alma,
	patient care units.	,		
	0. 0-04/00/00 -t 4:07 DM during on intended			Total T
	3. On 04/28/22 at 1:37 PM, during an interview with the Regional Director of Risk Management		ON THE COLUMN THE SECOND SECTION OF THE SECOND SECO	E
(Staff	(Staff #1208), Staff #1208 confirmed the		wall in committee and the	
	investigator's finding that Staff #1205 was not		and securifical metal p. 15 years	691
	following hospital policy and should have been		'i vo' a	E =
	wearing an N95 respirator.	ž	ammanda da marina ing panganan ang panganan	
			AND	
		1	전환으로 가는 가게 되고 아래를 보았다. 한 일을 다	1.65
L 315	322-035.1C POLICIES-TREATMENT	L 315	moreofic in more sometime. The ex-	190
				(A)
	WAC 246-322-035 Policies and		emonatum. Pro misimus kratna o sa mak	
	Procedures. (1) The licensee shall		and the state of t	
	develop and implement the following		The state of the s	1
	written policies and procedures consistent with this chapter and		pourchiper in early solider, may be effective.	
	services provided: (c) Providing			(right
	or arranging for the care and			
	treatment of patients;	,	configuration with a second of the	P.,
	This Washington Administrative Code is not met		yan e kajaji alistika ka ka ka ka	9
-	as evidenced by:			-
	*.		av ligis tähkrue bryo tärf autijo miror¶	1 1 1
	Based on policy review and document review, the			-
	hospital failed to ensure staff followed policies			. 196
	and procedures to reassess patients for		environada per ser jeun dahara per hali berita sera	at .
	increased risk of suicidal behaviors and, based		E. Papadid Chestian and	
	on the risk formulation, notified the provider of increased risk when indicated, as demonstrated		a where it is a straight that it, in	
	by 6 of 7 records reviewed (Patients #1901,			:14 ·
	#1902, #1903, #1904, #1905, #1906, and #1907).	'		V
	to the second se		t in the state of	-16
	Failure to complete the suicide risk reassessment	į į	. १००५ व्यक्ता । जन्म समिति जनमा ज सम्बद्धाः हेतः 🗅	ed
	and notify the provider of any identified increased	- "		eq. i
	suicide risk puts the patient at risk for an unsafe			
	environment for care, psychological harm, and serious injury or death.	, A	and person in moderate some programs of	
	solious injury or death.			-13

State Form 2567

STATE FORM

6899

(X3) DATE SURVEY

State of Washington
STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
. •		000102	B. WING		C 05/05/2022
122 A. C.	ROVIDER OR SUPPLIER	10200 NE 1	PRESS, CITY, STA	TE, ZIP CODE	,
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
L 315	Continued From page	5	L 315		
	Risk Assessment and number 1000.26, last the following: a. All patients admitte Health will be assess admitting Registered	of facility policy titled "Suicide Management," policy reviewed 06/21, showed d to Fairfax Behavioral ed for suicidality by the Nurse (RN) using the Severity Rating Screen			
	b. Reassessment of s waking shift (twice pe suicide precautions of	ruicidality will occur every r day) for any patient on r who exhibit a significant us; these are documented ss note.			
	c. This assessment sl	nall contain, at a minimum:			
	i. Current or past thou	ghts of suicide	5		
1		ory of suicide attempts			
	iii. Evidence of suicida				
a a	risk as compared to the	ncluding categorization of ne general patient atient unit (lower, similar, or			
		ns (interventions) initiated to r self-destructive behavior.			
	Patient #1901				* .
-		tigator #19 reviewed the lent #1901 for the dates of			

(X2) MULTIPLE CONSTRUCTION

State Form 2567

STATE FORM

6899

If continuation sheet 6 of 68

TOTAL OF STATE OF PRINTED: 05/27/2022 **FORM APPROVED** State of Washington (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: \_ C B. WING 000102 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HALL CHARLE HELD MELDING TO SHE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) L 315 Continued From page 6 L 315

	,		0 2		
	01/14/22 through 01/27/22. Patient #1901 is a	į .			۱
	13-year-old female admitted for suicidal ideation,	Ĭ.	are in the contract of the first state of the contract of the		ı
	cutting, and alcohol intoxication. Patient #1901		. ५ % वर्षाति । वस्तु स्वति क्रिक्टियाना		1
	had a history of a recent suicidal gesture that		करने करण सम्बद्ध पुरुष्ट स्टेस्ट के स्टूबर विश्वेष किया		4
	resulted in an emergency department visit, where	į,	atus nevisa dimena sed massidu. Pro Li		1
	she was referred to the facility. She also had a	4	อร์ และ ค.ศ. หลังสร้างสามารถสมัย และ สร้างสามารถสา		Ł
	history of sexual assault by a family member.	ŧ	<ul> <li>d) I d Half is the Theory of a profit on</li> </ul>		1
		Α.	n chráich e bro diáith is te honas afh/baire i r		1
	a. Investigator #19 reviewed the Daily Nursing		THE SHARE IS A SHIP OF THE COLUMN		L
	Progress Notes and found that nursing staff		along transport symbols, simple the file or a	iga	L
	assessed the patient using the RN-CSSRS twice		9		1
ų.	per day as directed by hospital policy. In 9 of 34	Ý	The second of the control of the second		ı
	notes for Patient #1901, nursing documented that		that the beginning the property	No.	L
	the patient answered "yes" to the following 2		a take a marker of the willing property.	9-18 -	ı
	questions: #1-Have you ever wished you were		<ul> <li>a reflect special coping define and regarded and</li> </ul>		L
	dead or wished you could go to sleep and not	1	erandi makabba, eryadi, yitébeyéndik de	-81	ŀ
	wake up? #2-Have you ever actually had any	1	Later the petition or could have being a		L
	thoughts of killing yourself? Nursing staff	1 1	The supplication of the light with an inch	· · · · · · · · · · · · · · · · · · ·	L
	documented the patient's level of suicide risk as	1	carry new gert this top of militain hards bette tray or	st -	ŀ
	"low" and failed to notify the provider, as is		<ul> <li>一本生化動作 eadert den 以前面 path e * 4。*</li> </ul>		ı
	directed by the screening tool and hospital policy.	1	grad ad many may highly a religion had good and good back.		ı
	The RN-CSSRS Risk Formulation shows that a	Î	o la vici i di Bi. Bi , - l. Bi. Agian (Pari, in)		ı
	"yes" answer to any 2 or more questions on the		. In the content of the state of the second section of the section of the second section of the section of the second section of the section of	s- N	ı
	CSSRS indicates that the nurse must notify the	1 -	Jahrana Blocks Line Stop of more		L
	provider and document the provider's response.	1	property desired in the second section	(5)	ı
	b. Investigator #19 reviewed the Daily Nursing	1	on to go the programme of the control of the profession of		ı
	Progress Notes and found that nursing staff	1	ลา แล้ว เล่า และสาการ ที่สามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถสามารถส		ı
	assessed the patient using the RN-CSSRS twice		I will always a block to an a fit		L
	per day as directed by hospital policy. In 2 out of	÷	<ol> <li>เลา (2007) ระทั่งใหญ่ การการว่ากราชินโดสตร์ เกา</li> </ol>		L
	34 notes for Patient #1901, nursing documented		the past substitute in the past state that the		L
	that the patient answered "yes" to the following 3	v	to war and the Salada coules of the salation of		L
	questions: #1-Have you ever wished you were	- 1.	on son SMSS 7 to Michael Assemb		ı
	dead or wished you could go to sleep and not	1	with a figure of the second		
	wake up? #2-Have you ever actually had any		, , , , , , , , , , , , , , , , , , , ,		
	thoughts of killing yourself? #3-Have you been		ers, and congertal brown stick to	7	
	thinking about how you might do this? Nursing		. The state of the second state of the		
	,		. The second state of the second seco		1

State Form 2567 STATE FORM

staff documented the patient's level of suicide risk as "moderate" and did not notify the provider as directed by the screening tool and hospital policy.

If continuation sheet 7 of 68

enal and went of the contact. As a part form

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING.		С
0	og ser i f	000102	B. WING		05/05/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
BHC FAIR	FAX HOSPITAL	10200 NE 1 KIRKLAND	32ND ST , WA 98034		Y
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
L 315	Continued From page	7	L 315		
	c. On 01/24/22, in a Eduring day shift, nursi Patient #1901 had go day after scratching hand was tearful and wreport to the provider search or confiscation documented. No addicompleted, as is directed. On 01/25/22, in an during evening shift, it that Patient #1901 waroom and ran out of the tears. Staff wrote that and, after they left he the patient was found her wrist and neck wiffrom a broken nail pothe patient was tearful because she wanted that this was reported provider. An additional completed, as is directed. On 01/26/22, in a Eday shift, nursing staff 1901 endorsed suicid plan. The nurse documents and that the pakill herself. An additional wrists and that the pakill herself. An additional completed.	Daily Nursing Progress Note ing staff documented that one to the staff earlier that one to the staff earlier that one arm with broken glass inpset throughout the day. No was documented. No room of contraband (glass) was stional CSSRS was obted by hospital policy.  Addendum Progress Note mursing staff documented as found in a male patient's one room to her bathroom in they went to speak with her or room and then returned, in their bathroom cutting the a piece of broken glass lish bottle. Staff wrote that all and said she was cutting to die. Staff documented to the charge nurse and the all CSSRS was not obted by hospital policy.  Daily Progress Note during of documented that Patient # all ideation with no intent or mented that the patient y by cutting her neck and tient stated that she tried to nall CSSRS was not			
	f. On 01/27/22, in a D day shift, nursing staf #1901 endorsed suici	aily Progress Note during f documented that Patient dal ideation and verbalized herself. The provider and			
		nformed. An additional			

State Form 2567 STATE FORM

ente es la comunicación El como es enterente en State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_ С B. WING 000102 05/05/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER

BHC FAIRFAX HOSPITAL  10200 NE 132ND ST 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 (X5)  (EACH CORRECTIVE ACTION SHOULD BE COMPLET CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
L 315	Continued From page 8	L 315	में अध्यक्ष मारण न महराजीक होते करिस्ट न		
	CSSRS was not completed, as is directed by hospital policy.		aft ingger est a simbolight status of status.  Unsert hat his militar successing		
	Patient #1902	1	garano feliar a calcumino en 1 e en alemna en 18. Como de 18. Como		
	3. On 04/11/22, Investigator #19 reviewed the		START, THE SECTION OF STARTS		
	medical record of Patient #1902 for the dates of	- 1	and astrale are a potationic may be making		
	01/21/22 through 01/31/22. Patient #1902 is a		construct differ a dealer and recommend as an uni-		
	13-year-old transgender male (female to male)	1	ed tales to the control of the control of		
	admitted for depression and suicidal ideation.		State of the Commence of the second		
	Patient #1902 had a history of a recent suicidal		<ul> <li>Indig fulls. The femilies magniful reserving familying.</li> </ul>		
	gesture with a plan to jump off a balcony or cut		several and more of the first selection of the first selection.		
	himself, which resulted in an emergency		diffusionery productional distriction and		
	department visit. The emergency department		to recita mice available countries community		
	referred the patient to the facility. Patient #1902	E	AND A REAL OF BEHIND THE THE PRESENCE OF		
. 11	also had a history of sexual assault by a family		amendation the review and the figure and the conditioning of		
	member.		प्रमुख शिक्षामा		
	a. Investigator #19 reviewed the Daily Nursing	4	problems your and knowledge from many to a		
	Progress Notes and found that nursing staff		Supplied and the supplied of t		
	assessed Patient #1902 using the RN-CSSRS		23233 - Table - 1122 - 200 - 122 - 1		
	twice per day as directed by hospital policy. In 2	à v	Sint which the many design with the second of the second		
	out of 22 notes for Patient #1902, nursing	,	On the Victoria Regulation of the local		
	documented that the patient answered "yes" to	. 1	CI "Sely" have above their or exists of resident for		
7	the following 2 questions: #1-Have you ever	1	The first care of the contract of the service specific		
	wished you were dead or wished you could go to		reproduction in the black banks on a votate take		
	sleep and not wake up? #2-Have you ever		Asia source of the tigo and the tigotal		
	actually had any thoughts of killing yourself?	_	The second of the second second second is a second		
	Nursing staff documented the patient's level of		least a feet fam in the best and it in the field for the could be		
	suicide risk as "low" and failed to notify the	50	La telephone per a filling contraction of the est of the		
	provider, as is directed by the screening tool and		suffer tables have between a many tree. Still		
	hospital policy.	· .			
	Patient #1903		2 EU/2 (m ) 478 (1 8 A) 2		
		1	ant be 15 to the medition of the celebratic below in		
	4. On 04/11/22, Investigator #19 reviewed the		in which a to a specific transmit of a marketing of		
	medical record of Patient #1903 for the dates of		1959 1839 18 Aug 1970 1830 18 18 18 18 18 18 18 18 18 18 18 18 18		
	01/27/22 through 02/04/22. Patient #1903 is a		The art terms adopted for Artast Abotton		
	15-year-old female referred from the emergency		golden grade to the state the property of the		
	department for depression and suicidal ideation		to explain a first of a substitute of sectionary of		

State Form 2567

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	100 131	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
, ,		000102	B. WING	_	C	
NAME OF P	ROVIDER OR SUPPLIER	150 Pleasant State of the State	RESS, CITY, STA	TE, ZIP CODE	05/05/2022	
BHC FAIR	FAX HOSPITAL	10200 NE 1 KIRKLAND	32ND ST , WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	E
L 315	a. Investigator #19 re Progress Notes and f assessed Patient #19 twice per day as direct out of 18 notes for Patient documented that the the following 2 questive wished you were dea sleep and not wake u actually had any thou Nursing staff docume suicide risk as "low" a provider, as is directe hospital policy.  b. Investigator #19 re Progress Notes and f assessed Patient #19 twice per day as direct out of 18 notes for Patient documented that the the following 2 questive wished you were dea sleep and not wake u actually had any thou Nursing staff failed to of suicide risk and did directed by the screen Patient #1905  5. On 05/04/22, Invest medical record of Patient 01/13/22 through 01/1	ng herself. She reports the ler home.  viewed the Daily Nursing ound that nursing staff 103 using the RN-CSSRS of the by hospital policy. In 4 stient #1903, nursing patient answered "yes" to cons: #1-Have you ever dor wished you could go to p? #2-Have you ever ghts of killing yourself? In the patient's level of and failed to notify the do by the screening tool and viewed the Daily Nursing ound that nursing staff 103 using the RN-CSSRS of the by hospital policy. In 3 stient #1903, nursing patient answered "yes" to cons: #1-Have you ever dor wished you could go to	L 315	DEFICIENCY)		
P		attempt, and aggression ther. She has a history of				

State Form 2567 STATE FORM

LOJL11

If continuation sheet 10 of 68

**FORM APPROVED** State of Washington (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING 000102 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST WHITE THE THE THE THE **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L 315 L 315 Continued From page 10 sexual assault by her father. and the effect of at a single attentional grading to this public a. Investigator #19 reviewed the Daily Nursing refrince Ballytongul a Bachard Depoint in could be Progress Notes for Patient #1905 and found that in 1 out of 10 notes, nursing failed to complete the RN-CSSRS. No nursing staff signed the document and no provider was notified. COLERA WITH RESPONDED TO SERVE OF DEPARTMENT Patient #1906 remarks of the control of the property of naviga version il managat processedi 6. On 04/28/22, Investigator #19 reviewed the medical record of Patient #1906 for the dates of 04/17/22 through 04/27/22. Patient #1906 is a 16-year-old female admitted as Family Initiated Treatment for depression, a dissociative episode, a lavel structions & har layer at final goal life? and suicidal ideation with a gesture involving a kitchen knife to her chest. and there enderly a serious transfer in model. a. Investigator #19 reviewed the Daily Nursing Progress Notes and found that nursing staff assessed Patient #1906 using the RN-CSSRS the control of the control of the control of the twice per day as directed by hospital policy. In 1 Page and continued to the continue of the second continued by the second continued to the second conti s restrictions are the restriction of the restriction of out of 26 notes for Patient #1906, nursing documented that the patient answered "ves" to the following 2 questions: #1-Have you ever JAN MERSON IN F DAY OF BERKENDER WAS IN wished you were dead or wished you could go to sleep and not wake up? #2-Have you ever HE SERVE BOOK THE WIND SERVE OF THE BOOK TO BE age digitation and the little of the property and the last of the actually had any thoughts of killing yourself? Nursing staff documented the patient's level of suicide risk as "low" and failed to notify the provider, as is directed by the screening tool and hospital policy. Mark Souther Continues of Bulletin Land of non bill aved "eviscolingen" og kriviksbillen en folksli Patient #1907 7. On 04/28/22, Investigator #19 reviewed the medical record of Patient #1907 for the dates

State Form 2567

04/15/22 through 04/27/22. Patient #1907 is a 15-year-old transgender male (female to male) with a history of depression, anxiety, self-harm

State of Washington STATEMENT OF DEFICIENCIES

1,00,100,100,000,000,000,000,000	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		ETED
			- 1			
2		000102	B. WING		05/0	5/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE ZIR CODE		
			E 132ND ST	KIL, ZIF CODE		
BHC FAIR	FAX HOSPITAL		ND, WA 98034			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	ION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	LD BE	COMPLETE DATE
L 315	Continued From page	11	L 315			
	hahaviara avialdal id	antina with alone and				
		eation with plans, and th a plan to burn down his				
	mother's home. He ha					
	assault.	as a flistory of sexual				
					1	
	a. Investigator #19 re	viewed the Daily Nurse	•			
		ound that nursing staff		,	±	
	assessed Patient #19	07 using the RN-CSSRS				
		cted by hospital policy. In 6				
	out of 26 notes for Pa					
		patient answered "yes" to		:	1	
		ons: #1-Have you ever				
		d or wished you could go to				
	sleep and not wake u	ghts of killing yourself?				
		nted the patient's level of				
	suicide risk as "low" a	The state of the s				
		d by the screening tool and				
	hospital policy.					
	h Investigator #19 re	viewed the Daily Nursing				
		ound that nursing staff				
		07 using the RN-CSSRS				
		cted by hospital policy. In 2				
	out of 26 notes for Pa	tient #1907, nursing				
		patient answered "yes" to				
		ons: #1-Have you ever				
		d or wished you could go to				
	sleep and not wake u					
		ghts of killing yourself?				
		nking about how you might				
		documented the patient's moderate and did not				
		directed by the screening				
· !	tool and hospital police					
		viewed the Daily Nursing				
		ound that nursing staff	e:			
		07 using the RN-CSSRS			-	
	twice per day as direc	cted by hospital policy. In 1				1

State Form 2567 STATE FORM



State of Washington (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: \_\_ С B. WING 000102 05/05/2022

NAME OF PROVIDER OR SUPPLIER

Talaken e pretakt

STREET ADDRESS, CITY, STATE, ZIP CODE

10200 NE 132ND ST

		ID, WA 98034		7-7-3
(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 315	Continued From page 12	L 315	E' egal on Ten se	
	out of 26 notes for Patient #1907, nursing		t gassignation	
	documented that the patient answered "yes" to		and a bad ground of the	
	the following 6 questions: #1-Have you ever			
	wished you were dead or wished you could go to		racing parties and part	
-	sleep and not wake up? #2-Have you ever	1	2560 SEAR 1987 HERE 20	Jan 1
	actually had any thoughts of killing yourself?		Turner of Law Y Withham Orfold organism V a	
	#3-Have you been thinking about how you might	Y .	ga ka ma lagra a	
	do this? #4-Have you had these thoughts and had	Į.	1	
	some intention of acting on them? #5-Have you	v	_ et	
	started to work out or worked out the details of		no male, in a substitute a present of the	
	how to kill yourself and do you intend to carry out	1.	A SECTION OF THE SECT	18.2
	this plan? #6-Have you done anything, started to		eropa nit. Ter y a di pani lad	JES .
	do anything, or prepared to do anything to end			
	your life? Nursing staff documented the patient's		To well-point and the major and the second	
	level of suicide risk as "high" and did not notify	I	taligi at a , geningim gipan at liber i fig	
	the provider as directed by the screening tool and		tages on the resident flat friends, it was	
	hospital policy.		the first of the complete of the control of the con	
			क्षेत्र १४५ में प्रतिकृतिक है जिल्ला गायदार होते हैं पर १७६	
	8. Investigator #19 reviewed all Daily Progress		The series of th	
	Notes for 7 charts (Patents #1901, #1902, #1903,		Formula is to the professional offices, with the position	
	#1904, #1905, #1906, and #1907) and found that		क्षा वरण्याः । जाते पूर्णण्या सङ्ग्रालेख्यः विश्वसाध्यक्षात् । अस्य	
	6 of 7 charts showed failure to use the	Y	the representation of military at 12 of the	
	RN-Columbia Suicide Severity Rating Screen as	_ *	footening in a suited distance of the English of the suite	
1	directed in the screening tool and in hospital	1	होत क्षेत्रीय है । यह देशक होत	f -4
	policy. Nursing staff frequently did not follow the			
	screening tool directions to document notification		Social company game but an easan excend	
	of the provider and the provider's response when		Control of the Control of the Control of	
	a patient answers "yes" to any 2 or more		ration la berratida, espacas no	
	questions on the screening tool.		territore, surticul in material al allege	
		9	या मार्थकर्म होता चाला का अस्ति महीसीहर अध्यक्षण अस्ति	
	<u>.</u>			FF 1-7
			dotation with the strict week or the	Carrier I
L 320	322-035.1D POLICIES-PATIENT RIGHTS	L 320	Personal and property of the second section of the second	L.P.
-	WAC 246-322-035 Policies and			
	Procedures. (1) The licensee shall		Section 2	(4)H
	develop and implement the following			20 T 7
	written policies and procedures	4	Jane 1 to the state of the second of the sec	
	consistent with this chapter and		कुर्वक्रियों के अस्ति के राज्युक्त गर्मित केंद्रों केंद्रों केंद्र के या जिल्हा के स	1075

State Form 2567 STATE FORM

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		000102	B. WING		C 05/05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE	Ž · ·
BHC FAIR	FAX HOSPITAL		132ND ST ID, WA 98034		-
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
L 320	services provided: (d) patient rights accordin 71.05 and 71.34 RCW posting those rights in place for the patients. This Washington Adm as evidenced by:  Item #1 Compelled Manas evidenced by:  Item #1 Compelled Manas evidenced Antipsycho Obtaining Second Op Based on interview, rehospital policies and procedures for the addrestraints, to ensure the protected when the pascheduled antipsycho concurring medical opcompelling the medical opcompelling the medical demonstrated by 3 of #1510, #1518, and #1  Failure to develop and procedures for the addinvoluntary antipsycholicides the requirement second medical opinion the compelled medical violation of their right of the second medical opinion the compelled medical violation of their right of the second medical opinion the compelled medical violation of their right of the second medical opinion the compelled medical violation of their right of the compelled medical violation o	Assuring ng to chapters //, including n a prominent to read; inistrative Code is not met  edication - Refusal of otic Medication and inion  ecord review, and review of procedures, the hospital implement policies and ministration of chemical nat patient's rights are attent refuses their tic medication that a second onion is obtained prior to ation administration, as 3 records reviewed (Patient 519).  If implement policies and ministration of compelled	L 320		
	Revised Code of Was	hington (RCW) 71.05.215 chotic medicine - Rules.			

