PRINTED: 10/22/2019 FORM APPROVED

State of Washington

MAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZUP CODE  1175 CARONDELLET DRIVE RICHLAND, WA 99352    CAUTH   CAUT	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  1175 CARONDELET DRIVE RICHLAND, WA 99352  (X4) JD PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG  NOTIFICATION OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) TO THE APPROPRIATE  ONLY TAG  ONSIRE date: 11/27/18 Examination number: 2018-12640 