State Form 2567 STATE FORM

6899

					PRINTED: 05 FORM AP	
	Vashington				FURMAP	PROVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
0	reserva I	000102	B. WING		C 05/05/2	022
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE		erthirt.
		10200 N	E 132ND ST	1 Pro. 14		
BHC FAIR	FAX HOSPITAL	KIRKLA	ND, WA 98034		JA ( 3 3 1 340	43 (58) (1
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI LEACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE C	(X5) COMPLETE DATE
L 320	Continued From pag	e 14	L 320	7 Sg 42 7	apaj gu i ini sis	(425-1
1	(1) A person found to	be gravely disabled or to	i	Action of Artificial Managements	South to NA	
1		of serious harm as a result of		continues of the Separate A		
		disorder has a right to refuse		- California de C	Annal Me Carolin	
		ation unless it is determined				
		dicate may result in a	Y	g years y an algorithm of all years on a little of both color and all display		
	likelihood of serious	stantially prolong the length of		in addition arough the first large to the control of the control o		
		nent and there is no less		despressions and the residence		
4		eatment than medication in	1	a strong player as the strong		, -
	the best interest of the	nat person.		Salada tota harrin til i hatili ha		
<b>∦</b> •	l ·		a	MERCH "Antes "BAT SOFT THE STATE OF		
		all adopt rules to carry out the	1	uperson the first transfer of the c	president in the resident	
4	purpose of this chap	ter. These rules shall include:	1	. Hasi Aramin	control control	
ij.	(b) For short-term tre	eatment up to thirty days, the		to such day across to the control of the		
		ychotic medications unless			ana ir nad	
	there is an additiona	l concurring medical opinion				
	approving medicatio			section favored or the finds		
i	The state of the s	working with a supervising		geger val voor er voorlyksteeld van e		
		tric advanced practice ctitioner, or physician or			16/07 days in a major in	
3		n consultation with a mental		were a surprising the good training	SERBERGA LA	
		with prescriptive authority.		russipestor resultan		
4				SAME AND AND A COMPANY OF THE PARTY.		
		atment beyond thirty days	,	and the subtable a little and traffic payor		
		on any petition filed under		तः की पुरस्तानीतः विद्युक्तपुरः । सारा पृतः । स्ताः । अव स्थानकार जीताः विद्युप्त । स्वार्थनीय स्थानी		-
		e right to periodic review of cate by the medical director			1	
	or designee.	cate by the medical director	4	,		
			1	in supplying facilities		
		n the medical record of the		RELANDED FOR THE STATE OF		-
		cian, physician assistant, or		ghan in the continue.		
		d registered nurse practitioner		A93A	recins former and dig-	
1		onsent and the reasons why ation is being administered	9	hylylanim ded (m. 1944-1948	or unit to the	
HIE L' .		ojection or lack of consent.		the state of the s	total formulation	3
4	c. a.c porconio on	A	4	go alastic vi. scii sanas kimo		
	Findings included:		1		acidis. Nijeh	
	ı			·	1	

State Form 2567 STATE FORM

1. Document review of the hospital's policy titled,

If continuation sheet 15 of 68

State of Washington
STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
14.5 ( 5.4.		A. BUILDING:			COMPLETED
	h.	000102	B. WING	1	C 05/05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	-
BHC FAIR	RFAX HOSPITAL	10200 NE 1			_
OVA) ID	SI IMMADV ST	ATEMENT OF DEFICIENCIES	, WA 98034	DDOWNERS DIAM OF CORRESPOND	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
L 320	Continued From page	15	L 320		
	The state of the s	dication without Formal ber 1000.52, last revised			1-
	00/21, showed the for	lowing.			
	administered to a deta	chotic medications may be ained/committed patient that the failure to medicate			is a
		ood of serious harm or			
		on or substantially prolong ary commitment and there is			
	no less intrusive cours medication in the best	se of treatment that t interest of that person.			
	b. Only the treating ph advanced registered r involuntary medication	nurse practitioner may order			
		e made to obtain informed ent prior to administration of ication.			
	for involuntary medical concurring medical re- psychiatrist, psychiatri	view, within 24 hours, by a ic advanced practice nurse an in consultation with a			
	shall document in deta	eting the second opinion ail the reasons for curring with the treating			
*	f. Involuntary medicationly if the second opir treatment provider's o medication.				
	g. Staff will attempt to	administer the medication			

State Form 2567 STATE FORM

4.90	Vashington				PRINTED: 05/27/2022 FORM APPROVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED	
	Act to	000102	B. WING	- versit in	C 05/05/2022
NAME OF PR	ROVIDER OR SUPPLIER		DDRESS, CITY, STA		ra . Control . g stop Swie
RHC FAIRFAY HOSPITAL			E 132ND ST ND, WA 98034		TRUSE ELVERSEQUE
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NOY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
L 320	Continued From pa	ge 16	L 320	Ylas, s	The Williams
o Transfer Provides Administration of Communication (Communication Communication)	restraint is necessa medication(s), staff outlined in Policy P	r physical restraint. If physical ry to safely administer the shall follow the procedures C 1000.53 "Proper Use and cal-Chemical Restraints and	1	And the state of t	mangangan serenggan Serenggan serenggan
3	Seclusion."			HARLEY TO THE THE WAY TO A	
	failed to find evident clear process for comedications, includinitiate the provider request for a consuprior to medication	s review of the hospital's policy ace guiding clinical staff on a compelled antipsychotic ing clarifying the form used to 's order, how to document the alt to obtain a second opinion administration, what form is er completing the second		The state of the s	The same of the sa
	clarification betwee for compelled antip	nt their findings, and in the different requirements sychotic medication emergency antipsychotic stration.	1 2 3	of and separate services of con- control of the services of the con- control of the services of the control of the control of the services of the control of the services of the control of the services of the control	encamento de la lasti estáneos santo el como escamento de como encamento de sento el como encamento de sento el como e
140	Patient #1510	ti 45 DM Investigator #45 and	¥	rote in make the land as a control of the control o	Art of the Control of
	the Assistant Direct #1501) reviewed th	8:45 PM, Investigator #15 and tor of Nursing (ADON) (Staff the medical record for Patient Ild female admitted on	n 4	gram stock transport in the second	. Katrensa i ti <mark>ek</mark>
	psychiatric diagnos Disorder (MDD).	roluntary detainment with a his of Major Depressive Patient #1510 endorsed hith a plan to overdose or cut	la da d	Andrew State (Andrew State ) Andrew Andrew Andrew State ) Andrew Andre	kir gellek i top prilet kap regis
	herself. Patient #15 suicide by overdos	in a pian to overdose or cut 510 had recently attempted ing, which led to the Patient's Review of the medical record	_ <u>\</u>	of september 1974 - 25, 12 washishe settli gashisan washishe tanahari 27, 12	er end de gregorie de la co en end de gregorie de la co en end de gregorie de la co
B COMMUNICATION COMMUNICATION	showed the following			produce to the soul little with a superior of the soul	erganiselta erekitzen.
	documented on Se documents that Pa	0:48 PM, nursing staff clusion and Restraint tient was banging her head on g herself with her fingernails.	r T	The Measure of the delign of the part and demonstrates of the contraction of the contrac	filos, kan erbe Paul pi <b>ssadik</b> ra

State Form 2567 STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		ETED
	_	000102	B. WING		05/0	5/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE ZID CODE	1 00/0	JIZUZZ -
1041120111	NOVIDEN ON OUT FEEL	10200 NE 1		NE, ZIF GODE		
BHC FAIR	FAX HOSPITAL		, WA 98034			-
(VA) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES		DROVIDEDIS DI AM OF CODDECTION		I was a
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
L 320	Continued From page	17	L 320			
	Patient #1501 refused					
	medications offered b	y nursing staff.				
	h Nursing Stoff initiat	ed a Restraint Medical				
		ated 04/02/22. Based on the				
		nger to self and the refusal				
		ns, nursing staff contacted				
		er and obtained a verbal				
	order for a chemical re					
		, Ativan (benzodiazepine) 1				
		icholinergic) 50 mg. The		*		
	medications were adn	ninistered at 10:10 PM via				
	intermuscular injection	n (IM).				
	c Investigator #15 for	und no evidence in Patient				
		rd documenting an attempt				
	to obtain a second me					
	documentation from a					
		inion medical review prior to				
		antipsychotic medication.				
		I record found that the				
		learly identified as the				
	administration of a co	mpelled antipsychotic				
		uld require a request for,				l
	and documentation of					l
	opinion prior to medic	ation administration.				
	4. On 04/21/22 at 3:45	5 PM, during an interview				
		Staff #1501 verified that the	¥			
		red on 04/02/22 at 10:10 PM				
	was considered a con	npelled antipsychotic				
		tion. When asked how to				
		was for an emergency				
		elled medication, Staff				
		nedical record and stated				
	that the Medication Ad			_		
		tient's refusal to take their		al al		
.1		ntipsychotic medication.	Þ	,		
	Additionally, nursing s	staff documented the		*		
State Form 256		te their medications on the				

STATE FORM

`State of Washington						0: 05/27/2022 MAPPROVED
STATEMENT	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE S	SURVEY
	: A20100	000102	B. WING	20.30	05/0	) 5/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE. ZIP CODE		BUT DESCRIPTION OF
			IE 132ND ST	R-1: 01		
BHC FAIR	FAX HOSPITAL		ND, WA 98034		12.00 m	AND SECTION
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPROFILE OF THE APPROPROPROFILE OF THE APPROPROFILE OF THE APPROPROPROFILE OF THE APPROPROPROFILE OF THE APPROPROFILE OF THE APPROPROPROFILE OF THE APPROPROPROPROFILE OF THE APPROPROPROPROFILE OF THE APPROPROPROPROFILE OF THE APPROPROPROPROPROPROPROPROPROPROPROPROPRO	D BE	(X5) COMPLETE DATE
L 320	Continued From pa	age 18	L 320	\$4 agua er	and the	484
	Restraint MD Orde	er. Staff #1501 verified that		-		ini -
	V. Sameran and State Constitution and Constitutions	given compelled IM		į.		
		cations without ensuring that a		and the transfer of the second		-13
1		s obtained. Staff #1501 verified		Charles of the Art of the Art of the State of the State of the Art		£.
	ALCOHOL MICHAEL MANAGEMENT OF THE PARTY OF T	cord for Patient #1510 did not for a second opinion or		44, 22 g 4, 4 g 45, 4 g 47, 4		
		a second concurring opinion	7	1 2 70 11947 08		
	prior to the administration of the medications			California a visi na magazi S. S.		
	given on 04/02/22.			the company of the state of the	ризи Бери	WE STATE
2			×			Sale
	Patient #1518	¥*		and the second s		
1	5 On 04/29/22 Inv	vestigator #15 reviewed the		Section of the property of the section of the secti		
1		Patient #1518, a 34-year-old		og and type hanger y blive		
j .		lmitted on 04/22/22, with a		ar yelyen i tâbyen, û <b>mat</b> s		
		sis of Major Depressive		complete one of the move deliberation		
		nd Suicidal Ideation (SI).		grade by a series of the office		
4		recently attempted suicide by		The second property of		T
λý,		t himself, which led to the dmission. Review of the	1	ANSON DELL'ANDRES COMP		1
		ecord showed the following:	11	Los and the transaction of the		
į.				the settled and the		
		Report dated 04/23/22, staff		The second distriction of the second distric		ou .
A. 10 0 40 0		cident categorized as "Patient				
ļ ļ	Out of Control."			<ul> <li>Johnson Berggerich, NSS State</li> <li>Familie Stein Bestrick (1988) Johnson</li> </ul>		
1	b On 04/23/22 at 6	5:30 PM, nursing staff	1	The state of the s		
1200		Patient #1518 was attempting to		shows in the 18 Sharesa a to		
. 5	assault other patier			in the second control and the		
	1		4	summer of plants of the second of the		
12.43		rsing staff initiated a Restraint	1	of one sum of the "Not of the original state."		I .
1		n evidence of imminent danger		าร์สามติสาร์สาร์สเตราย (Secretaring) ละ เป็นวันโดยที่สิ่นให้เห็น ๆ ผู้เกลร์เกาะ คล "รับมีรักษาย		
		d the Patient's attempt to staff. Nursing staff contacted		STRUMENT TO THE MEMBERS AND THE		
St.		vider and obtained a one-time		The state of the s		
**************************************		for a chemical restraint of		and the section specimes		ML.
	Haldol (antipsycho			arte e a la Mercella de la		535

State Form 2567

(benzodiazepine) 2 mg and Benadryl

(anticholinergic) 50 mg. The medications were administered at 5:40 PM via intermuscular

PRINTED: 05/27/2022 **FORM APPROVED** State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING 000102 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) L 320 Continued From page 19 L 320 injection (IM). d. Review of the MAR showed that on 04/23/22 at 9:23 PM, Patient #1518 refused their scheduled 9:00 PM dose of olanzapine (antipsychotic). Investigator #15's review found that the IM medications were given at 5:40 PM, approximately 3 1/2 hours prior to the scheduled 9:00 PM olanzapine and the Patient's refusal at 9:23 PM. e. Investigator #15 found no evidence in Patient #1518's medical record documenting an attempt to obtain a second medical opinion or documentation from a provider detailing the concurring second opinion medical review prior to administration of the antipsychotic medication. Investigator #15's review of the medical record found that the intervention was not clearly identified as the administration of a compelled antipsychotic medication and the process and requirements were not followed, as directed by hospital policy and state regulations. 6. On 04/29/22 at 12:15 PM, during an interview with Investigator #15, Staff #1501 verified that the medication administered on 04/23/22 at 5:40 PM

State Form 2567

given on 04/23/22.

was considered a compelled antipsychotic medication administration based on

documentation in the MAR noting the Patient's refusal of his olanzapine. Staff #1501 was unable to address the time difference between the compelled medication administration at 5:40 PM and the refusal of the scheduled antipsychotic medication documented at 9:23 PM. Staff #1501 verified that the medical record for Patient #1518 did not contain a request for a second opinion, documentation for a second concurring opinion prior to the administration of the medications

dayb.	pari de riplieta Religios des Washington				FORM	D: 05/27/2022 M APPROVED
STATEMENT	Washington IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION DE ASSESSE CONTROL	(X3) DATE S	SURVEY LETED
					'	c i
100	SCHOOL SALVEN	000102	B. WING	- independ		05/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE ZIP CODE	15万种第18万元	HAME CERNISHED
NAME OF I	ROVIDER OR GOLT LIER		NE 132ND ST		17 IEI White core pro	Attack to the resolution
BHC FAIR	RFAX HOSPITAL		AND, WA 98034		AMPER N	COATRAS OF S
(X4) ID PREFIX TAG	(EACH DEFICIENC	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE API DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
L 320	Continued From pag	ge 20	L 320	15 45	ig veið houde	י אעם כי
į				hais gray an API ten.		
al 00 mi	Patient #1519			Page Jack Conference Conference		
4	7 On 04/20/22 Inv	estigator #15 reviewed the	=	"ก็ที่สำนาจ สิ่นสู่จับสามารถสิ่นสามารถสิ่นก็ได้" สามารถสามารถสิ่นสู่จับสู่สำนักสามารถสิ่นก็		
		estigator #15 reviewed the Patient #1519, a 42-year-old		LEWIS CHIEF TO THE TO THE TO		
4		3/25/22, on an involuntary		Fact Price of the Action of the		
The Control of the Co		sychiatric diagnosis of		S manage to the day of the second		
10		fied. Upon admission, Patient		Alter artiful gradifi		
4	#1519 presented wit	ith aggression and confusion.	· [			
	Review of the Patier	nt's medical record showed	1	*		
3	the following:			Assembled withows:		
19			-	Spiritus (stift Better in par		
	I am a company of the	Order Form, dated 03/27/22	1	no fault on, balls grice a e.i.		
4		chiatric provider wrote the		TOTAL SIGNATURE WHEN THE SECTION		
	following order:			bifsunc an grifelye ar simul Production of the contract		
	i Patient can receiv	e IM antipsychotics if refuses		prince the sample of the section		
	oral antipsychotics.		. I	Atting Million of Sond Bigging Street		
	ordi dilapoy			18 TELL BOY SIR OF THE STREET		
	ii. Thorazine 100 mg	g oral three times daily. Give		signatural and a market		
4	first dose now.	,		te per l'agent ai l'in imparelle del		
				Section 1	ase poderica (in)	956
		d Opinion to obtain order to	1			
3		hotics if patient refuses oral		call baragasanh fas, pare-		
14	antipsychotics.		1	la entire i fishtria pet i ac treme a matre desperangement arrent		
	h On a Develiatric	Progress Note - 2nd Opinion	1 1	strain ye baja ningga basa. Shane asala basada stara		
Į.		03/27/22 at 1:00 PM. The	1	he segan panthadathal se		
		vider documented their	1	Service of Bear Bereil School		
		initial psychiatric providers	V.		- Ab le	
1	1			Bellingsteine - ATRICE	4. 99/03/03/03	351 .
4		nt's admission, staff initiated	i j	op Francisco francis si		1
- 4		ated 04/02/22, 04/04/22,	, 1	Control of the Marie of the stores		
di i		7/22. Staff categorized each of		that contain well are by the		
3	these incidents as "	'Patient Out of Control."		Nel adoption to the	Paragraphy and Property	/ hal i

State Form 2567

d. Review of Patient #1519's Seclusion and Restraint documents showed the following:

the committee of the control of the section of the same and the section of t

State of Washington STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: \_\_

(X3) DATE SURVEY COMPLETED

C 05/05/2022

000102

B. WING\_

NAME OF P	PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, ST.	ATE, ZIP CODE	
BHC FAIR	RFAX HOSPITAL	10200 NE 132ND ST		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FL		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE	(X5) COMPLETE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATI	ON) TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
L 320	i. On 04/02/22 at 9:05 PM, nursing staff documented that the Patient "tried to punch by swinging his hand during "second opinion. The psychiatric provider gave a telephone or for physical restraint, which was sustained fr 9:03 PM to 9:12 PM. Additionally, the psychiprovider ordered the administration of Ativan mg IM NOW, which the nursing staff administered at 9:03 PM.	n." rder om atric		
	ii. Investigator #15's review of the incident or 04/02/22 failed to find evidence that clearly defined the incident as a compelled medicati administration or an emergency medication administration. There is an existing order dat 03/27/22 for compelled medications for refus antipsychotic medications, with a concurring second opinion, however if the one time IM Norder was an intervention for an emergency situation, the requirement for a medical reviews second opinion within 24 hours of the medical administration was not met.	ted eal of NOW		
-	iii. On 04/04/22, nursing staff documented th Patient #1519 had court on 04/04/22 and had refused to take his antipsychotic medications prior to the court hearing. (Beginning 24 hou prior to a hearing, the individual may refuse a psychiatric medications. Reference: RCW 71.05.21).	d s rs		
State Form 25	iv. On 04/04/22 at 1:50 PM, nursing staff documented that the Patient presented an imminent danger to others. The Patient disro and became agitated and assaultive, hitting while they attempted to administer IM medications. The psychiatric provider gave at telephone order for physical restraint, which sustained from 1:50 PM to 2:11 PM, seclusion which was sustained from 2:11 PM to 2:45 PM	staff was on,		

STATEMENT AND PLAN	Washington TOF DEFICIENCIES DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _ B. WING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED  C 05/05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE: ZIP CODE	The State of State
WANE OF T	NOVIDER OR OUT FEIER		E 132ND ST		no. No see consider the side blance
BHC FAIR	FAX HOSPITAL		ND, WA 98034		A PENNEY REMARKS ON
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETE
L 320	Continued From pa	ige 22	L 320	72 "21.	and spring 1955.
A Total Control of the Control of th	ordered the admini	aint. The psychiatric provider stration of Thorazine 100 mg JIM, which the nursing staff 0 PM.		क महिल्ला है है जो के लगा ने कहा है। संबंधित के स्थाप करते हैं अपने क्षेत्र के कहा है	g de lagrado Para de Meiro. Nos en en españos de Meiro
	04/04/22 failed to fi	s review of the incident on ind evidence that clearly t as a compelled medication	- I	parely in refer to the bill of the control of the c	Stephen of Hills The Hill Complete
	administration or a administration. The	n emergency medication ere is an existing order dated		Town printing to midways with a earlier on the midwent to	istai i isti. Bura udali
	03/27/22 for compelled medications for refusal of antipsychotic medications, with a concurring second opinion, however staff failed to document			The state of the s	i francisco ser és Augusta a redigid
		cations lead to this incident.		rufful or or og om som som Figure space figures Figure de la	also to the first to
	documented that the	6:45 AM, nursing staff ne Patient presented an o others. The Patient attacked	- 1	, such a per a confirment ga	
NATIONAL PROPERTY.	and punched staff. The psychiatric provider gave a telephone order for physical restraint, which was sustained from 6:45 AM to 6:50 AM, seclusion, which was sustained from 6:50 AM to 7:50 AM, and chemical restraint. At 6:40 AM, the psychiatric provider wrote a one-time NOW order for the administration of Thorazine 100 mg IM and Ativan 2 mg IM, for aggressive behavior, the			ANTHERED IN MAIN THE TOP	
			¥	नितृत्राच्या कृत्यासः अस्ति व्यवस्था स्थला । अस्ति । अस्ति वृत्तवे अस्ति । अस्ति वृत्तवे व्यवस्था	
			i i	The second of th	the warring
	nursing staff admir	sistered at 6:45 AM. 5's review of the incident on		And the second state of the second se	September 1997
	04/07/22 failed to f defined the inciden	ind evidence that clearly it as a compelled medication n emergency medication		The control of the co	or selfor intropoler for for
10 (0.000)	administration. The 03/27/22 for compe	ere is an existing order dated elled medications for refusal of cations, with a concurring		A .	PRODUCE OF AND INC.
	second opinion, ho that Patient's refus	wever staff failed to document		property of the second second	10 (g) 1 (s) 1g

State Form 2567 STATE FORM

the one-time IM NOW order was an intervention

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	ECONSTRUCTION	(X3) DATE SU COMPLE	
					С	
		000102	B. WING		05/05	5/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
		10200 NE	132ND ST			
BHC FAIR	FAX HOSPITAL		D, WA 98034			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	COMPLETE DATE
L 320	Continued From page	23	L 320		_	
		e requirement for a medical n within 24 hours of the ation was not met.				
	with Investigator #15, Patient #1519's medic second concurring op 03/27/22. Staff #1501	O PM, during an interview Staff #1501 verified that cal record did include a inion consultation dated verified that nursing staff			*	
٨	were compelled medic Patient's refusal of some medication or one-tim Staff #1501 stated that	2/22, 04/04/22 and 04/07/22 cations based on the heduled psychotropic e emergency medications. at the second opinion	-	,	-	,
		e Patient's admission.				
	tem #2 Emergency M Second Opinion Review	ledications and obtaining ew within 24 hours		,	>	
	hospital policies and p failed to develop and procedures for the ad restraints, to ensure the	ecord review, and review of procedures, the hospital implement policies and ministration of chemical hat patient's rights are administration of emergency			-	
	involuntary antipsychoreview of the decision second medical opinio after the administratio 6 records reviewed (P	otic medications, including a and documentation of the on review within 24 hours on, as demonstrated by 6 of Patient #1501, #1502,			-	
	procedures for the ad- involuntary antipsycho- includes the second n	d implement policies and ministration of emergency		-		-

State Form 2567

					5 C. W. C. D	D: 05/27/2022
	Machington					MAPPROVED
State of Washington  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE S	(X3) DATE SURVEY COMPLETED	
	000102		B. WING		C 05/05/2022	
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	TE. ZIP CODE	adding Roski	voltar sel fener
	FAX HOSPITAL	10200 N	E 132ND ST	o to		S WHILE SHEE
		KIRKLA	ND, WA 98034	clifetick .		_4
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
L 320	Continued From pa	Continued From page 24		· Alting in participation of		L320 Ct
	violation of their rigi	ht to refuse antipsychotic	1	i veleklerte prákata norac s	ar en sakture ett ett.	i.e.
	violation of their right to refuse antipsychotic medications, risk of psychological harm, and loss of personal dignity.		Ì	in the little of the second se		
			-	ž.	multini gainin	
	Reference:		,	i line i lie tien vita i i i i i i i i i i i i i i i i i i		-
Č A	Revised Code of Washington (RCW) 71.05.215			The many part of the state of t		
		psychotic medicine - Rules.		Leave of the Country		
	. ag. a to to a control	,			ri agazirin (Si	
Office in the second	(1) A person found to be gravely disabled or to		i i			
	present a likelihood of serious harm as a result of		İ	ea Secritoria, suggestinate, ched.	to pullbare of	E.
1		disorder has a right to refuse	1	are and the final state of		
1		cation unless it is determined	_	tels to be the tent	ally a some an	ria:
1	A 50 C C C C C C C C C C C C C C C C C C	nedicate may result in a	1			
1	1111-1111-2-2-3-1-3-1-3-1-3-1-3-1-3-1-3-	s harm or substantial		Annahar Dan yer danah dan d		
		estantially prolong the length of ment and there is no less		pan rate da eji cire di la da e est data, matalagad		2.5
		treatment than medication in		one of the state o		
	the best interest of		Ī	ca in Latinova Post Table Francisco.		1
-	the boot interest of	and percent		att in aigmagic off the Nobel in April		
	(2) The authority sh	nall adopt rules to carry out the	1	THE LIBERT WAS ASSESSED.		I h
	purpose of this cha	pter. These rules shall include:		HANDERS OF THERETON, BY L. GOVERN	e ajstaliste	10
0			^	TRULE OF BRANCH TO DESCRIPTION	n - (rajetké Nuřijuš	114
	(d) Administration of antipsychotic medication in					
	an emergency and review of this decision within		4	because income the adentifying tention of		
9		An emergency exists if the	-	al organist no llus a constitut alpsals sopranon and single seas pens		
		imminent likelihood of serious acceptable alternatives to		is principal distant		
1		to the second of	-	and the second of the second of	o Yanania Ka	
	administration of antipsychotic medications are not available or are unlikely to be successful; and in the opinion of the physician, physician		1	CAST CARREST OF A LANGE		
			1		1	183
		iatric advanced nurse	. 1			
		rson's condition constitutes an	1 1	a retired as real heliculation of the	n ante dus de sé	7 N
}	emergency requirir	emergency requiring the treatment be instituted		· · · · · · · · · · · · · · · · · · ·		
1-2	prior to obtaining a	second medical opinion.		an all all hand before any my		
				in a choose a path year of their and		
		in the medical record of the		Particular of the second of		
		sician, physician assistant, or	×	has entered the materials and	ra i ta gastira. Natéh ka	
	psychiatric advance	ed registered nurse practitioner		1	geathrail Ky	1 100

State Form 2567 STATE FORM

to obtain informed consent and the reasons why

PRINTED: 05/27/2022 **FORM APPROVED** State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING 000102 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE **DEFICIENCY**) L 320 Continued From page 25 L 320 antipsychotic medication is being administered over the person's objection or lack of consent. Findings included: 1. Document review of the hospital's policy titled, "Administration of Medication without Formal Consent," policy number 1000.52, last revised 06/21, showed the following: a. Involuntary antipsychotic medications may be administered to a detained/committed patient in an emergency (RCW 71.05.215). b. Definition of an emergency: An emergency exists if the person presents an imminent likelihood of serious harm, and medically acceptable alternatives to administration of antipsychotic medications are not available or unlikely to be successful; and in the opinion of the physician, the person's condition constitutes an emergency requiring the treatment be instituted prior to obtaining a second medical opinion. c. Only a physician or psychiatric advanced registered nurse practitioner may order emergency involuntary medications. d. The format for medication order shall be a one-time NOW order, not an as needed (PRN) order. e. Staff will attempt to administer the medication without the need for physical restraint. If physical



Seclusion."

restraint is necessary to safely administer the medication(s), staff shall follow the procedures outlined in Policy PC 1000.53 "Proper Use and Monitoring of Physical-Chemical Restraints and

State of Washington (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ C B. WING 000102 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) L 320 L 320 Continued From page 26 f. The physician will review the decision to administer the emergency medication within twenty-four hours. The review will be documented as part of the authentication of the order. g. If a second medical opinion has not been obtained prior to the use of the emergency medications, the treatment provider will request a concurring medical review within twenty-four hours, by a psychiatrist, psychiatric advanced registered nurse practitioner, or physician. h. The provider completing the second opinion shall document in detail the reasons for concurring or not concurring with the treating physicians' opinion. 2. Investigator #15's review of the hospital's policy failed to evidence guiding clinical staff on a clear process for emergency antipsychotic medications, including clarifying the form used to initiate the provider's order, how to document the request for a consult to obtain a second opinion Sign's record to conflict and the section within 24 hours of medication administration, what form is used by the provider completing the second opinion to document their findings, and clarification between the different requirements for emergency antipsychotic medication administration and compelled antipsychotic medication administration. Patient #1501 3. On 04/06/22, Investigator #15 reviewed the medical record for Patient #1501, a 13-year-old nonbinary born female admitted on an involuntary detention on 02/03/22, with a psychiatric

State Form 2567

diagnosis of Major Depressive Disorder (MDD), Anxiety, and Post Traumatic Stress Disorder (PTSD). Patient #1501 endorsed suicidal ideation

State of Washington STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING: \_\_\_

(X3) DATE SURVEY COMPLETED

000102

B. WING\_

C 05/05/2022

NAME OF P		ADDRESS, CITY, STA	ATE, ZIP CODE	
BHC FAIR	FAX HOSPITAL	NE 132ND ST AND, 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 320	with an undisclosed plan. Review of the Patient's medical record showed the following:  a. On the Psychiatric Progress Note dated 02/09/22, the psychiatric provider documented that due to restrictions to the entire unit related to inappropriate behaviors, Patient #1501 became agitated and began self-harming by head banging, attempting to elope by running at the exit doors. The Patient was not able to redirect. The psychiatric provider wrote a one-time NOW order for 10 mg Zyprexa (antipsychotic) for agitation.  b. Review of the Medication Administration Record (MAR) showed that the medication was administered via intramuscular injection (IM) at 1:45 PM on 02/09/22.  c. Investigator #15's review of the medical record for Patient #1501 found that staff failed to document a request for a second medical opinion or document that the concurring second medical opinion was obtained within 24 hours of the emergency medication administration.	L 320		
State Form 25	4. On 04/06/22, Investigator #15 reviewed the medical record for Patient #1502, a 16-year-old female admitted voluntarily on 01/09/22, with a psychiatric diagnosis of Major Depressive Disorder (MDD), Tourette's Disorder (nervous system disorder involving repetitive movements or unwanted sounds), and Post Traumatic Stress Disorder (PTSD). Patient #1502 endorsed Suicidal Ideation triggered by an upcoming court hearing related to the sexual molestation by her biological father between ages 3-14. Patient #1502 had recently attempted suicide by			

FORM APPROVED State of Washington (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: С B. WING 000102 05/05/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** AND PARTY OF THE SERVICE OF THE SERV KIRKLAND, WA 98034 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L 320 CALL SOUTH BANK L 320 Continued From page 28 overdosing on Gabapentin, which led to the Patient's current admission. Review of the Patient's medical record showed the following: a. On a Nursing Progress Note dated 02/05/22, staff documented that that Patient began choking themselves with strings from their mask. The Mental Health Technician (MHT) documented that the Patient was given IM medication. 628.7 b. Review of the Psychiatric Progress Note dated 02/05/22 at 10:25 PM, showed that the umphiberand Arthur Land Arthur psychiatric provider documented that Patient #1502 continued to endorse suicidal ideation and would not disclose her plan. Investigator #15 found that the psychiatric provider failed to document the Patient's self-harm/suicide attempt or the order for emergency IM medications. c. On 02/05/22 at 7:20 PM, nursing staff obtained รับแบบ กระเมือนหนึ่ง ผู้สิ่งสารการเพราะที่รับ และเปลี่ยะพบก a telephone order from the psychiatric provider for Olanzapine (antipsychotic) 10 mg IM NOW and Benadryl 25 mg IM NOW. erficination and the MONEY are for a spring. d. Review of the Medication Administration Record (MAR) showed that the medication was administered via IM at 7:20 PM on 02/05/22. e. Investigator #15's review of the medical record ne substitute deficience as in the subject resultive en tiples. for Patient #1502 found that staff failed to document a request for a second medical opinion with the saget that we have be stationed in or document that the concurring second medical - Higgs to being a South Wart or will wis opinion was obtained within 24 hours of the emergency medication administration. Patient #1503

State Form 2567

5. On 04/21/22, Investigator #15 reviewed the medical record for Patient #1503, a 14-year-old female admitted voluntarily on 01/04/22, with a

SOURCE DEFENDE

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	- H	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
000102 B. W		B. WING		C 05/05/2022	
NAME OF PROVIDER OR SUPPLIER STREET AD		DRESS, CITY, ST	ATE, ZIP CODE		
RHC FAIR	FAX HOSPITAL	10200 NE	132ND ST		
BIIC PAIN	TAX HOSFITAL	KIRKLAN	D, WA 98034		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		BE COMPLETE
L 320	Continued From page 29		L 320		
	psychiatric diagnosis aunspecified, Major De and Post Traumatic S Patient #1503 had a rabuse by her biologica neglect. Patient #1503 grandmother and end a plan to overdose, wicurrent admission. Remedical record shower a. On 01/18/22 at 3:00 Administration Record psychiatric provider in Olanzapine (antipsych Benadryl 50 mg IM Normedications were adm IM.  b. On 01/19/22 at 11:00 Administration Record psychiatric provider in Olanzapine (antipsych Benadryl 50 mg IM Normedications were adm IM.	of Mood Disorder, pressive Disorder (MDD), tress Disorder (PTSD). eported history of sexual al father, trauma, and 3 had recently assaulted her orsed Suicidal Ideation with hich led to the Patient's eview of the Patient's ed the following:  D PM, the Medication d (MAR) showed that the litiated an order for notic) 10 mg IM NOW and DW for psychosis. The ninistered at 1:27 PM via  DO AM, the Medication d (MAR) showed that the litiated on order for notic) 10 mg IM NOW and DW for agitation. The ninistered at 10:53 AM via			
	document a request for	or a second medical opinion concurring second medical within 24 hours of the			
er .	Patient #1510			ž	-
State Form 25	the Assistant Director #1501) reviewed the n #1510, a 17-year-old f	5 PM, Investigator #15 and of Nursing (ADON) (Staff nedical record for Patient remale admitted on			

STATE FORM

PRINTED: 05/27/2022						
	<i>N</i> ashington				FORM APPROVED	
State of Washington  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
0 55	aysanı i	000102	B. WING		C 05/05/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	THE STREETWARD IN THE	
		10200 NF	E 132ND ST	a veces	ANALYSIS ANALYSIS	
BHC FAIK	RFAX HOSPITAL	KIRKLAN	ND, WA 98034	<b>美国和伊斯</b>	THE PROPERTY OF THE PARTY OF TH	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
L 320	Continued From pa	age 30	L 320	ं ति संश्चित् ।	terit minima Proje	
1	04/01/22, on an inv	voluntary detainment with a	.	jernsteide – Genoum adjober Eur	garten ja jilijir	
	psychiatric diagnos	sis of Major Depressive	,)\.	ny motora dia prima s		
		Patient #1510 endorsed		at many a throng as to		
		vith a plan to overdose or cut		, in agreement to a substitution of paking hope		
		510 had recently attempted		and the time of the seath grants and		
	suicide by overdosing, which led to the Patient's			ફાયુલા "માં" તેલા સંવહીનું "ફાયાફો છે. લાલોફાય અને લેવન લીક્ષણ હોંદ્રો છે. આ	1	
	current admission. Review of the medical record showed the following:			the state of the application of		
	Showed the following	ng.		OF entra sign of the last per l		
	a Nursing Staff ini	itiated a Restraint Medical	1	To the second second second		
		r, dated 04/12/22 at 9:46 PM.			to the Law Day of	
1		attempted to break into the	,	-		
4		h the intent to find an object to		n view in floring i umning sel-4	Continued the state of	
		Based on the Patient's imminent		. of Law Tora with a co. th		
	danger to self, nur	rsing staff contacted the		mests made between ordin		
		er and obtained a verbal order		may parties, but A labouate found		
		int, which was sustained for one		dra has a rit rulidding to b		
	The state of the s	, seclusion, which was		man na matra makamatanin		
		13 PM to 10:17 PM, and		SWALKS HITH SIL	2 17 15 At page	
	chemical restraint. The psychiatric provider				The first of the f	
	ordered the administration of Olanzapine				de policie	
1	(antipsychotic) 10 mg IM NOW and Benadryl 50 mg IM NOW, which the nursing staff			as they are it. In term Some	. v.1.9 - 100 - 161 - 1	
	administered at 9:55 PM.			by a size of an Direction of the statement of the stateme		
The second second	administered at 5.0	35 1 W.		protection in a larger to the		
	b. Nursing Staff initiated a Restraint Medical			etalli ta a um faman ters		
Š.	Doctor (MD) Order, dated 04/14/22 at 11:30 AM.		4	angrajam toy to a SH Januari Todo		
		become agitated and punched		17 19 11 1 89 880 88	e made of the life	
į		ased on the Patient's imminent		History and published the Con-		
	danger to others, r	nursing staff contacted the		L. m. w. longton		
	psychiatric provide	er and obtained a verbal order		The state of the s		
-		int, which was sustained from		STANDARD CONTRACTOR		
1	11:26 AM to 11:46 AM, and chemical restraint.			en en els en est Palifer	A TURNING BUILDING	
	The psychiatric pro		16		* ÷	
+		Olanzapine (antipsychotic) 10				
Ş.		Benadryl 50 mg IM NOW, which		tiani vali in in in the discliption with Radio victor in Developmento disc		
	tne nursing staff ac	dministered at 11:26 AM.		And the state of t	I I	
4	a Numeline Otestici	Hatad a Destraint Madisal	- 1	Table to the state of the second section of		
9.	U. INUISING STATT IN	itiated a Restraint Medical	1 1	- Petrada - Ara		

State Form 2567 STATE FORM

Doctor (MD) Order, dated 04/16/22 at 8:15 PM.

If continuation sheet 31 of 68

PRINTED: 05/27/2022 **FORM APPROVED** State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ C B. WING 000102 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) L 320 Continued From page 31 L 320 Patient #1510 had become assaultive, punching and kicking staff members. Based on the Patient's imminent danger to others, nursing staff contacted the psychiatric provider and obtained a verbal order for physical restraint, which was sustained from 8:08 PM to 8:28 PM, and chemical restraint. The psychiatric provider ordered the administration of Olanzapine (antipsychotic) 10 mg IM NOW and Benadryl 50 mg IM NOW, which the nursing staff administered at 8:08 PM. d. Investigator #15's review of the medical record for Patient #1510 found that staff failed to document a request for a second medical opinion or document that the concurring second medical opinion was obtained within 24 hours of the emergency medication administrations on 04/12/22, 04/14/22 and 04/16/22. Patient #1517 7. On 05/05/22, Investigator #15 reviewed the medical record for Patient #1517, a 19-year-old female admitted on 02/09/22, on an involuntary detainment with a psychiatric diagnosis of Bipolar Disorder and Post Traumatic Stress Disorder (PTSD). Upon admission, Patient #1517 presented with mania, tangential, pressured speech, sexually inappropriate behavior, and endorsed auditory hallucinations, due to

State Form 2567

medication noncompliance. Review of the medical record showed the following:

a. Nursing Staff initiated a Restraint Medical Doctor (MD) Order, dated 02/09/22 at 7:58 PM. Patient #1517 had attempted to choke a staff member. Based on the Patient's imminent danger to others, nursing staff contacted the psychiatric provider and obtained a verbal order for physical

STATE FORM

PRINTED: 05/27/2022 **FORM APPROVED** State of Washington (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ C B. WING 05/05/2022 000102 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) L 320 L 320 Continued From page 32 restraint, seclusion, and chemical restraint. The psychiatric provider ordered the administration of Haldol (antipsychotic) 10 mg IM NOW, Benadryl 50 mg IM NOW, and Ativan 2 mg IM NOW, which the nursing staff administered at 7:58 PM. b. Nursing Staff initiated a Restraint Medical Doctor (MD) Order, dated 02/22/22 at 12:20 AM. Patient #1517 attempted to attack another patient. Based on the Patient's imminent danger one distribution di alla distribution de la constanti de la constanti di constanti di constanti di constanti di to others and danger to self, nursing staff behalosta se francisci incació a candiv contacted the psychiatric provider and obtained a ara karendari bersalah dalam dalam dalam barran dalam barran dalam bersalah barran dalam bersalah barran dalam verbal order for physical restraint, seclusion, and chemical restraint. The psychiatric provider ordered the administration of Haldol (antipsychotic) 5 mg IM NOW, Benadryl 50 mg IM as to the first the company of the second field by let 1 29 and NOW, and Ativan 2 mg IM NOW, which the and the Additional property of the purpose relation and the state of the contract of the contr nursing staff administered at 12:18 AM. c. Nursing Staff initiated a Restraint Medical Doctor (MD) Order, dated 02/22/22 at 11:24 AM. - ENGINEED on Charles are being a seed of places. And a seed of the Patient #1517 had become verbally threatening to other patients and staff members and physically assaulted another patient. Based on the Patient's imminent danger to others, nursing staff contacted the psychiatric provider and obtained a verbal order for seclusion and chemical restraint. The psychiatric provider ordered the for the same of the light for the first property and the administration of Olanzapine (antipsychotic) 10 A table for the first in an including a physical confiden avalogo Gadok in complete and dis mg IM NOW, which the nursing staff an emission reforms, thus in this is too all administered at 11:24 AM. yd Lliftmer Legigetti tu gilduu sidasel 09-6 sii ii gelgii d. Nursing Staff initiated a Restraint Medical Doctor (MD) Order, dated 02/22/22 at 3:40 PM. Patient #1517 had become aggressive, spitting, go, well on Buddynwynym – mogsy lightfyriol – ar an thi

State Form 2567

kicking and attempting to scratch staff members. Based on the Patient's imminent danger to

provider and obtained a verbal order for physical restraint and chemical restraint. The psychiatric

others, nursing staff contacted the psychiatric

According to the state of the contract of the state of

पालदान निविद्या है। जिल्लामा है। यह बहेब हिन से का वर्ष

State of Washington

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND FLAN	DF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
	į.	000102	B. WING		05/0	05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	y	
BHC FAIR	FAX HOSPITAL	10200 NE 1	32ND ST			
		KIRKLAND	WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
L 320	(antipsychotic) 10 mg IM NOW, and Ativan 2 nursing staff administre. Investigator #15's r for Patient #1517 sho 11:55 AM, the psychia request for a second of	administration of Haldol IM NOW, Benadryl 50 mg 2 mg IM NOW, which the ered at 3:40 PM.  eview of the medical record wed that on 02/10/22 at atric provider initiated the concurring medical opinion	L 320	-		
	when the Patient refu antipsychotic medicat	ion. A second concurring and documented on a				
	for Patient #1517 four document a request for or document that the opinion was obtained emergency medicatio	eview of the medical record and that staff failed to or a second medical opinion concurring second medical within 24 hours of the n administrations 02/09/22, , 02/22/22 at 11:24 AM, and				
	Patient #1518					
, a a	medical record for Parmale voluntarily admit psychiatric diagnosis Disorder (MDD) and Sepatient #1510 had recattempting to shoot hi Patient's current admit	Suicidal Ideation (SI). cently attempted suicide by mself, which led to the				
	Doctor (MD) Order, da	ed a Restraint Medical ated 04/25/22 at 9:58 PM. empted to attack a peer. s imminent danger to				

State Form 2567 STATE FORM

2.5 by London of Paris 1 to 12, 12 32 506

THE STREET AND A STREET STORY

underway in a court of the safety

structions percent and the line well by

of the circles as the premierure.

Selette or a contractor CAIN

a... ちゃと 5000 BAC par 1 - 5pp は あっちゃっぱん

yaken eng in alayebagan adam at in ili dibi

Jaskemas con cellente d'uniterritérie de la 18

A BLOCK OF PROPERTY OF THE VEHICLE

to gen assume in the for intel-

Energy ore a market had so motors and a settle

ast die a ver in meene geneheerhen vit geven by as jota en

other was a manager of the control o

af in the main lastes to the nation last as it is

メニカル トルトを配給を付けて peranges (6 会会) む 9 m j a diversi i na mana lagradide e en la popula nadeli vi i ja

กระที่และเมื่อไฟเรียนสัง (คราม โดยโลสโลก ค.ศ.) อัย

No. 156. Programmy Anna Programmy Salaborated to

A SECTION OF THE PROPERTY OF THE PARTY OF TH

represent to the same expension of extending

tiophytus are an interpretational are a real uniti-

	Vashington			1 1995	1 200	M APPROVED	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION TO THE HEAD			
	3 92050	000102	B. WING	1000	ORRECTION N SHOULD BE E APPROPRIATE	)5/2022	
1	ROVIDER OR SUPPLIER	10200 N	DDRESS, CITY, STATE E 132ND ST ND, WA 98034	DEC.		e e e e e e e e e e e e e e e e e e e	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
L 320	Continued From pa	age 34	L 320	8° 21	e sas bije greeks	क्राच्या अंग ज	
	provider and obtain	ff contacted the psychiatric ned a verbal order for physical ical restraint. The psychiatric	- LTFE				

b. Investigator #15's review of the medical record for Patient #1518 failed to find evidence of a request for a second medical opinion or evidence documenting the concurring second medical opinion was obtained within 24 hours of the emergency medication administration.

provider ordered the administration of Haldol (antipsychotic) 5 mg IM NOW and Benadryl (anticholinergic) 50 mg IM NOW and Ativan 2 MG

9:57 PM.

IM NOW, which the nursing staff administered at

9. On 04/29/22at 1:45 PM, during an interview with Investigator #15, Staff #1501 verified that only one of the medical records reviewed had a 2nd Opinion Consultation for Compelled Medication (Patient #1517) and none of the medical records reviewed for Patients' #1501, #1502, #1503, #1510, #1517, and #1518 contained a request for a second medical opinion or the concurring second medical opinion, which should be obtained within 24 hours of the emergency medication administration. Staff #1501 stated that the facility's interpretation of the requirement for a second opinion for the administration of emergency medication would be met by obtaining a concurring second medical opinion for the administration of compelled medications. Thus, the hospital does not have a clear understanding of the difference between the second medical opinion requirement for emergency medication administration versus compelled medication administration.

State Form 2567 STATE FORM

State of Washington

State of V	vasnington				
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		000102	B. WING		C 05/05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	ATE, ZIP CODE	¥.
			132ND ST		
BHC FAIR	FAX HOSPITAL		ID, WA 98034		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
L 340	Continued From page	35	L 340	-	
L 340	322-035.1H PROCEE	OURES-BEHAVIOR	L 340		
	WAC 246-322-035 Por Procedures. (1) The lidevelop and impleme written policies and proconsistent with this characteristics provided: (h) assaultive, self-destruction out-of-control behavior (i) Immediate actions (ii) Use of seclusion a consistent with WAC other applicable state (iii) Documenting in the record; This Washington Admias evidenced by:	icensee shall int the following rocedures napter and Managing ictive, or or, including: and conduct; ind restraints 246-322-180 and standards;			
	Based on observation review, the hospital fa safe setting by failing policies and procedur increased risk for sexuictimization and implete room assignments precautions to preven aggression or sexual.  Failure to identify patinharm and to implement of sexual aggression or ensuring that patients	victimization.  ents at increased risk for  nt a plan for the prevention  or sexual victimization by  identified with sexual  ns will not be roomed with a			

State Form 2567 STATE FORM

0.750%	Alachington				PRINTED: 05/27/2022 FORM APPROVED
STATEMEN	Washington TOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION (C.S. C.S. C.S. C.S. C.S. C.S. C.S. C.S	(X3) DATE SURVEY COMPLETED
	resulting.	000102	B. WING		C 05/05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STAT	TE, ZIP CODE	country of a service of the applications
BHC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034		. A 1 450H YA 4 1 A 1 4 1 A 1
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
L 340	Continued From pag	e 36	L 340	AL Mean	to Them I to Diet 3
1	precautions places p	atients at risk for serious		See to 30% programational	twee
	physical and psycho		-	and same in the second of the second	
1	projection and popular	1		TO KIND OWNER OF BUT BEFORE THE	
	Findings included:	ž			terno ayyat,
1				and the many the self-order to	1-16/04/001.5 (48
v (		pital document titled, "Sexual	r r	medical m. Carifolia	
1		ation Precautions," policy		many or the first of the	4 4
1		t reviewed 06/21, showed		: I yakter playen der eneblik	
		ermines if a roommate		AP APPROVED TO THE POST OF THE PARTY OF THE	SCHOOL STATE OF THE STATE OF TH
1	assignment is appro	ded based on identifiable risk	i i		Carry and Saffichers
4	factors.	ded based on identifiable risk		viiii min - callair a callabating	es e e la visitabili.
3	lactors.			of Parties of the Control	
	2 Document review	of the hospital's adolescent		to colling our treatments in his	
		eet dated 04/23/22, showed 1		ecoline consumitative.	
		ggression precautions (SAP)		here made, and point	
	and 7 patients with s			to got to be long to be a series	epital malay say
	precautions (SVP).	The document showed that	1	Calculation 1.4. 1.2. Page at the	F1967 (1.44 (1.49 (80 )
· ·		(Patient #1201) was	Ŧ	done and weetings the harm.	and concessional to
4	assigned a roommat	te with SVP (Patient #1202).	Y		
14			, ,	, atom	
NJ		:30 AM, Investigator #12			
		ge nurse on the hospital's		Totals A. Bond . O.T. Charles S. A. St. Assets	7 101 1 11 11 1
		ff #1219). Staff #1219 stated  AP cannot share rooms with		realized it making a 17 indebted to the denice of the second seed of	
-3	patients who are on			नोहरू देना प्रथम के वे स्ट्रीयब स्थाप	
1	precautions. When a		1	the first section of the first section and	
		ent for Patients #1201 and	1	cates and comment production	
2		stated, "they should not be in		ายนาว กระบบคลายหมู่ชายได้ แต่รั	
1	the same room."		1	lete flavorite o clarici, sital	
10			-	of press, in the may benefite t	ng ar sa ang sip
				medians, the price was	
(		dentify patients at increased		not a comprehensive me	s with arran regarding
4		ve, assaultive behavior and		Buildalas de como a Galaga	
At Arch	1 1	ons to prevent adverse		WARRY TO AMERICAN	
1	outcomes			est come a marchantal	Mark Leaf Will
■ 13	I		1	<ul> <li>in the interest of the property o</li></ul>	Marcard Control of Control

Based on interview, record review, and review of hospital policies and procedures, the hospital

failed to provide care in a safe setting by

STATE FORM

State of Washington

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE ( A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	12	000102	B. WING		C 05/05/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	E, ZIP CODE		
DUC EAID	FAX HOSPITAL	10200 NE	132ND ST			
DIC FAIR	FAX HUSPITAL	KIRKLAN	D, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
L 340	Continued From page	37	L 340			
	risk for sexual aggres behaviors/self-harm b assaultive/aggressive implement interventio planning, to prevent in increased safety risks	ified patients at increased sion/victimization, suicidal sehaviors, and behaviors and to ns, such as treatment ncidents related to these as demonstrated by 8 of 8 tient #1501, #1502, #1503,				
	patients at increased implement a plan of c sexual aggression/vic behaviors/self-harm b assaultive/aggressive care in a safe setting,	are for the prevention of timization, suicidal				
	procedure titled, "Suic number 1000.24, last the purpose of the polenvironment for all pa guidelines for address needs of patients ider suicide. All suicide thr attempts are consider responded to immedia procedure failed to proimplement a consister specific goals and targ measures and interversity and the suicide.	sing the immediate safety ntified as high risk for eats, gestures, and ed serious and are to be ately. The policy and ovide guidelines for staff to nt process to establish gets, document preventative				
tate Form 256	such as a Master Trea Individual Treatment F placed on suicide pred	atment Plan (MTP) and Plan (ITP), for patients Cautions, or that had been				

STATE FORM

	dijuga (Meri) Manasan					: 05/27/2022 APPROVED
	Vashington					a Ayliffa erec
STATEMENT		I) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SI	URVEY ETED
			_		c	<u>.</u>
0.11	er p <sup>r</sup> ato	000102	B. WING	44.140		5/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	TE, ZIP CODE	ामुक्तान स्ट्राट	
DUO EAID	FAX HOSPITAL	10200 I	NE 132ND ST		LASTON P. GU	ar sign of their
BHC FAIR	FAX HUSFIIAL	KIRKL	AND, WA 98034	C_\$40-11	- 74.7711.00.471	-11-2/10-11-00-10
(X4) ID PREFIX TAG	(EACH DEFICIENCY MI	MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
L 340	Continued From page 38	3	L 340	W. F.	rest and the	ia white
	identified at an increased	d risk for		is considered that he	the the real	91
	suicidal/self-harm behav			and a seaffer of the season	- Wilders of	ret c
			- F	The state of the s		Þ
	2. Document review of the	ne hospital's policy and	1	Par a 1971 tree Brought Free and	TO TOWN THE PARTY THE	47.0
	procedure titled, "Assaul	t Precautions," policy		moust have shark? In this use		5
	number 1000.43, last rev	vised 06/21, found that		THE SAME WERE THE PARTY OF THE PARTY.	s i the bates	27.64
	the purpose of the policy	is to provide a safe	1	i des largados es es	1.00 PM 1.00	55 1
	environment for all patie	nts by providing	î î	the exect recognition of the	a grandelin il	urb ,
	guidelines for addressing	g the immediate safety	i i	The state of the state of	styling to a	jl-3
	needs of patients identifi	ed as high risk for	1 1		Well or not	qui.
	assaultive behavior. All v	verbal and physical		*		
	threats, and attempts are	e considered serious and	A.	াপত কোটার ইলাকুকার হা ১৮৮ -		
	are to be responded to it	mmediately. The policy	Ĭ.	and the street of the first of the		
1 - 1	and procedure failed to	provide guidelines for		Sauthad Spylod (1914 12)		for y
	staff to implement a con-	sistent process to		is the payout in this ex		ir.
	establish specific goals a		m Y	may begration in a	Y	hed.
	preventative measures a			The same that the same in the same	tenuse Vis	Disk.
	record the patient's prog		4	不動質 [的基础的] 计 的现在分词	ter Fillington - High	Santi
1	discharge, such as a Ma					
	(MTP) and Individual Tre			. इ. ८८५७ छोत्रहारी हेन्द्राहर सा		4+4
li.	patients placed on assau	ult precautions, or that		Transferred to the		(14-)
	had been identified at ar		4	roga ili ey unit siştif Tihtin kiki ili çi u		
	aggressive/assaultive be	ehaviors.	,	La. AND UNITED SERVICES		
		5 No. 10 2004 2021 100	: [	and a more of rights demanded to the		1,7
	3. Document review of the			in produce plants aguign i jui le		
	procedure titled, "Sexua		4	frangijehur zija na je cinj		a W
	Aggression(SAP)/Victim			part in outher a diames of a rule		I
	(SVP)," policy number 1	000.80, last revised		The American State of the Control of	., ziranin z or	5785

STATE FORM

suspected potential for sexual

06/21, found that the purpose of the policy is to provide a safe, therapeutic environment of care

victimization by identifying early warning signs for

sexual behavior, monitoring the patient with a

aggression/victimization, and implementing intervention steps to minimize the risk of

inappropriate sexual behavior. The policy indicated that when nursing staff identifies a

for all patients by providing a plan for the prevention of sexually inappropriate behavior, including aggression and the potential for

LOJL11

a hard fit community on by he has a larger

Color of the color

print age of still ship is to be or the transmit of

State of Washington

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		· · · · · · · · · · · · · · · · · · ·	750.25			
	· · · · · · · · · · · · · · · · · · ·	000102	B. WING	· · · · · · · · · · · · · · · · · · ·	C 05/05/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
BHC FAIR	FAX HOSPITAL	10200 NE 1				
			, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
L 340	Continued From page	39	L 340			
	patient with risk factor Aggression/Victimizat placed on Sexual Agg or Sexual Victimizatio the provider will be no identified with increas and/or SAP precautio then develop a Sexual Plan and update the I Problem List.  4. Document review of procedure titled, "Sus of Patient Sexual Acti 1000.30, last revised cases of suspected of	rs for Sexual tion, the patient will be gression Precautions (SAP) on Precautions (SVP) and obtified. When a patient is ed risk factors and SVP ons are initiated, staff will ally Inappropriate Treatment whaster Treatment Plan of the hospital's policy and pected or Confirmed Cases vity," policy number 06/21, showed that for or confirmed patient sexual team will initiate a sexually				
State Form 25	5. On an Incident Repreported an incident of Intercourse - Patient of place on 02/11/22 at a the adolescent unit, in A group of adolescent the outside courtyard member. While in the female patients (Patiental both reported a hengaged in sexual intermale patient (Patiental incident, the male patient (Incident, the male patient Unit Restrictions (IUR) unit only and did not a courtyard area (Unit Find Investigator's revisiontage showed that the observations failed adolescent patients wispot of the darkened of	port dated 02/11/22, staff sategorized as "Sexual to Patient." The incident took approximately 7:00 PM, on the outside courtyard area. It patients were escorted to area by a nursing staff darkened courtyard, two ent #1501 and #1504), who istory of sexual abuse, ercourse (oral sex) with a #1507). At the time of the itent (Patient #1507) was on a, which restricted him to the allow access to the outside Restriction-Outside URO). Item of the incident's video the staff member conducting did to respond when several ere not visible in the blind				

STATE FORM

PRINTED: 05/27/2022 STATE OF THE STATE OF FORM APPROVED State of Washington (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: C 000102 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L 340 L 340 Continued From page 40 displayed boundary violations, such as hugging the state of the second error in the second of the second of the and sexual touch. The staff member was observed sitting on a bench in the middle of the courtyard with his back to the patients hidden in the darkened back corner of the courtyard looking Paragraphy (1571, happing rather his characteristics) at an electronic device. The following patients were involved in the reported incident: Sign File Betta Man Walley of Central High Patient #1501 6. On 04/06/22, Investigator #15 reviewed the ar is on agreement as a difference of the sale of the medical record of Patient #1501, a 13-year-old non-binary born female involuntary patient Prize the and upper the armed law the conduction admitted on 02/03/22, with a psychiatric diagnosis be after a country with a making our A of Major Depressive Disorder (MDD), Anxiety, in deliniça o cirriyaya aynı məkvər şitir (İİİ 11.) Post Traumatic Stress Disorder (PTSD), and Borderline Personality Disorder. Patient #1501 government to the complete and the solid reported a significant history of abuse, including Total to man and sexual abuse by a family member (grandfather) from age 2 until recently. Review of the medical ENT DO VERY THE PROPERTY AND AND AND records showed the following: a. Patient #1501 was placed on SVP upon admission; however, no plan of care was developed at that time to address her significant B. P. J. 1985年 - A. 1985年 - A. 19874 - A. 19874 - A. 19874 - A. 19874 - A. 19874 - A. 19874 - A. 1 history of sexual abuse or to prevent sexual incidents during hospitalization. On 02/18/22, staff added "sexual precautions" to the MTP Problem list and initiated a Sexual Precautions Individual ying a naprotification of the part of Treatment Plan, 15 days after the Patient's admission. a Josephina una, lue luba luba di pilanda di Propinsi DEPCHARACT DEVICE A COLUMN TO BE b. Prior to the incident on 02/11/22, the psychiatric provider documented Patient #1501 warne wind or behalfpuin dan bel be batter. exhibited inappropriate sexual behavior on 3 Birrow La ROS, seff Walth by John Co. S. days, 02/08/22, 02/09/22 and 02/11/22. In In Proceedings to the American State of the Common State of the Co addition, the nursing staff documented that the

State Form 2567 STATE FORM

Patient exhibited inappropriate sexual behavior or

boundaries on 2 days, 02/03/22 and 02/07/22. Staff failed to document the development of a

LOJL11

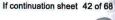
THE STATE OF THE POST SERVICES AND A STATE OF

Plant in the left or fight behand to be to 12

**FORM APPROVED** State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING 000102 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE TAG DEFICIENCY) L 340 Continued From page 41 L 340 plan of care in response to the identified sexually inappropriate behaviors to prevent and minimize the risk of sexually inappropriate incidents. c. After the incident on 02/11/22, the psychiatric provider documented Patient #1501 exhibited inappropriate sexual behavior on 3 days, 02/19/22, 02/20/22, and 02/21/22. In addition, the nursing staff documented that the Patient exhibited inappropriate sexual behavior or boundaries on 5 days, 02/14/22, 02/17/22, 02/19/22, 02/20/22, and 02/21/22. In response to the continued incidents of reported sexually inappropriate behavior, staff failed to document or implement revisions to the plan of care (initiated on 02/18/22) to prevent and minimize the risk of additional sexually inappropriate incidents. Patient #1504 7. On 04/07/22, Investigator #15 reviewed the medical record of Patient #1504, a 15-year-old female voluntary patient admitted on 02/02/22. with a psychiatric diagnosis of Major Depressive Disorder (MDD), Anxiety, Bipolar Disorder, and Post Traumatic Stress Disorder (PTSD). Patient #1504 reported a history of sexual abuse, including sexual abuse by a family member. Patient #1504's father reported that she was currently engaging in risk-taking sexually inappropriate behaviors. Review of the Patient's medical record showed the following: a. Patient #1504 was not placed on SVP upon admission. On the Psychiatric Evaluation the provider documented that the Patient would be placed on SVP based on the Patient's history of sexual abuse. The Patient was not placed on

State Form 2567

SVP until after the incident on 02/11/22. The MTP was not updated to add Sexually Inappropriate



	al si oke				PRINTED: 05/27/2022 FORM APPROVEI	D
STATEMENT	Vashington OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION CONTROL OF THE CONTRO	(X3) DATE SURVEY COMPLETED	l <sub>o</sub>
	ta shaq	000102	B. WING	phone:	C 05/05/2022	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	Pace no inforción Pacella.	
		10200 N	E 132ND ST			- 200
BHC FAIR	FAX HOSPITAL	KIRKLA	ND, WA 98034	A DWG/h	LATE COLLEGE SERVICE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICE DEFICIENCY)	D BE COMPLETE	
L 340	Continued From pag	e 42	L 340	Lo night res	Harri Dogo Santar	
and the second of the second	Behavior to the Prob	lem List and an Individual not initiated throughout the		Confidence of London And London Republication of the Confidence of	edit kini ki bigi 1 Dan ili bidan Boang malahiri	
	exhibited inappropriately days, 02/05/22, 02/0 In addition, the nursi Patient exhibited in a boundaries on 9 day 02/05/22, 02/07/22 (02/11/22 (two incides sexual intercourse in document the develor response to the identity behaviors to prevent sexually inappropriate c. After the incident of	documented Patient #1504 the sexual behavior on 4 6/22, 02/08/22 and 02/11/22. Ing staff documented that the ppropriate sexual behavior or s, 02/03/22, 02/04/22, two incidents), 02/09/22 and ints prior to the reported cident). Staff failed to incident of a plan of care in tified sexually inappropriate and minimize the risk of		The production of the second of the production of the second of the seco		
e production de la company de designation de production de la company de la company de designation de production de la company d	inappropriate sexual 02/16/22, 02/17/22, nursing staff docume exhibited inappropriate boundaries on 6 day 02/17/22, 02/18/22, response to the cont sexually inappropriatinitiate and implement and minimize the risinappropriate incider	behavior on 3 days, and 02/20/22. In addition, the ented that the Patient ate sexual behavior or s, 02/13/22, 02/14/22, 02/19/22, and 02/20/22. In inued incidents of reported the behavior, staff failed to int a plan of care to prevent k of additional sexually		and it to a more and another than the second and another than the contract of the second and another than the contract of the second and another than the second and another than the second and another than the second and another than the second and another than the second and another than the second and t		
	Patient #1507			#X ja karena aj X4	ipping pir-ve	

8. On 04/20/22, Investigator #15 reviewed the medical record of Patient #1507, a 16-year-old male involuntarily detained patient admitted on

12/23/21, with a psychiatric diagnosis of Major Depressive Disorder (MDD), Anxiety Disorder,

STATE FORM

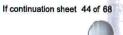
a til vila i parieta elimet<mark>ras bi</mark>stini me

State of Washington

Contract and the Contract and C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
1	£**	000102	B. WING		C 05/05/2022
Daniel Control	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	ATE, ZIP CODE	
BHC FAIR	FAX HOSPITAL		ND, WA 98034		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED DEFICIENCY)	D BE COMPLETE
L 340	reported homicidal the random students at set a history of sexual about Patient reported that hagainst him after he he female classmate in 7 Patient's medical reconstruction a. Upon admission, Patientified with an increbased on clinical informadmission assessment staff documented that placed on SVP and Screcords found that the on 02/12/22 (5 days laupdated to add Sexual to the Problem List and Plan was not initiated admission.  b. Prior to the incident psychiatric provider document days, 01/14/22, 02/09 addition, the nursing sexual behaviors to prevent a sexually inappropriate c. After to the incident provider documented inappropriate sexual behaviorate sexual behaviorate sexual behaviorated inappropriate sexual behaviorated in a history of	coughts, with a plan to stab 3 chool. Patient #1507 denied use or aggression. The he had a restraining order had written a story about a fith grade. Review of the ord showed the following:  attent #1507 was not eased risk for SVP or SAP mation provided and hts. On 02/07/22, nursing Patient #1507 would be AP. Review of the medical Patient was placed on SAP ater). The MTP was not hally Inappropriate Behavior and an Individual Treatment throughout the Patient's  at on 02/11/22, the occumented Patient #1507 he sexual behavior on 3 he staff documented that the propriate sexual behavior or 12/24/21, 01/21/22, and 02/09/22. Staff failed to oment of a plan of care in fied sexually inappropriate and minimize the risk of	L 340		
		propriate sexual behavior or			1

State Form 2567

STATE FORM



C 74.64*	Salara Tagera Vashington				FORM	: 05/27/2022 I APPROVED	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE S	SOUTH STATE OF THE	
	10.1 (40.1	000102	B. WING	- Hanash	1 2 7	C 05/05/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, ST	ATE, ZIP CODE		awe on PRE o	
BHC FAIR	FAX HOSPITAL		E 132ND ST ND, WA 98034		Posperse	รสวัสนาร กา	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
L 340	Continued From pag	e 44	L 340	A Sylvan	i mana Buglar ita	sa nas r	
	02/16,22, 02/19/22, 0 and 02/28/22. In respincidents of reported behavior, staff failed plan of care to preve additional sexually in 9. On 04/07/22 at 11 with Investigator #15 #1503) stated that we displaying sexually in patient is placed on and/or SAP) and the 10. On 04/20/22 at 1 with Investigator #15 Risk Manager (Staff patient is placed on the state of the state	s, 02/14/22, 02/15/22, 02/22/22, 02/24/22, 02/26/22, onse to the continued sexually inappropriate to initiate and implement a nt and minimize the risk of appropriate incidents.  :00 AM, during an interview in the Nurse Manager (Staff hen a patient is observed appropriate behavior, the enhanced precautions (SVP treatment team is notified.  0:10 AM, during an interview is and Investigator #19, the #1504) stated that when a enhanced precautions, such f will initiate a supporting		A system of the property of the control of the cont	The term of the second of the		
	with Investigator #15 #1503) stated that di patients are assessed sexual aggression of on reports of a history or reported incidents assault. Once the paraneed for increased seand/or SAP), the tree	1:15 AM, during an interview 5, Nurse Manager (RN) (Staff uring the admission process, ad for an increased risk for a sexual victimization, based by of sexual trauma or abuse of sexual aggression or attents are identified with the afety precautions (SVP atment team should add this ate an Individual Treatment		The second secon	Technical and Aspanding of the Color of Sheuring of the Color of Sheuring of the Color of the Co	Sid DB Sid Vi	

Plan.

12. Investigator #15's review of additional medical records for Patients #1502, #1503, #1511, #1515, and #1516 showed evidence of similar findings, including the identification of increased risks and the failure of staff to initiate a plan of care

STATE FORM

State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 000102 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) L 340 Continued From page 45 L 340 documented in the MTP and ITP, providing a process to identify interventions, establish goals, track the patients progress during admission and prevent adverse outcomes. 13. On 04/20/22 at 12:55 PM, during an interview with Staff #1501, Investigator #15 asked about the missing behavioral treatment plans and the inconsistencies that were found during the medical record review when staff identified the need for enhanced safety precautions and the initiation of treatment plans and individualized interventions to address those increased risks. Staff #1501 stated that the inclusion to the MTP/ITP would depend on the circumstances. Staff #1501 reported that the treatment team and the provider would review the clinical data, incident, or reported behavior and decide whether to add to the MTP and create an ITP. ITEM #3 Effectively conducting patient observations and ensuring a safe patient care environment Based on observation, interview, record review, and review of hospital policies and procedures. the hospital failed to provide care in a safe setting by developing and implementing policies and procedures that guide staff to effectively conduct environmental safety rounds and patient observations. Failure to develop policies and procedures that provide a safe patient care environment and protect patients from self-harm or harm from others, places the patients at risk for serious physical and psychological harm.

State Form 2567 STATE FORM

Findings included:



HAT	un in ingerari aaryab i				FORM	05/27/2022 APPROVED
STATEMENT	Vashington TOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SU COMPLE	
0 25	osensul	000102	B. WING	allo A. S.	05/0	5/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		AND THE PARTY
	TAX HOODITAL	10200 N	E 132ND ST	1000		CONTANDES
BHC FAIR	FAX HOSPITAL	KIRKLA	ND, WA 98034	144	and the second	randa ise abilana
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
L 340	Continued From page	e 46	L 340	17.050	make s	17 THE 1
	,		v	tar st journs own i reguest st	iona militar	ė.
A company of the company	procedure titled, "Pat	of the hospital's policy and tient Observation Policy," 5, last revised 06/21, showed		ie. – En manik per Lei- vi o Grono	epoties, inch	c)rg
	the following:		Y .			201
man politics and an artist and a	a. The Charge Nurse Observations Round 24 hours a day, seve	s are occurring as ordered,	-	Sing and property of the property of the solution of the solut		ig es M
		e Charge Nurse reviews all rounds and initials the n.		મદાજ પ્રસ્તાન કરવી હતા. વાજ જાતનીજ ત્યોકિયો તાલે કરતા તે તે તે કર્યો કરી છે. જિલ્લામાં તે તે પ્રસ્તાન કર્યો તે મહી કર્યો	primital 18	184
0	(LPN), and Certified	N), Licensed Practical Nurse Nursing Assistant (CNA) are wing and updating the patient s. Any changes in the	7 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	pand som in der tree soo delt syde Delayt soon of the part in the state of a	sign for 15 3.1724 jaron il 4.1734	
		sions and/or discharges will	,,	De part De permento e la missa. El sabilidad da celebra el consessi el Les sabilidad en la consessi el	basage in Meanach	
Approximation ( ) and		oyee name and initials in the of the patient observations		ा जातानेत्रः । १००० च्यानः नामस्य स्टब्स् १. स्टब्स्य स्टब्स्य स्टब्स्या	- A. Tr. (8)	
		ient a minimum of every 15 rding to the precaution level vation on the patient		rylgi yar ese engkosaniy ngdganased bar engkosaniy naakh syle rij pangheb e	erin	
		ent location and behavior n occurs on the patient	1	ne man parties es en comment dines es mes parties es en comment dines	išn. Wijer i igo	(4 Se
	g. Visually observe p	patients when behind closed				

doors or curtains.

h. Staff that is accompanying the patient off

State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING 000102 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG DEFICIENCY) L 340 Continued From page 47 L 340 Fairfax grounds (Emergency Department, Social Security or housing appointments) must document observations on the Patient Observation Form. 2. Document review of the hospital's policy and procedure titled, "Level of Observation Orders Policy," policy number 1000.21, last revised 06/21, showed the following: a. Staff will complete the patient observation record as rounds are made, using the coding system described on the record for patient activities. b. Staff will observe the patient and note their behavior, whereabouts, and any other pertinent behavior. c. Staff will initial appropriate documentation in the designated areas. Documentation should occur concurrently with the actual process of performing the physical rounds. d. Staff will be vigilant for potential risk factors identified for specific patients (level of precautions). 3. Document review of the hospital's digital training slides titled, "Rounds and Observation Levels," no policy number, no date of last revision, showed the following: a. You must visually observe the patient's face on each round (even if the patient is in the bathroom). b. If patient is leaving the unit, rounds sheets should go with the staff accompanying the

State Form 2567

patient.

- Arretolask audino State of Washington (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: С B. WING 05/05/2022 000102 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) มีที่เดยาย สงสักได้แลซิก L 340 L 340 Continued From page 48 in the contract of the contrac State of the Middle Bushesen 1、30円 各のは2を4、第 c. Check environment for safety. error number (ec.ek. Link was a liuzekish badeki) AN LOSS I I IS SIN TO DUE AN ENGLY DESCRIPTION Incident #1 - 02/11/22 Patient Observations ask. Latter beginned they Title W. 60 ... 4. On an Incident Report dated 02/11/22, staff to Augustustanous in the forest insultareported an incident categorized as "Sexual Arlemation December Screimans (CASA) anich Intercourse - Patient to Patient." The state of the s 5. Review of the hospital's video of the incident #1 file of themself - pringspecial (中 道) 1年 with the hospital's Risk Manager (Staff #1504) larger in an and a prefigitive of the mercel probability and find confirmed that incident took place on 02/11/22, on the adolescent unit in the outside courtyard area. AZ TO Z Staff Edgs - Zofer and following. The video showed that one staff member and approximately 9 patients entered the outside proving a substance of physics courtvard area at 6:52 PM. At 6:57 PM, all the t P.B. godeffer stylic by patients were out of the view of the camera in the darkened corner of the courtyard. While in the darkened courtyard, two female patients (Patient Relie and the consequence of submaring the #1501 and #1504) who both had a reported better sets a presentatif between a mane front fill of Visits history of sexual abuse, engaged in sexual the parace of manual calcordings not intercourse (oral sex) with a male patient (Patient #1507). The staff member sat in a chair facing The shorter McCompletion, and the revisite hundred in the Principles of the Principl out to the darkened courtyard and appeared to be Bold in a later than the control of looking at an electronic device. At 7:01 PM, the staff member moved to a bench in the middle of the courtyard, facing away from the darkened back corner where several of the patients were still out of the view of the video camera and still " The base of grant noticed appeared to be looking at an electronic device. appearance resignation a security of a sile of the first of section Throughout the review of the video, from 6:52 PM real indistrugue dinis della investibili una della la to 7:30 PM, the patients intermittently moved around the courtyard, sometimes visible on the safety without A factory - of those admires and to camera, and sometimes moving to the darkened C. Ald City and market in Collections . corners of the courtyard out of view. 6. During the investigation of the incident, Turn North restriction of their Investigator #15 found discrepancies in the

patient observations/rounding forms for the three patients involved in the incident. Review of the

Moral Indendiacol Model V

PRINTED: 05/27/2022 **FORM APPROVED** State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ C B. WING 000102 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Continued From page 49 L 340 L 340 observation round forms for Patients #1501. #1504, and #1507 showed that staff failed to document that the patients were located in the courtyard between 6:52 PM and 7:30 PM. a. On 02/11/22, staff documented that Patient #1501 was on Suicide Precautions, Unit Restriction Outside Privileges (URO) which meant that the Patient could go to the outside courtyard (with staff supervision). On Patient #1501's Observation Record for Q15 (observations every 15 minutes) Rounds, dated 02/11/22, staff documented the following: 6:45 PM - Location: Day Room 7:00 PM - Location: Hallway 7:15 PM - Location: Hallway 7:30 PM - Location: Bathroom Review of the Observation Records found that the MHT performing rounds inside on the unit was documenting the Patient's location and behavior. Review of the video showed that Patient #1501 entered the outside courtyard at 6:52 PM and returned inside to the unit at 7:30 PM. b. On 02/11/22, staff documented that Patient #1504 was on Suicide Precautions, Unit Restriction Therapy Privileges (URT) which meant that the Patient could go to the outside courtyard and the gym (with staff supervision). On Patient #1504's Observation Record for Q15

State Form 2567

(observations every 15 minutes) Rounds, dated 02/11/22, staff documented the following:

6:45 PM - Location: Day Room 7:00 PM - Location: Day Room 7:15 PM - Location: Day Room 7:30 PM - Location: Day Room



	Nec abtente y Enemant			a a	FORM	0: 05/27/2022 MAPPROVED
State of Washington  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _ B. WING _	CONSTRUCTION OF THE THE THE THE THE THE THE THE THE THE	(X3) DATE S COMPLE	ETED W. STOLK
	Walker Da				-	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STAT			want to French Ut
BHC FAIR	RFAX HOSPITAL		IE 132ND ST ND, WA 98034		Ç112" - 54.	ASPEKS DRIT
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
L 340	Continued From pag	e 50	L 340	n paga n	suffer a s	o myu
and the second s	7:45 PM - Location: Review of the Obser the MHT performing was documenting the behavior. Review of Patient #1501 entered 6:52 PM and returned PM.  c. On 02/11/22, staff #1507 was on Assault.	Day Room  vation Records found that rounds inside on the unit e Patient's location and the video showed that ed the outside courtyard at ed inside to the unit at 7:30  documented that Patient ult Precautions, Unit		The state of the s		36) 以 53) 56) 56, 75, 75, 75, 75, 76, 86)
	Restriction (UR) whi could not leave the use courtyard. On Patier Record for Q15 (obs Rounds, dated 02/11 following:  6:45 PM - Location:	ch meant that the Patient unit or go to the outside at #1507's Observation servations every 15 minutes) 1/22, staff documented the		HERE OF THE COURT	erani Paranagaha Rasa Sangapar vili Pangan Kawa	
	7:15 PM - Location: 7:30 PM - Location: 7:45 PM - Location:	Hallway Hallway	*	es production including bands and the complete in a second at \$100 per estated in a report of \$100 per an armitist that the complete in a self of the complete in a self-second		966 · 11条 15。
and Reposition for the control of th	the MHT performing was documenting the behavior. Review of Patient #1507 entered. St. PM and returned PM. The investigators fail	rvation Records found that rounds inside on the unit e Patient's location and the video showed that ed the outside courtyard at ed inside to the unit at 7:30 filed to observe the staffing observation rounds for the	3	ing the second of the second o		

patient in the courtyard.

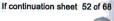
7. On 04/20/22 at 10:10 AM, during an interview with Investigator #15 and Investigator #19, Staff #1504 verified that on 02/11/22, the staff doing the observation rounds inside on the unit, was

STATE FORM

FORM APPROVED State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 000102 B. WING 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) L 340 Continued From page 51 L 340 also performing observation rounds for the patients in the courtyard. Staff #1504 verified that review of the video showed that the patients were not visible in the back corner of the darkened courtyard. Staff #1504 stated that the discrepancies in the documentation of the patient's observations is due to the patients coming in and out from the courtyard to the unit. However, Investigator #19's review of the video failed to find evidence to substantiate that the observation rounds documented for Patient #1501, #1504, and #1507 during the times between 6:52 PM and 7:30 PM on 02/11/22 were accurate. Incident #2 - 01/30/22 Environmental Safety-Blind 8. On an Incident Report dated 01/30/22, staff reported an incident categorized as "Sexual Misconduct - Patient to Patient" involving two adolescent patients, Patient # 1506 and Patient #1515. Patient #1506, a 15-year-old female, reported to the psychiatric provider that she had been sexually molested by a peer (Patient #1515). 9. On a Nursing Progress Addendum, dated 02/01/22, nursing staff documented that Patient #1506 reported to the psychiatric provider that Patient #1515, a 13-year-old transgender, female to male patient, pinned her to the wall in the hallway leading to the dayroom and forced kisses on her several times. Patient #1506 reported that Patient #1515 told her that there are no cameras facing that hallway. 10. During a tour of the South Adolescent unit on

State Form 2567

04/07/22 at 1:15 PM, with Nursing Manager (Staff #1503), Investigator #15 observed that the chair



	on devices Seated				FORM	: 05/27/202 APPROVE	
STATEMENT	Washington T OF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE S	URVEY ETED	
			10			;	
\$5	NEL JOHN	000102	B. WING		05/0	5/2022	
NAME OF D	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STA	ATE ZIP CODE	Maria and a	Most Said W	J.D
NAME OF F	ROVIDER OR SOFFEIER		E 132ND ST	A CONTRACTOR OF THE CONTRACTOR			
BHC FAIR	RFAX HOSPITAL		ND, WA 98034		140 1174	Service of	-138
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED (ENCY)	ULD BE	(X5) COMPLETE DATE	1
L 340	Continued From pag	e 52	L 340	\$1.8660	on the sta	3 47	
	positioned facing the	hallway leading to the		Jane Egelenga i ngangguna		4	
- E		. The short hallway leading to	1	- 44 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		eviously been identified as a		or magnetical telephonemic			
J 18	The second secon	e lack of video monitoring		JE Sparandi Lyce, c.	angraphs, 's 1	Key j	
		ight lines when staff was	1	See in a standing distance of the	42.00	11= 1	
	conducting observat	ions in the main hallway.					
8	Staff #1503 stated th	nat the blind spot should	¥	the not got a day and other	Signati, kar i naj	HAT	
	always be monitored, however sometimes their			Jackson and Compagnition of the second of			
		espond to a Code called on a	-	स्कृतिक प्रकार करिया है। प्राथमिक स्कृति			
	The state of the s	1503 stated that was why the	Ē	agran a chair na hagadh air bhair aidea			
	hallway was not beir	ng monitored on 04/07/22.		YLC 13X,		tite"	
31	The second of						
		:45 AM, during an interview	1	1.0		14 1	
		5, Mental Health Technician	e: n	water in the continuous Access to			
		stated that sometimes at	1	under goden grifer, or 4 - x			
		eave the nurses station door		" Alemany de la Principal de la Carlo de l			
		the blind spot located near tering the unit is always			best eff.		
	monitored.	tering the unit is always	1	"   "   "   "   "   "   "   "   "   "	right and the state of the state of		
	monitorea.			Cautions Exclusive to the May	er i 1865 brat Al	48 -	
- 1	12 Investigator #15	found that hospital staff		and the design is a reflect			
W.		cies in the process for		der an edille de gra			
id.		bservations off-unit and	1	െ പായർ പ്രവർഗ് വായവാ വ		311-	
		blind spots within the	- 1		F874, 11 1.	124	
-		he hospital's policies and	1				
	procedures showed	that the hospital failed to	ž.	Break dik dan Madin Charles		.πf	
-1		procedure to clarify		<ul> <li>admit papers, pagetiment</li> </ul>		5743	
-	guidelines for staff w			realizate tracker in the			
	The state of the s	y rounds in the exterior		in and figure 1 state of the		l	
		policy and procedure to		Source Base	sid arequirement that		
1		y monitor identified blind	7	* 113-13			
e d	spots within the hos	pital.		through the Analysia and Analysia and Analysia	HEREN EL PHI	100	
4.				AND A CONTRACTOR OF THE STATE O			
	(tom #4) Passassassassassassassassassassassassass	ationto for incressed suiside!		elafoir at establiquest it	response to succession	, ,	
3	item #4 Keassess p	atients for increased suicidal				1 1	

risks and notify provider when indicated.

Based on policy review and document review, the hospital failed to ensure staff followed policies and procedures to reassess patients for

STATE FORM

State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 000102 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) L 340 Continued From page 53 L 340 increased risk of suicidal behaviors and, based on the risk formulation, notified the provider of increased risk when indicated, as demonstrated by 6 of 7 records reviewed (Patients #1902, #1904, #1905, #1906, #1909, #1914, and #1916). Failure to complete the suicide risk reassessment and notify the provider of any identified increased suicide risk puts the patient at risk for an unsafe environment for care, psychological harm, and serious injury or death. Findings included: 1. Document review of facility policy titled, "Suicide Risk Assessment and Management," policy number 1000.26, last reviewed 06/21, showed the following: a. All patients admitted to Fairfax Behavioral Health will be assessed for suicidality by the admitting Registered Nurse (RN) using the RN-Columbia Suicide Severity Rating Screen (RN-CSSRS). b. Reassessment of suicidality will occur every waking shift (twice per day) for any patient on suicide precautions or who exhibit a significant change in mental status; these are documented on the nursing progress note. c. This assessment shall contain, at a minimum: i. Current or past thoughts of suicide ii. Recent or past history of suicide attempts iii. Evidence of suicidal planning or intent

State Form 2567

iv. Risk Formulation including categorization of

	Vashington				FORM	: 05/27/2022 I APPROVED
STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING: B. WING	ONSTRUCTION CONTRACTOR OF THE PROPERTY OF THE	(X3) DATE S COMPLI	ETED Land to light
1	ROVIDER OR SUPPLIER	10200 N	ADDRESS, CITY, STATE NE 132ND ST AND, WA 98034	.94 n		r içek ediğiri A TREM LIMB
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
L 340	Continued From pa	ge 54	L 340	\$c.03\- 4	art nerous	0.0   0.42   N

TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
L 340	Continued From page 54	L 340	ACTORN OF THE OWN	ou   0423
	risk as compared to the general patient population on the inpatient unit (lower, similar, or higher).	1 4	no as he which the specification are no such a service of the serv	T.M.
	v. Individualized actions (interventions) initiated to prevent suicide and/or self-destructive behavior.	,	The property of the special section of the section	yE tan
	Patient #1902		part of the pulling in the control of a sales.	TyfE o
	2. On 04/11/22, Investigator #19 reviewed the medical record of Patient #1902 for the dates of 01/14/22 through 01/27/22. Patient #1902 is a	,	- nach zoog an hear gan hill a ser fer de mei Trans a la la ser fagrana end nach tal gan t	gć
	13-year-old female admitted for suicidal ideation, cutting, and alcohol intoxication. Patient #1902 had a history of a recent suicidal gesture that	1	. प्रदेश के पार्टिश के अन्य क्षिति के को की के परिवार अवस्थित की स्थापन के महीत प्रदेश करता अने कृता है की अन्य को के समाविक्ष के महिल्ला के स्थापन के स्थापन के स्थापन	1861 1971
	resulted in an emergency department visit, where she was referred to the facility. She also had a history of sexual assault by a family member.	ļ	สมาชิญ โรคมละ เอาเล่า v เสนอยู่อนที่ อุนาก พ.ศ. ค.ศ. ก.ศ. ก.ศ. ก.ศ. ก.ศ. ค.ศ. ค.ศ. ค	200
the state of the s	a. Investigator #19 reviewed the Daily Nursing     Progress Notes and found that nursing staff	,	And the first plants of the dealers of the first of the f	
	assessed the patient using the RN-CSSRS twice per day as directed by hospital policy. In 9 of 34 notes for Patient #1902, nursing documented that the patient answered "yes" to the following 2	,	The real parts in the sphility is not 1990; the first test of the sphilipping the gall trains of the sphilipping	1372
	questions: #1-Have you ever wished you were dead or wished you could go to sleep and not wake up? #2-Have you ever actually had any	1	<ul> <li>In problems through the Weburn radiated from the return me shape the lakes me and represent problems as promounced in the control of the force magnitudes. Just 6 of the state of</li> </ul>	
	thoughts of killing yourself? Nursing staff documented the patient's level of suicide risk as "low" and failed to notify the provider, as is	0 P	The state of the s	241 241
	directed by the screening tool and hospital policy. The RN-CSSRS Risk Formulation shows that a "yes" answer to any 2 or more questions on the	1	The first section of the section of	alar-
	CSSRS indicates that the nurse must notify the provider and document the provider's response.		y ration to be neighboring the strategy	
	b. Investigator #19 reviewed the Daily Nursing Progress Notes and found that nursing staff assessed the patient using the RN-CSSRS twice		a person of many or historian a factorian a transfer of a management for the management to a person of the problem of the management of the person of the pe	

STATE FORM

PRINTED: 05/27/2022 **FORM APPROVED** State of Washington (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: 000102 B. WING 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) L 340 Continued From page 55 L 340 per day as directed by hospital policy. In 2 of 34 notes for Patient #1902, nursing documented that the patient answered "yes" to the following 3 questions: #1-Have you ever wished you were dead or wished you could go to sleep and not wake up? #2-Have you ever actually had any thoughts of killing yourself? #3-Have you been thinking about how you might do this? Nursing staff documented the patient's level of suicide risk as "moderate" and did not notify the provider as directed by the screening tool and hospital policy. c. On 01/24/22, in a Daily Nursing Progress Note during day shift, nursing staff documented that Patient #1902 had gone to the staff earlier that day after scratching her arm with broken glass and was tearful and upset throughout the day. No report to the provider was documented. No room search or confiscation of contraband (glass) was documented. No additional CSSRS was completed, as is directed by hospital policy. d. On 01/25/22, in an Addendum Progress Note during evening shift, nursing staff documented that Patient #1902 was found in a male patient's room and ran out of the room to her bathroom in tears. Staff wrote that they went to speak with her and, after they left her room and then returned, the patient was found in their bathroom cutting her wrist and neck with a piece of broken glass from a broken nail polish bottle. Staff wrote that

State Form 2567

the patient was tearful and said she was cutting because she wanted to die. Staff documented that this was reported to the charge nurse and the

e. On 01/26/22, in a Daily Progress Note during day shift, nursing staff documented that Patient # 1902 endorsed suicidal ideation with no intent or

provider. An additional CSSRS was not completed, as is directed by hospital policy.

Principle made and determine PRINTED: 05/27/2022 FORM APPROVED State of Washington (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA **IDENTIFICATION NUMBER:** COMPLETED AND PLAN OF CORRECTION A. BUILDING: C B. WING 000102 05/05/2022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L 340 L 340 Continued From page 56 plan. The nurse documented that the patient self-harmed yesterday by cutting her neck and wrists and that the patient stated that she tried to kill herself. An additional CSSRS was not completed, as is directed by hospital policy. f. On 01/27/22, in a Daily Progress Note during day shift, nursing staff documented that Patient reversing the wealth of the artists of a brown parties. #1902 endorsed suicidal ideation and verbalized that she wants to kill herself. The provider and case manager were informed. An additional CSSRS was not completed, as is directed by hospital policy. Patient #1904 3. On 04/11/22, Investigator #19 reviewed the medical record of Patient #1904 for the dates of 01/27/22 through 02/04/22. Patient #1904 is a 15-year-old female referred from the emergency B. HILL BROWN TO JAMES OF STREET STREET department for depression and suicidal ideation after attempting to hang herself. She reports the presence of guns in her home. Billiot in mean III - plant of a life failed product a complete a. Investigator #19 reviewed the Daily Nursing Progress Notes and found that nursing staff assessed Patient #1904 using the RN-CSSRS twice per day as directed by hospital policy. In 4 of 18 notes for Patient #1904, nursing documented that the patient answered "yes" to the following 2 questions: #1-Have you ever wished you were dead or wished you could go to sleep and not wake up? #2-Have you ever actually had any thoughts of killing yourself? Nursing staff documented the patient's level of suicide risk as "low" and failed to notify the

State Form 2567

hospital policy.

provider, as is directed by the screening tool and

b. Investigator #19 reviewed the Daily Nursing

STATE FORM

agle og med mid skaller syste fikk skjøt ummer med skaller. Skallerader med amt, ling er og af notger, ummeret

winder streaken ord. - Lowerdards their metastick

State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING 000102 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) L 340 Continued From page 57 L 340 Progress Notes and found that nursing staff assessed Patient #1904 using the RN-CSSRS twice per day as directed by hospital policy. In 3 of 18 notes for Patient #1904, nursing documented that the patient answered "yes" to the following 2 questions: #1-Have you ever wished you were dead or wished you could go to sleep and not wake up? #2-Have you ever actually had any thoughts of killing yourself? Nursing staff failed to document the patient's level of suicide risk and did not notify the provider as directed by the screening tool and hospital policy. Patient #1905 4. On 04/11/22, Investigator #19 reviewed the medical record of Patient #1905 for the dates of 01/21/22 through 01/31/22. Patient #1905 is a 13-year-old transgender male (female to male) admitted for depression and suicidal ideation. Patient #1905 had a history of a recent suicidal gesture with a plan to jump off a balcony or cut himself, which resulted in an emergency department visit. The emergency department referred the patient to the facility. Patient #1905 also had a history of sexual assault by a family member. a. Investigator #19 reviewed the Daily Nursing Progress Notes and found that nursing staff assessed Patient #1905 using the RN-CSSRS twice per day as directed by hospital policy. In 2 of 22 notes for Patient #1905, nursing documented that the patient answered "yes" to the following 2 questions: #1-Have you ever wished you were dead or wished you could go to sleep and not wake up? #2-Have you ever actually had any thoughts of killing yourself? Nursing staff documented the patient's level of

State Form 256

suicide risk as "low" and failed to notify the

State of Washington (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: С B. WING\_ 000102 05/05/2022

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## DUC ENIDERY HOSDITAL

SMANDER OF THE SE

10200 NE 132ND ST

BHC FAIR	FAX HOSPITAL	IRKLAND, WA 98034	TA VALUE JACOBS	Apr. 191617 TH
(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 340	Continued From page 58	L 340	। दे कहा ,, राष्ट्रा । इंबन परे	n Table
	provider, as is directed by the screening tool ar	nd i	Part to Landan parter in the discount	38
	hospital policy.	9. s.	at the commitment of Military and apply for the	
			าเอา เกิดเหลด สากให้เกิดหน้าสากให้ แบบโดยสากให้	18.0
	Patient #1909		Bernam ministration association in	011
			yarre lafran - w	yiu ,
	5. On 04/28/22, Investigator #19 reviewed the	- 1		7 5
	medical record of Patient #1909 for the dates		graphinglical relations on the company of	1
	04/15/22 through 04/27/22. Patient #1909 is a		Late to be an integrated and a margin stands	
	15-year-old transgender male (female to male)		SECTORYS, Names Willy Laboratory	
-	with a history of depression, anxiety, self-harm		" An worder "ethodat" yet hate sub- lifere en ev	
	behaviors, suicidal ideation with plans, and		gramm BOATA comet to accome	
	homicidal ideation with a plan to burn down his		r - Sperif has server as Inglesien and Jin Chickens Livin	
	mother's home. He has a history of sexual		y led as a significant for the state of the party of the	
	assault victimization.	Tr.	that mean when the past yew up that	
	land the Bally North		the area and the little of the latter as	
	a. Investigator #19 reviewed the Daily Nurse	j l	Stretum, prijed to orkglocht pre harbeinte	
	Progress Notes and found that nursing staff	1	y light in hang we a fistoring gradient in an disciply stabilly with principle parameters and those stability and the first and	
	assessed Patient #1909 using the RN-CSSRS twice per day as directed by hospital policy. In		AND THE PROPERTY OF STATE OF THE PROPERTY OF THE STATE OF	
	of 26 notes for Patient #1909, nursing	•	purply the consequence of any and State of Consequence of the said	
	documented that the patient answered "yes" to	y .	are viving at the arm well at a role for the file of the	
	the following 2 questions: #1-Have you ever		d in the figure was specially to see 186 strains	
	wished you were dead or wished you could go	to	Sees the Chillips of the District of the Sees of the	
	sleep and not wake up? #2-Have you ever		บาลการ อาว ผู้สื่อสามารถ ใช้เล แต่การสำรัฐ พ	1
	actually had any thoughts of killing yourself?		Albert on the last think in a self-self-last the	
	Nursing staff documented the patient's level of		for the control was a said this before the secretary ag	
	suicide risk as "low" and failed to notify the		purfers and qu	
	provider, as is directed by the screening tool ar	nd i		
	hospital policy.		* * * * * * * * * * * * * * * * * * *	54h h - "
	b. Investigator #19 reviewed the Daily Nursing	=	that the least on 30 globe resonant in 1980 File - 1980	
	Progress Notes and found that nursing staff	-1	calgorial say was a CO to insulate to make consu	The A. C.
	assessed Patient #1909 using the RN-CSSRS		19 a 1 miles 1 mg/1892 (1994) 1 mag 1 mile	Ng .
	twice per day as directed by hospital policy. In	2 -	Builtanique, as als halticaline alors also, a sector	
	of 26 notes for Patient #1909, nursing		and the national substitution is a second of the second	
	documented that the patient answered "yes" to		and the second of the second section of	
	the following 3 questions: #1-Have you ever		tight in the piliper of	ni J
	wished you were dead or wished you could go			
	sleep and not wake up? #2-Have you ever	÷ ;	products of the entire particles and extending a	
	actually had any thoughts of killing yourself?		hitz Doi 4 va 750 gall-ag 70,000 gall feetalf	154

State Form 2567

STATE FORM

**FORM APPROVED** State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING 000102 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG **DEFICIENCY**) L 340 L 340 Continued From page 59 #3-Have you been thinking about how you might do this? Nursing staff documented the patient's level of suicide risk as "moderate" and did not notify the provider as directed by the screening tool and hospital policy. c. Investigator #19 reviewed the Daily Nursing Progress Notes and found that nursing staff assessed Patient #1909 using the RN-CSSRS twice per day as directed by hospital policy. In 1 of 26 notes for Patient #1909, nursing documented that the patient answered "yes" to the following 6 questions: #1-Have you ever wished you were dead or wished you could go to sleep and not wake up? #2-Have you ever actually had any thoughts of killing yourself? #3-Have you been thinking about how you might do this? #4-Have you had these thoughts and had some intention of acting on them? #5-Have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan? #6-Have you done anything, started to do anything, or prepared to do anything to end your life? Nursing staff documented the patient's level of suicide risk as "high" and did not notify the provider as directed by the screening tool and hospital policy. Patient #1914 6. On 04/28/22, Investigator #19 reviewed the medical record of Patient #1914 for the dates of 04/17/22 through 04/27/22. Patient #1914 is a 16-year-old female admitted as Family Initiated Treatment for depression, a dissociative episode, and suicidal ideation with a gesture involving a

State Form 2567

kitchen knife to her chest.

a. Investigator #19 reviewed the Daily Nursing Progress Notes and found that nursing staff



State of Washington (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED 4 A. BUILDING: С B. WING \_\_\_ 05/05/2022 000102 AND SERVICE OF THE PARTY OF STREET, E.S.

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

#### RHC FAIRFAY HOSPITAL

ANTHER USTRESS

(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
L 340	Continued From page 60	L 340	Togs, not not also	d the I
	assessed Patient #1914 using the RN-CSSRS			4
	twice per day as directed by hospital policy. In 1	± -		
	of 26 notes for Patient #1914, nursing	1	4	
	documented that the patient answered "yes" to	14-12-4-1	1.2 P. 部中央では、1971年最初開始、1971年1	OF WHILL
	the following 2 questions: #1-Have you ever			
.	wished you were dead or wished you could go to sleep and not wake up? #2-Have you ever		State of the State	
4	actually had any thoughts of killing yourself?		There was the first to be a post	
	Nursing staff documented the patient's level of		ng realway has been orde	
	suicide risk as "low" and failed to notify the		opinite a la sur la faire de la recenta	
	provider, as is directed by the screening tool and	1	in warn a trajacq dalin o quint tal footgrabilities in ma	
	hospital policy.	1	ves, 45 to 405 A (5 ° to 158)	
			to a stop team and the side	I
	Patient #1916		renga mila mila dina mondidan salata	
			profession mark a min or role of	
	7. On 05/04/22, Investigator #19 reviewed the		े स्पूर्ण के किन्द्र स्मित्र के स्वतान के किन्द्र के किन्द्र के किन्द्र के किन्द्र के किन्द्र के किन्द्र के कि	
	medical record of Patient #1916 for the dates of		office of All persons in the	#
	01/13/22 through 01/17/22. Patient #1916 is a	-	hawit neover the paster against her keik	
	14-year-old female admitted for suicidal ideation with a plan, a suicide attempt, and aggression		Carrer Translation of Lands	
	towards her grandmother. She has a history of		कर्म हुई वार्क्टरचेन उस कि फेर वेस	
	sexual assault by her father.	4	A Digital Andrews (A September 2) A residence	
	Soxual assault by Nor lattici.		THE A WENT TO STORE OF	
	a. Investigator #19 reviewed the Daily Nursing		The confidence of the state of the confidence of	I
	Progress Notes for Patient #1916 and found that	1	April Signal (Missign Resolves Mar	
	in 1 of 10 notes, nursing failed to complete the	1	and to the state of the state of the	
	RN-CSSRS. No nursing staff signed the	è	e distanti e	I.
	document and no provider was notified.	į.		
	8. Investigator #19 reviewed all Daily Progress		jagese multi-radium generalismu. Int	VI.
	Notes for 7 charts (Patents #1902, #1904, #1905,		in the source of the second section of the second section and	
	#1906, #1909, #1914, and #1916) and found that	- 1	a religion est a mala, con licelast independent lette con	1
	6 of 7 charts showed failure to use the		gradient with the first the safety of the sa	pd.
	RN-Columbia Suicide Severity Rating Screen as	1	program which and to prince with	elo:
	directed in the screening tool and in hospital		the first win the series the	
	policy. Nursing staff frequently did not follow the		In the same with	10
	screening tool directions to document notification			
~	of the provider and the provider's response when a patient answers "yes" to any 2 or more		. Paramora malana maka di jad	
	a patient answers ves to any 2 or more		a lover per griffing for the me	loves?

State Form 2567

STATE FORM

PRINTED: 05/27/2022 **FORM APPROVED** State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C 000102 B. WING 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) L 340 L 340 Continued From page 61 L1065 322-170.2E TREATMENT PLAN-COMPREHENS L1065 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: (e) A comprehensive treatment plan developed within seventy-two hours following admission: (i) Developed by a multi-disciplinary treatment team with input, when appropriate, by the patient, family, and other agencies; (ii) Reviewed and modified by a mental health professional as indicated by the patient's clinical condition; (iii) Interpreted to staff, patient, and, when possible and appropriate, to family; and (iv) Implemented by persons designated in the plan; This Washington Administrative Code is not met as evidenced by: Based on interview, medical record review, and

State Form 2567

review of policy and procedures, Investigator #19 found that the hospital failed to include the patient in the formulation of an individualized treatment plan for 8 of 15 patients reviewed (Patients #1901, #1902, #1903, #1904, #1905, #1911,

Failure to ensure patient participation in their treatment care planning can result in

#1912, and #1913).

State of Washington (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA A. BUILDING: COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** С B. WING \_ 05/05/2022 000102

NAME OF PROVIDER OR SUPPLIER

40(E) 40 (E) 1 (M)

STREET ADDRESS, CITY, STATE, ZIP CODE

# DUC ENIDEAY HOSDITAL

10200 NE 132ND ST

BHC FAIR	FAX HOSPITAL	KLAND, WA 98034	J. 1992	X 公司并 (3)
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L1065	Continued From page 62	L1065	ಿರಿಗ <sub>ಪೂರ್</sub> ಗವಾಸಿ ಕೆಟ್ಟಬ್	k: Firi
	inappropriate, inconsistent, or delayed treatment of patients' needs and may lead to patient harm and lack of appropriate treatment for a behaviora or medical condition.		t generate and against the following applications of the following the following and the following the state of the following and the following the state of the following and the following the state of the following and the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the following the state of the state of the following the state of the following the state of the	.3cl.
	Findings included:		a compagnitude in the second	1
	Document review of facility policy titled,     "Interdisciplinary Patient Centered Care     Planning," policy number 1000.81, last approved 06/21, showed the following:		the season of the Property of the second and the se	iu. Iu -
	a. The patient or representative is to sign the Master Treatment Plan to indicate agreement with and participation in the development of the treatment plan.		and and the control and all the control of the cont	11 (1) (1) (1) (1) (1) (1) (1) (1) (1) (
	b. A designated staff member is to discuss the Treatment Plan with the patient/representative if the patient is not present in the Treatment Team meeting.	- + + + + + + + + + + + + + + + + + + +	p leasurab unto est, during style in element Les transportues en element butters w	
	c. If the patient refuses to sign the Treatment Plan, the refusal will be documented.	1	and it me meanwist, men somen fen. 16. d. skong (* 1877) og de kall (* 12. og (* 2.) 2002 og (* 1821) og aktigensking en.	
	d. The Treatment Team, with the patient/representative, will update the Treatment Plan as clinically indicated, or at minimum every days.		And the report of place of the second of the	.4
	e. The patient/representative is to sign the Treatment Plan Update to indicate agreement and participation with review/modification of the treatment plan.		प्रमाण के जाती क्षेत्रका क्षेत्रका क्षेत्रका के जाती है। इसमा के जाती क्षेत्रका क्षेत्रका के जाती के जाती के जाती के जाती के जाती के जाती के जाती के जाती के जाती के जा	
	f. A designated staff member is to discuss the Treatment Plan Update with the patient/representative if the patient is not present in the Treatment Team meeting.	*	Seption Septio	A Programme of the Control of the Co

State Form 2567

STATE FORM

6899

If continuation sheet 63 of 68

PRINTED: 05/27/2022 FORM APPROVED State of Washington (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C 000102 B. WING 05/05/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 10200 NE 132ND ST **BHC FAIRFAX HOSPITAL** KIRKLAND, WA 98034 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) L1065 Continued From page 63 L1065 g. If the patient refuses to sign the Treatment Plan Update, the refusal will be documented. Patient #1901 2. On 04/11/22, Investigator #19 reviewed the medical record for Patient #1901, a 13-year-old female patient admitted 12/03/21 for suicidal ideation with command hallucinations and history of sexual assault, and found the following: a. The document titled, "Interdisciplinary Master Treatment Plan," completed on 12/09/21, showed that the patient did not sign the treatment plan confirming that the treatment plan had been reviewed with the patient or that the patient had the opportunity to ask questions. b. Review of the treatment plan document showed that staff failed to document patient participation or the patient's refusal to sign. c. Review of the treatment plan updates, dated 12/16/21, 12/22/21, 12/29/21, 01/05/22, 01/26/22, 02/01/22, 02/16/22, 02/23/22, 03/09/22, and 03/16/22, showed that the patient did not sign the updates confirming that the treatment plan had been reviewed with the patient or that the patient had the opportunity to ask questions. d. Review of the treatment plan updates showed that staff failed to document patient participation or the patient's refusal to sign.

State Form 2567

Patient #1902

3. On 04/11/22, Investigator #19 reviewed the medical record of patient #1902, a 13-year-old female admitted on 01/13/22 with depression, substance abuse, suicidal ideation, self-harm,

	Park Control					05/27/2022 APPROVED
STATEMENT	Vashington TOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SU COMPLE	RVEY
	4.75	000102	B. WING	34-R 5	C 05/05	5/2022
NAME OF PE	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	ITE, ZIP CODE	HY WALL CASE	CALIFFORNIA STATE
BHC FAIR	FAX HOSPITAL	1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	E 132ND ST ND, WA 98034		ontone x	. Legitar mesh
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
L1065	Continued From page	e 64	L1065	Es ariag	vira e e ste	O statute
	and history of sexual following:	assault, and found the			:	-ð
	a. The document title Treatment Plan," con that the patient did no confirming that the tre	ed, "Interdisciplinary Master inpleted on 01/17/22, showed ot sign the treatment plan eatment plan had been tient or that the patient had k questions.	-		Section and section in the section i	47 18 19 19 19 19 19 19 19 19 19 19 19 19 19
	showed that staff fail	tment plan document ed to document patient atient's refusal to sign.		e and the figure of an earliest find the major to be more that find to be to be to have a majority and the	er To Brooke	7
1	Patient #1903		1	de con a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a ser a	F- uses	, ,
	medical record for Pa female admitted on 0 aggression, mood in	stigator #19 reviewed the atient #1903, a 19-year-old 02/09/22 for psychosis, stability, and history of sexual ictimization, and found the	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e di em aterinari di l'innicato d'Asserti como per esta e di l'innicato per all'in como per esta e di manti di esta e di como per esta e di esta e di esta e di l'innicato e di esta e di esta e di como per e di esta e di esta e di esta e di como per e di esta e di esta e di esta e di como per e di esta e di esta e di esta e di esta e di esta e di como per e di esta e	ing disertion of services lawy services of services	
And the second s	Treatment Plan," cor that the patient did no confirming that the tr	ed, "Interdisciplinary Master npleted on 02/11/22, showed ot sign the treatment plan eatment plan had been tient or that the patient had k questions.	1 1 2 2 1	The state of the s	isto gram i del mbro se si desi e se se si m e se se ses la modella conde	r Vis
	showed that staff fail	tment plan document ed to document patient atient's refusal to sign.		and professional and and the		
	Patient #1904		1	professional Resignation of the second of th		

5. On 04/11/22, Investigator #19 reviewed the medical record for Patient #1904, a 15-year-old female admitted on 01/26/22 with suicidal ideation and mood instability, and found the

STATE FORM

Ctata af l	Maahin atau				FORM	MAPPROVED
STATEMENT	Vashington OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE S	LETED
		000102	B. WING			D 05/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	ATE, ZIP CODE		-
BHC FAIR	FAX HOSPITAL		132ND ST ID, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
L1065	Continued From page	65	L1065	,		
	following:					
	Treatment Plan," com that the patient did no confirming that the tre	d, "Interdisciplinary Master apleted on 01/28/22, showed on sign the treatment plan eatment plan had been ient or that the patient had questions.		*		
	b. Review of the treat showed that staff faile participation or the pa	ed to document patient	-			-
	Patient #1905			÷		
	medical record for Pa female admitted on 0	tigator #19 reviewed the tient #1905, a 13-year-old 1/20/22 for suicidal ideation and found the following:				
	Treatment Plan," com that the patient did no confirming that the tre	d, "Interdisciplinary Master ipleted on 01/21/22, showed it sign the treatment plan eatment plan had been ient or that the patient had a questions.				
	b. Review of the treat showed that staff faile participation or the pa	ed to document patient				
	Patient #1911			=		
	medical record for Par	tigator #19 reviewed the tient #1911, a 56-year-old 08/22 for psychosis and d the following:		÷	7 4	

State Form 2567 STATE FORM

a. The document titled, "Interdisciplinary Master Treatment Plan," completed on 04/09/22, showed

CUBVER	un granskhas Hjálkúslus				PRINTED: 05/27/2022 FORM APPROVED
State of Washington  STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING:	(X3) DATE SURVEY COMPLETED	
	ANTERNATI	000102	B. WING	2.6.00.7.1	C 05/05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STA	ATE, ZIP CODE	MARK OF TRANSPORTED SINES
DUO FAID	EAV LICEDITAL	10200 N	E 132ND ST		JANESTON KASSON DEL
BHC FAIRFAX HOSPITAL KIRKLAND, WA 98034					
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROPRIES OF THE APPROPRIES OF T	D BE COMPLETE
L1065	Continued From pag	e 66	L1065	The special section is a special section of the sec	ntrongant 32 St.
	that the patient did no	ot sign the treatment plan	, 4.		. 4
		eatment plan had been	H <sub>eq</sub>	er E. Height M. Dr. Will S	avertier of 9
-	reviewed with the pa	tient or that the patient had		ದ ಸಮಾಹ್ಮಕ್ಕಾಗಿದ್ದ ೨೯೪೮	1
0	the opportunity to as	k questions.	- 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	
Ţ				ing needle that the lances the calded at	
}		tment plan document		ng nasakat sahir di ancar	Widdle Darkh
No.		ed to document patient atient's refusal to sign.	F I	the size of days the first conflore	ar a wax age of
1	participation of the p	alient's refusal to sign.		e. and Park Sald to a repolity of the	
Í	c. Review of 2 of 2 d	ocuments titled, "Treatment		a la fre mend hit may man	
1	and the second s	1 04/18/22 and 04/26/22,	4	read a frail man restact.	
		ent did not sign the updates		a strain or making as it in a red	
택		pdate had been reviewed		per into agraph and	Whiteshe of
1		at the patient had the	9	n <sup>a</sup>	
	opportunity to ask qu	estions.		to the main distribution and the	
				hardina apatuncah sa Malau Awi	
		tment plan updates showed cument patient participation		gra oj e sudage Vendjeu višti	o temperaturalisti
9	or the patient's refus			Constitution of the second of the second	Seascher of St.
J.	of the patients relus	ar to sign.		grafigm for configuration for the form	
	Patient #1912			NOTE OF RIVERSE AND A STATE OF THE STATE OF	
1			4	, the least applicable of the reliable leave	military martin
		stigator #19 reviewed the	1	े र द्वारा है है है है अपने में मिर्टिय र प्राप्त	
i i		atient #1912, a 28-year-old		the provided particles of the provided that the	
		/07/22 with psychosis, mood		Meeting 128-chans to have stan	
	- P	y of assault, and found the		Four against team and an after contain program (2001) contains	
	following:			e englis a fait of a file action	
1	a The document title	ed, "Interdisciplinary Master		A second as a rest of the	
		mpleted on 04/08/22, showed	1	ACTION OF LANCE OF	
		ot sign the treatment plan		are in a second of high result	
4		reatment plan had been		Signs considered replie our expe	Virt of the will be
		tient or that the patient had		must not bettle in her cate	ARCHITECTURE OF THE STATE OF TH
4	the opportunity to as	k questions.		arborit na situatako eri izilarinda	
				to see out the Aberra with study of	
		atment plan document			Magra and right

Patient #1913

participation or the patient's refusal to sign.

STATE FORM

State of Washington

CONTRACTOR OF THE PROPERTY OF	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI	E CONSTRUCTION	(X3) DATE COMP	
74157541	J. CONNECTION	DENTINOATION NOMBER.	A. BUILDING:		COMP	LE I EU
2	×	000102	B. WING			C 05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
BHC FAIR	FAX HOSPITAL	10200 NE	132ND ST			
		KIRKLAN	D, WA 98034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
L1065	Continued From page	67	L1065			
	medical record for Pa female admitted on Osuicidal ideation, history sexual assault, and for a. The document titled Treatment Plan," come that the patient did not confirming that the treatment Plan the opportunity to ask b. Review of the treatment participation or the participation or the participation or the participation or the participation in the treatment Plan Updart that when the Case Management of the patients to review their should be obtaining a If the patient refuses,	d, "Interdisciplinary Master upleted on 04/21/22, showed at sign the treatment plan seatment plan had been lent or that the patient had equestions.  Interdisciplinary Master upleted to the patient had to document patient tient's refusal to sign.  Interdisciplinary Master had been lent or that the patient had equestions.  Interdisciplinary Had to document patient tient's refusal to sign.  Interdisciplinary Master had been lent plan document had been lent tient had equestions.  Interdisciplinary Master had been lent to document patient had been lent tient had been lent tient had been lent tient's refusal to sign. Staff Case Managers are lent with the patients to				
				7		14

State Form 2567 STATE FORM

## **Fairfax Hospital**

### Plan of Correction for State and CMS Investigation (Case #2022-3363, #2022-3389, and #2022-2123)

By submitting this Plan of Correction, the Hospital does not agree that the facts alleged are true or admit that it violated the rules. The Hospital submits this Plan of Correction to document the actions it has taken to address the citations.

Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	Monitoring procedure & Target for Compliance
L 001	Item #1 The CEO, COO, Chief Medical Director, Chief Nursing Officer and Director of Risk Management met to review the findings of this survey and review/revised the policies to meet regulatory compliance on 5/31/2022.  The COVID-19 Mandatory Vaccination policy was reviewed and the Contingency Plan Addendum revised to confirm that healthcare workers who met the requirements for exemption will be tested weekly prior to reporting to work.  The revised policy was submitted for review and approval to the Infection Control Committee, Medical Executive Committee and the Governing Board in an ad hoc meeting on 6/7/22.  The Human Resources department is responsible for monitoring/obtaining staff vaccination information for compliance upon hire by obtaining their vaccination or exemption status prior to their first day of employment. The HRD will inform any staff who are exempt of the requirement for weekly testing via a signed copy of the Contingency Plan Addendum, ensure they are set up for weekly testing, understand deadline for testing and know where to go for their tests each week. Additionally, the HRD monitors all staff who have met the requirements for exemption and need to be tested once weekly for COVID 19.  The Human Resources Staff were retrained to the revised and approved COVID 19 Mandatory Vaccination policy by the	Human Resources Director		MONITORING:  Item #1 The Infection Control Preventionist and Human Resource Director (HRD) will maintain the list of all COVID 19 vaccine exempt staff and confirm they are informed of the weekly testing requirement. The HRD will monitor and report testing status weekly to Department Leaders and will follow up with the department managers of all staff who are noncompliant with their weekly testing. Noncompliance with weekly testing will result in immediate suspension. Staff will be permitted to return to work only when compliance is reestablished.  Target goal and accepted compliance for testing is 100%.  Monitoring is ongoing until otherwise indicated.  Aggregated data will be reported to the Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly.
	Human Resources Director. Training will be verified by a signed copy of the revised policy.			Item #2 The Human Resource Director (HRD) and Infection Control Preventionist will maintain the list of all COVID 19 vaccine exempt staff and confirm they are

The Director of Human Resources will set up weekly COVID-19 testing for all staff who meet COVID-19 vaccine exemption requirements to be completed every Tuesday. Results will be obtained from the lab by the HRD/designee by no later than Friday of each week. The HRD/designee will ensure each exempt staff who is scheduled to work has a weekly test done. If a staff member misses their deadline for weekly testing, the HRD will inform the staff members department leader. Testing compliance will be reported weekly to Department Leaders. Staff who are out of compliance for weekly COVID-19 testing will not be permitted to work until they are back in compliance. The HRD will designate another HR staff member to monitor and report compliance weekly should coverage be needed.

#### Training included:

- All current exempt staff shall be informed of the requirements as evidenced by a signed copy of the Contingency Plan Addendum in their HR file. New staff shall be informed of the requirements upon hire as evidenced by a signed copy of the Contingency Plan Addendum in their HR file.
- Requirement of weekly testing for healthcare workers that met the requirements for exemption
- Staff that are not compliant with weekly testing are unable to work and suspended until they are back in compliance with weekly testing.
- Human Resources staff are responsible for obtaining the vaccination information or exemption status prior to hire and that it is entered into the Lawson system as soon as possible.
- The HRD/designee will report compliance with weekly testing of exempt staff to Department Leaders once a week in the morning Flash meeting

Item #2 The CEO, COO, Chief Medical Director, Chief Nursing Officer and Director of Risk Management met to review the findings of this survey and review/revised the policies to meet regulatory compliance on 5/31/2022.

The COVID-19 Mandatory Vaccination policy was reviewed and the Contingency Plan Addendum revised to remove the requirement of healthcare workers who met the

informed of the weekly testing requirement as evidenced by a signed copy of the Covid 19 Contingency Plan Addendum in their HR file.

The HRD will monitor and report Covid 19 testing completion status weekly to Department Leaders and will follow up with the department managers of all staff who are noncompliant with their weekly testing. Noncompliance with weekly testing will result in immediate suspension. Staff will be permitted to return to work only when compliance is reestablished.

The Infection Control RN monitors for 100% compliance with staff use of required PPE when assigned to work on the on the Covid unit with positive patients. All staff assigned to the Covid unit are required to use full PPE. All noncompliant staff will be addressed immediately by the CNO/designee. Staff will be directed to comply with use of required PPE. Retraining of staff is completed immediately. Monitoring data for 100% compliance is reported monthly to the Infection Control Committee.

Target goal and accepted compliance for testing and staff use of proper PPE is 100%.

Monitoring is ongoing until otherwise indicated.

Aggregated data will be reported to the Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly.

requirements for exemption to wear N95 masks while in the facility. Additional PPE such as eye protection, isolation gowns and N95 masks are available for use by staff who work with patients who are Covid 19 positive, awaiting test results or in the event of an outbreak at the facility. All staff who work in patient care areas are required to have new hire and annual fit testing for proper mask size.

The revised policy was submitted for review and approval to the Infection Control Committee, Medical Executive Committee and the Governing Board in an ad hoc meeting on 6/7/22.

All Staff will continue to follow standard and transmission based precautions as outlined in the facilities Transmission Based Precautions policy regardless of vaccination status.

The Human Resources department is responsible for monitoring/obtaining staff vaccination information for compliance. Additionally, they monitor healthcare workers who have met the requirements for exemption and need to be tested once weekly for COVID 19, see item #1. The Human Resources staff were retrained to the revised and approved COVID 19 Mandatory Vaccination policy by the Human Resources Director. Training will be verified by a signed copy of the revised policy. The HRD will designate another HR staff member to monitor and report compliance weekly should coverage be needed.

# Training included:

- Unvaccinated Exempt healthcare workers are no longer required to wear an N95 mask at all times while in the facility. They will be required to wear a surgical mask as required for all hospital employees while on duty.
- All current exempt staff shall be informed of the requirements as evidenced by a signed copy of the Contingency Plan Addendum in their HR file. New staff shall be informed of the requirements upon hire as evidenced by a signed copy of the Contingency Plan Addendum in their HR file.
- Requirement of weekly Covid 19 testing for healthcare workers that met the requirements for exemption

	<ul> <li>Healthcare workers that are not compliant with weekly testing are unable to work until they are back in compliance with weekly testing.</li> <li>Human Resources staff are responsible for obtaining the vaccination information or exemption status prior to hire and that it is entered into the Lawson system as soon as possible.</li> <li>The HRD/designee will report compliance with weekly testing of exempt staff to Department Leaders once a week in the morning Flash meeting.</li> </ul>			
the and Asserving revision revision revision revision results and following results revision	findings of this survey and reviewed the current policies procedures in place on 5/31/22. Policy Suicide Risk essment and Management 1000.26 was reviewed with no isions required.  Daily Nursing Progress note was revised to clarify vider notification will occur with any changes in screening alts and submitted for review and approved by the dical Executive Committee and the Governing Board on /22 and was implemented on 6/8/22.  If Nursing Officer/designee will confirm all Registered is are current with their training and education in the inpletion of the RN-CSSRS screening scale.  It is graff were retrained on the policy Suicide Risk essment and Management 1000.26 and trained to the issed Daily Nursing Progress note to include:  Reassessment of patients with increased risk of suicidal laviors or self-harm will occur every waking shift using the CSSRS Rating Screen on the nursing progress note.  An additional RN-CSSRS will be completed after any dent of self-harming behavior, results are reported mptly to the provider and providers response is umented in the nursing progress note.  Prompt notification of the provider of any identified reased risk from the previous assessment.  CMO educated the providers of the revisions made to the sing Progress note RN-CSSRS and expectations that the using staff will call the provider with changes in the RN-RN assessment of a patient during the Medical Staff	Chief Nursing Officer	7/5/22	MONITORING:  The Chief Nursing Officer and/or designee will audit 100% charts of patients on Suicide Precautions weekly to confirm compliance with risk assessment policy for the following items:  1. Accurate completion of the RN-CSSRS risk screening is being followed for identified patients per policy.  2. Completion of the CSSRS as required based on screening information.  3. Documentation of Provider notification, date and time of notification and the providers response is present when indicated.  Target goal for compliance is 90% or greater.  The CMO/designee will audit 100% of patients charts, that were identified on the RN-CSSRS as having an increased risk for suicide or self-harm, weekly to confirm documentation of the providers timely reassessment of the patient.  Monitoring will be ongoing until compliance of 90% or greater is achieved and sustained for a minimum of 3 months. All deficiencies will be corrected immediately to include staff retraining as needed.

	meeting on 6/16/22. The Providers were informed that Nursing staff are to document on the RN-CSSRS which provider was notified, date and time of notification and the providers response to the notification. Additionally, the provider is responsible for the timely reassessment of the patient for risk of suicide or self-harm and to initiate and order any changes necessary to the patients safety level, observations or precautions.			Aggregated data will be reported to Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly.
L 320	Item #1 Compelled Medication and Obtaining a 2 <sup>nd</sup> Opinion. The CEO, COO Chief Medical Director and Chief Nursing Officer met to review the findings of this survey and reviewed/revised the policies to meet regulatory compliance on 5/31/2022. The Psychiatric Progress Note-2 <sup>nd</sup> Opinion Form was reviewed with the following revisions:  • Clear process for ordering and obtaining a second opinion for compelled antipsychotic medications • Clarifying the form used to initiate the provider's order  • How to document the request for a consult to obtain a second opinion prior to medication administration or within 24 hours for emergency medications • What form is used by the provider completing the second opinion to document their findings • Clarification between the different requirements for compelled antipsychotic medication administration and emergency antipsychotic medication administration.  The revised The Psychiatric Progress Note-2 <sup>nd</sup> Opinion Form was reviewed and approved by the Medical Executive Committee and Governing Board on 6/3/22.  The Chemical Restraint policy was also reviewed with no revisions required. The process for obtaining a second opinion for compelled antipsychotic medication administration was reviewed and confirmed with the CMO and is as follows:  1. Ordering Provider will document in the patients medical record an order to request a 2 <sup>nd</sup> opinion for compelled medications and completing the first part of the 2 <sup>nd</sup> opinion form.	Chief Medical Officer	7/5/22	Item #1 The Chief Medical Officer and/or designee will review 100% of compelled medications ordered and administered weekly to confirm compliance with revised hospital policy to include:  1. All compelled antipsychotic medications administered have a 2nd opinion form completed prior to the administration of the antipsychotic.  Target goal for compliance is 90% or greater.  Any identified deficiencies will be corrected immediately to include provider or licensed nursing staff retraining. Providers identified as out of compliance with obtaining a 2nd opinion prior to the administration of a compelled antipsychotic medication will have 1:1 meeting with the CMO to discuss expectations and consequences of further non-compliance. Subsequent violations of this process may result in suspension or termination of employment.  Licensed Nursing staff who have administered a compelled antipsychotic medication without ensuring a 2nd opinion form is completed and in the patients medical record will have a 1:1 meeting with the CNO/designee to discuss expectations and consequences of further non-compliance. Subsequent violations of this

- That same provider will contact the 2<sup>nd</sup> provider themselves and request they complete the 2<sup>nd</sup> opinion and corresponding documentation.
- 3. After the 2<sup>nd</sup> provider has completed and documented the requested 2<sup>nd</sup> opinion in the patients medical record on the 2<sup>nd</sup> Opinion form, the second provider will put a note in HCS documenting the 2<sup>nd</sup> opinion has been completed and notify the original, provider who requested the 2<sup>nd</sup> opinion.
- 4. After the 2<sup>nd</sup> Opinion form is completed and documented in the patients medical record, the patients Provider will then write an order in the patients chart for the compel antipsychotic medications and in the PRN section of HCS for the compel antipsychotic medications that will state, "2<sup>nd</sup> opinion was obtained".
- 5. Pharmacy will not have an order for these medications prior to the completion of these steps therefore the medications will not be available for administration until the 2<sup>nd</sup> opinion is obtained, the form is completed, and the provider enters into HCS that the 2<sup>nd</sup> opinion was obtained.

The Medical Staff and providers were retrained by the Chief Medical Officer to the revised code of Washington (RCW) 71.05.215 – Right to refuse antipsychotic medications rules. Training was initiated on 4/22/22 as well as revised *The Psychiatric Progress Note-2<sup>nd</sup> Opinion Form* and process for compelled antipsychotic medication as listed above during the 6/16/22 Medical Staff meeting.

## Training included:

- A patient found to be gravely disabled or presents a likelihood of serious harm as a result of a behavioral disorder has the right to refuse antipsychotic medication unless it is determined that the failure to medicate may result in serious harm, substantial deterioration or prolong length of involuntary commitment.
- For short term treatment up to thirty days, the right to refuse antipsychotic medications unless there is an additional medical opinion approving medication by a psychiatrist, PA or APRN

process may result in suspension or termination of employment.

Aggregated data will be reported to the Performance Improvement Committee and Medical Executive Committee monthly and to the Governing Board quarterly.

Monitoring will be ongoing until compliance of 90% or greater is achieved and sustained for a minimum of 3 months.

Item #2 The Chief Medical Officer and/or designee will review 100% of the administered emergency antipsychotic medications to include:

 All emergency antipsychotic medications administered have a 2<sup>nd</sup> opinion form completed in the medical record within 24 hours of administration of the emergency antipsychotic.

All deficiencies will be corrected immediately to include staff retraining. Providers identified as out of compliance with obtaining a 2<sup>nd</sup> opinion within 24 hours of the administration of an emergency antipsychotic medication will have 1:1 meeting with the CMO to discuss expectations and consequences of further non-compliance. Subsequent violations of this process may result in suspension or termination of employment.

Target goal for compliance is 90% or greater.

Aggregated data will be reported to the Performance Improvement Committee and Medical Executive Committee monthly and to the Governing Board quarterly.

Monitoring will be ongoing until compliance of 90% or greater is achieved and sustained for a minimum of 3 months.

- For continued treatment beyond thirty days through the hearing on petition filed under RCW 71.05.217 – the right to periodic review of the decision to medicate by the medical director or designee
- Documentation in the medical record of the attempt by the physician, PA, APRN to obtain informed consent and the reasons why antipsychotic medication is being administered over the person's objection or lack of consent.

Additional retraining to the Medical Staff and providers included the revised *Administration of Medication without Formal Consent #1000.52* policy and the *Chemical Restraint hospital policy* by the Chief Medical Officer.

Training verified via signed attestation.

A Medical Staff meeting was held on 6/16/22 where providers were reeducated on the requirements for documentation and given the opportunity to ask clarifying questions regarding the revised *Psychiatric Progress Note-2<sup>nd</sup> Opinion Form*.

# Licensed Nursing staff were educated on:

- The revised 2<sup>nd</sup> Opinion form
- The requirement for the nurse who is administering a compelled antipsychotic medication to a patient to ensure a completed 2<sup>nd</sup> opinion form in their medical record prior to administering the compelled antipsychotic medication.
- Documenting in the patients medical record the reason the patient received compelled antipsychotics, i.e., the patients refusal of scheduled medications.

Item #2 Emergency Medication and Obtaining a 2<sup>nd</sup> Opinion Review within 24 hours. The CEO, COO Chief Medical Director and Chief Nursing Officer met to review the findings of this survey and reviewed/revised the policies to meet regulatory compliance on 5/31/2022. *The Psychiatric Progress Note-2<sup>nd</sup> Opinion Form* policy was revised with the following revisions:

- Clear process for ordering and obtaining a 2<sup>nd</sup> opinion for emergency antipsychotic medications
- Clarifying the form used to initiate the provider's order

- How to document the request for a consult to obtain a second opinion prior to medication administration or within 24 hours for emergency medications
- What form is used by the provider completing the second opinion to document their findings
- Clarification between the different requirements for compelled antipsychotic medication administration and emergency antipsychotic medication administration.

The revised *Psychiatric Progress Note-2<sup>nd</sup> Opinion Form* was reviewed and approved by the Medical Executive Committee and Governing Board on 6/3/22.

The Chemical Restraint policy was also reviewed with no revisions required.

The process for obtaining a second opinion for emergency antipsychotic medication administration was reviewed and confirmed with the CMO and is as follows:

- Ordering Provider will document in the patients medical record an order for a 2<sup>nd</sup> opinion for emergency medications and completes the first part of the 2<sup>nd</sup> opinion form.
- 2. That same provider will contact the 2<sup>nd</sup> provider and request they give a second opinion within 24 hours.
- 3. The provider offering the second opinion evaluates the patient and documentation surrounding the administration of the emergency medication and completes the remainder of the 2<sup>nd</sup> opinion form. They will then put a note in HCS, documenting that the 2<sup>nd</sup> opinion has been completed, and notify the original provider.
- After the ordering provider is notified that the 2<sup>nd</sup> opinion documentation is complete, the ordering provider will then write an order in the patients chart and will state "2<sup>nd</sup> opinion was obtained".

The Medical Staff and providers were retrained by the Chief Medical Officer to the revised code of Washington (RCW) 71.05.215 – Right to refuse antipsychotic medications rules. Training was initiated on 4/22/22.

Training included:

	A patient found to be gravely disabled or presents a			
	likelihood of serious harm as a result of a behavioral			
	disorder has the right to refuse antipsychotic			
	medication unless it is determined that the failure to			
	medicate may result in serious harm, substantial			
	deterioration or prolong length of involuntary			
	commitment.			
	For short term treatment up to thirty days, the right			
	to refuse antipsychotic medications unless there is			
	an additional medical opinion approving medication			
	by a psychiatrist, PA or APRN			
	For continued treatment beyond thirty days through the beging on position filed under BCW 71.05, 217.			
	the hearing on petition filed under RCW 71.05.217 –			
	the right to periodic review of the decision to			
	medicate by the medical director or designee  • Documentation in the medical record of the attempt			
	<ul> <li>Documentation in the medical record of the attempt by the physician, PA, APRN to obtain informed</li> </ul>			
	consent and the reasons why antipsychotic			
	medication is being administered over the person's			
	objection or lack of consent.			
	objection of lack of consent.			
	Additional retraining to the Medical Staff and providers			
	included the revised <i>Psychiatric Progress Note-2<sup>nd</sup> Opinion</i>			
	Form and the Chemical Restraint hospital policy by the Chief			
	Medical Officer.			
	Training verified via signed attestation.			
	A Medical Staff meeting was held on 6/16/22 where providers			
	were reeducated on the requirements for documentation and			
	given the opportunity to ask clarifying questions regarding			
L340	the revised <i>Psychiatric Progress Note-2<sup>nd</sup> Opinion Form</i> .  The CEO, COO, CNO, ACNO and DRM met to review the	Chief Nursing	7/5/22	MONITORING:
Item #1	findings of this survey and reviewed the current policies and	Officer	1/3/22	Charge RN/designee performs chart checks
ICCIII #1	procedures in place to meet regulatory compliance.	Officer		every shift on 100% of patient orders to
	The policies Sexual Aggression/Victimization Precautions			ensure all patients precautions/safety
	1000.80 Safety Levels 1000.97 were reviewed and no			levels are accurately documented on the
	revisions were made.			observation sheets & the unit census board
				is updated.
	On 4/22/22 The CNO added to the House Charges' duties that			
	each shift they will review and verify the unit boards to			Nursing Leadership/designee will monitor
	ensure all patients room assignments are appropriate; verify			the completion of these chart checks by the
	that patients on sexual aggression precautions (SAP) are			unit Charge RN.
	never sharing a room with patients who are on sexually			
	victimization precautions (SVP). Verify the accuracy of patient			

rounding sheets; precautions, safety levels and observations ordered are appropriately marked. This was a change in process, not policy. These duties are outlined in the *April 2022 CMS Training*. All House Charges have been trained by the CNO on this responsibility and have signed an attestation of understanding of this requirement.

The CNO modified the Charge Nurse's responsibilities as outlined in the *April 2022 CMS Training* to include the responsibility for correct and appropriate room assignments. To meet this requirement, each Charge Nurse reviews the Unit board each shift comparing it with current orders in the patient's medical record as well as each patients rounding sheet to ensure accuracy and appropriateness of monitoring and room assignments. All charge nurses were provided training by the CNO on this responsibility and signed attestations of understanding.

The CEO provided direction to all Leadership members who are responsible for performing unit rounds to add "confirm patient's precautions/safety levels match the provider's order, unit board demonstrates compliance with policies for patient room assignments, and rounding sheet are congruent". This was added to the Leadership Rounding tool and sent to all members of Leadership who perform these rounds. Leaders responsible for these rounds signed attestation of understanding of these new requirements.

## Nursing staff training included:

- Nursing staff will update the unit board as changes in patient observations/precautions occur in real time. SAP/SVP precautions are highlighted as an additional alert.
- All room assignments require a review of precautions by the RN prior to the assignment. This includes new admissions and patient requests to change rooms.
- Any addition of SAP or SVP orders for a patient will include a review of the patient's roommates precautions with the understanding that patient's room assignments may be revised to maintain patient safety.
- 4. Sexual Aggression/Victimization Precautions 1000.80 which includes appropriate roommate assignment.

The Risk Management Department will monitor all completed Leadership Rounds for compliance with continued documentation of the review of unit boards/provider orders/observation sheets and appropriate room assignments. Leadership Rounds are done once per unit per shift on a weekly schedule.

Monitoring of appropriate room assignments will be ongoing until the target goal for compliance of 90% or greater is achieved and sustained for a minimum of 3 months. Any room inappropriate assignments will be immediately addressed to relocate patients to a more appropriate room.

Aggregated data will be reported to Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly. Any non-compliance will be addressed through 1:1 meeting with the CNO/designee any subsequent noncompliance may be met with disciplinary action up to and including termination of employment.

#### Commented [HJ1]:

**Commented [RM2]:** shouldn't the RM be using these tools for documentation of correct room assignments? I dont think compliance with leadership and charge rounds is as important as making sure the pts are correctly assigned.

**Commented [HJ3R2]:** Covered in the charge rn checking each shift for appropriate room assignments and the double check charge rn does when any room assignment is given or changed

L340	The CEO, COO, CNO, Interim DCS and Director of Risk	Director of	7/5/22	MONITORING:
Item #2	Management met to review the findings of this survey and	Clinical Services	., .,	The Director of Clinical Services/designee
	reviewed the current policies and procedures in place on	& Chief Nursing		will monitor/review 100% charts of those
	5/31/22. Policies Suspected or Confirmed Cases of Patient	Officer		with the identified behaviors to confirm
	Sexual Activity 1000.30 and Sexual Aggression/Victimization			compliance with hospital policy and ensure
	Precautions 1000.80 were reviewed with no revisions			patients identified as having
	required at this time. The policies Suicide Precautions 1000.24			aggressive/assaultive behaviors,
	was revised to include a section for Clinical Services:			suicidal/self-harm behaviors, are identified
	1. For patients on Suicide Precautions or have			as sexually aggressive or identified at risk
	otherwise been identified as an increased risk for			for sexual victimization, have an
	suicidal or self-harm behavior;			individualized treatment plan and master
	2. Staff will update the patients individual treatment			treatment plan and/or update and
	plan to include a problem sheet for self-			corresponding problem sheet to include
	harm/suicidal behaviors.			the criteria listed above. Any high-risk
	3. The problem sheet shall include specific goals and			behaviors identified during admission are
	targets, document preventative measures and			listed on the High-Risk Notification Form
	interventions and record the patients progress and			and nursing has included appropriate
	readiness for discharge.			precautions in the Initial Nursing Treatment
	Assault Precautions 1000.43 was revised to include a section			Plan. These open charts will be reviewed
	for Clinical Services:			during treatment team daily. Patients will
	<ul> <li>For patients on Assault Precautions or have</li> </ul>			be identified for review by the patients
	otherwise been identified as an increased risk for			Case Manager via changes on the unit
	suicidal or self-harm behavior.			board from the previous day of the patients
	<ul> <li>Staff will update the patients individual treatment</li> </ul>			precautions, safety levels or observation
	plan to include a problem sheet for			orders.
	aggressive/assaultive behaviors.			
	<ul> <li>The problem sheet shall include specific goals and</li> </ul>			Monthly monitoring and reporting will be
	targets, document preventative measures and			ongoing until the target goal of 90% or
	interventions and record the patients progress and			greater for compliance is achieved and
	readiness for discharge.			sustained for a minimum of 3 months. All
				deficiencies will be corrected immediately
	The revised policies were submitted for review and approval			to include staff retraining and/or
	to the Performance Improvement Committee on 5/31/22,			disciplinary action as needed.
	Medical Executive Committee and the Governing Board on			
	6/7/22.			Aggregated data will be reported to Quality
				Committee and Medical Executive
	The Clinical Services department staff, to include social			Committee monthly and to the Governing
	workers and group therapists, were retrained on the current			Board quarterly.
	and approved revised policies by the Interim DCS to include:			
	Timely documentation on the patients Master			
	Treatment Plan and Individual Treatment			
	Plan/problem sheets for all patients who are			
	identified at risk for sexual aggression/victimization,			

**Commented [RM4]:** any training for Intake staff on identification of SAO risks?

Commented [HJ5R4]: No, there was no specific citation but I will address.

	suicidal behaviors/self harm behaviors and assaultive/aggressive behaviors.  2. Documentation will include specific goals and targets, preventative measures and interventions as well as the patient progress and readiness for discharge.				
	Nursing staff were retrained to the revised and approved policies by the ACNO to include:  1. Immediate Provider notification for any patient exhibiting suicidal behaviors/self harm behaviors and assaultive/aggressive behaviors, sexually aggressive behaviors or identified as at risk for sexual victimization to request appropriate precautions are ordered.  2. Unit board is reviewed and updated each shift and as changes in orders for precautions, safety levels and observations occur.  3. Any identified high risk behaviors are addressed in the initial treatment plan.  4. Policy 1000.6 Broset Violence Assessment which includes guidance on behaviors used to assess for violence and staff interventions.  5. Sexual Aggression/Victimization Precautions 1000.80 which includes guidance on behaviors used to assess for potential sexually acting out behaviors and staff interventions.				Commented [RM6]: Add identification of sexually inappropriate behavior and development of ITP or MTP related to SAO behaviors.  Commented [HJ7R6]: Initial tx plan was not cited as an issue. Case management reviews unit board and updates tx plan
L340 Item #3	The CEO, COO, CNO and Director of Risk Management met to review the findings of this survey and reviewed the current policies and procedures in place on 5/31/22. Policies Level of Observation Orders Policy 1000.21, Safety Levels 1000.97 were reviewed with no revisions required. The Patient Observation Policy 1000.5 was revised to include:  • Identification of "blind spot" monitoring.  • Courtyards/outdoor areas.  • Areas on the units not covered by video surveillance.  • Areas not visible from the nurses station, common hallway monitoring or mirrors.  • Blind spots should be assessed frequently during rounding to ensure patients safety.	Chief Nursing Officer	7/5/22	MONITORING: The Chief Nursing Officer/designee will audit 5 charts per unit per week, to confirm the Charge Nurse is signing off on the rounds/observation sheets and the round sheets reflect current orders.  The Risk Management department will audit Senior Leadership Rounds monthly to ensure observation/precautions, patients current location is accurately documented and reflects current orders, Charge RN oversight is evident, there are no missing entries and that staff can speak to the process if a patient was thought to be increasing in risk.	Commented [RM8]: Again - policy needs to be changed  Commented [HJ9R8]: done  Commented [RM11]: I think the audit is the senior leadership rounds - but they need modification to observe correct observations, including locations. also need to do some camera observation of staff during outside times  Commented [HJ12R11]: revised

On 2/11/22, the bushes in the courtyard were trimmed to eliminate the blind spot in the courtyard. Clauson Landscaping is on-site every week to ensure landscaping is maintained. Additionally, patients were no longer allowed outside after dark. On 2/14/22, a staff meeting was held to inform staff of the changes.

In April 2022 designated areas for staff to stand while monitoring patients in the courtyard were permanently marked on all unit courtyards to increase visibility while observing patients and eliminate blind spots in these areas.

Nursing staff were retrained on Policies Level of Observation Orders Policy 1000.21, Safety Levels 1000.97 and Patient Observation Policy 1000.5 by the ADON/designee. Training focused on:

- The Charge Nurse/designee will ensure patient observation rounds are occurring as ordered at all times via rounding twice per shift.
   The Charge Nurse/designee will update any/all changes to a patients observation/precaution levels on the unit board in real time.
- The Charge Nurse/designee will review and initial all patient observation sheets for accuracy twice per shift.
- Nursing staff observes each patient a minimum of every 15 min or more often as ordered and document appropriately on the patient's observation form. Documentation will include the patient's location and behavior at the time of the observation.
- Nursing staff will monitor hallways and patient care areas ensuring patients are entering only rooms assigned to them and confirm constant staff supervision in all treatment areas.
- Nurses round on the unit often during their shift to ensure rounds are being done appropriately by staff. Expectations of nursing staff rounding on their patients and oversight of staff working with them is identical for every shift. There is no set number of expected rounds.
- Designated spots are marked for staff to stand on all unit courtyards to increase patient visibility and eliminate blind spots. A minimum of 1 staff member will be in the courtyard with patients at all times.

Camera observation rounds will include monitoring of staff timeliness of patient rounding and that nursing oversight is evident while on the unit and in the courtyards.

Monitoring of CNO weekly audits, RM monthly audits of Senior Leadership Rounds and monthly camera observation rounds will be ongoing until the target goal of 90% or greater compliance is achieved and sustained for 3 months.

All deficiencies will be corrected immediately to include staff retraining.

Aggregated data will be reported to Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly.

	<ol> <li>Prior to taking patients off the unit, staff will check each patient's observation form to ensure they are on appropriate safety levels to leave the unit.</li> <li>The patients rounding form must follow the patient. If a patient is going in and out of the courtyard the rounding sheet must be given to the staff monitoring the area the patient is in.</li> <li>Staff may not use personal devices at any time while providing patient care and should be stored except during staff breaks.</li> </ol>	
	<ol> <li>If any staff leaves the unit for break/emergencies, the patient observation rounds are assigned to another staff member.</li> </ol>	
Item #4 th all A. re	the CEO, COO, Chief Nursing Officer and DRM met to review the findings of this survey and reviewed the current policies and procedures in place on 5/31/22. Policy Suicide Risk assessment and Management 1000.26 was reviewed with no evisions required.  The Daily Nursing Progress note was revised to clarify rovider notification will occur with any changes in screening esults and submitted for review and approved by the Medical Executive Committee and the Governing Board on 1/7/22 and was implemented on 6/8/22.  Thief Nursing Officer/designee will confirm all Registered curses are current with their training and education in the completion of the RN-CSSRS screening scale.  The survey of the survey and trained to the existed Daily Nursing Progress note to include:  1. Reassessment of patients with increased risk of suicidal ehaviors or self-harm will occur every waking shift using the N-CSSRS Rating Screen on the nursing progress note.  2. An additional RN-CSSRS will be completed after any incident of self-harming behavior, results are reported romptly to the provider and providers response is occumented in the nursing progress note.  3. Prompt notification of the provider of any identified increased risk from the previous assessment.	MONITORING:  The Chief Nursing Officer and/or designee will audit 100% charts of patients on Suicide Precautions weekly to confirm compliance with this policy/process for the following items:  1. Accurate completion of the RN-CSSRS risk screening is being followed for identified patients per policy.  2. Completion of the CSSRS as required based on screening information.  3. Documentation of Provider notification, date and time of notification and the providers response is present when indicated.  Target goal for compliance is 90% or greater.  The CMO/designee will audit 100% of the patient charts that were identified as having had Provider notification due to a change in the RN-CSSRS assessment to confirm:  1. Documentation of the providers timely reassessment of the patient.  2. CMO immediate follow up with the provider for any non-

**Commented [HJ10]:** the citation stated the device was a hospital owned device for playing music for the patients, not a cell phone

	The CMO educated the providers of the revisions made to the Nursing Progress note RN-CSSRS assessment and expectations that the Nursing staff will call the provider with changes in a patients RN-CSSRN assessment during the Medical Staff meeting on 6/16/22. The Providers were informed that Nursing staff are to document on the RN-CSSRS which provider was notified, date and time of notification and the providers response to the notification. Additionally, the provider is responsible for the timely reassessment of the patient for risk of suicide or self-harm and to initiate and order any changes necessary to the patients safety level, observations or precautions.			Monitoring will be ongoing until the target goal compliance of 90% or greater is achieved and sustained for a minimum of 3 months. All deficiencies will be corrected immediately to include staff retraining as needed.  Any non-compliance will be addressed through 1:1 meeting with the CMO. Any subsequent noncompliance may be met with disciplinary action up to and including termination of employment.  Aggregated data will be reported to Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly.
L 1065	The CEO, COO, DCS and DRM met to review the findings of this survey and the policies to meet regulatory compliance on 5/31/22. The policy Interdisciplinary Patient Centered Care Planning 1000.81 was reviewed and no revisions were made.  The Director of Clinical Services retrained the Case Managers to the hospital policy. The Group Therapists, with Case Managers support, are the only designated staff to review the plan of care with the patient. Training was initiated on 5/31/22. Training will be verified by signed attestation.  Training included:  1. The patient or representative is to sign the Master Treatment Plan to indicate agreement with and participation in the development of the treatment plan.  2. A designated staff member is to discuss the Treatment Plan with the patient/representative if the patient is not present in the Treatment Team meeting.  3. If the patient refuses to sign the Treatment Plan, the refusal will be documented.  4. The Treatment Team, with the patient/representative, will update the Treatment Plan as clinically indicated, or at minimum every 7 days.	Director of Clinical Services	7/5/22	MONITORING: The Director of Clinical Services/designee will monitor/review 100% of all open charts that are scheduled for treatment team review, updates or have any additions to the treatment plan, during the daily treatment team meeting ensure the following:  1. Patients participation is evidenced in their treatment plan i.e. the patient has signed the treatment plan or; 2. Documentation of patients refusal to participate is present. 3. Documentation on the treatment plan demonstrates the patients ability to ask questions.  Monitoring will be ongoing until the target goal of 90% or greater compliance with the above is achieved and sustained for a minimum of 3 months. All deficiencies will be corrected to include staff retraining as needed.  Staff identified as not meeting this requirement will have 1:1 meeting with the DCS to discuss expectations and

**Commented [HJ13]:** Revised to capture the charts that are brought to tx team daily. Monitoring/auditing 100% of all charts is not manageable.

5.	The patient/representative is to sign the Treatment		consequences of further non-compliance.
	Plan Update to indicate agreement and participation		Subsequent violations of this process may
	with review/modification of the Treatment Plan.		result in suspension or termination of
6.	A designated staff member is to discuss the		employment.
	Treatment Plan Update with the		
	patient/representative if the patient is not present in		Data will be reported to Quality Council
	the Treatment Team Meeting.		and Medical Executive Committee monthly
7.	If the patient refuses to sign the Treatment Plan		and to the Governing Board quarterly.
	Update, the refusal will be documented.		
8.	Failure to properly document the patients		
	participation as evidenced by the patients signature		
	or documentation of their refusal to sign the		
	treatment plan, will result in progressive disciplinary		
	action taken up to and including termination of		
	employment.		
9.	The Director of Clinical Services will assign a specific		
	staff member to review and follow up on any		
	identified deficiencies should they be out of the		
	office.		

Plan of correction reviewed and approved by:	
Christopher West, CEO	Date 7/6/22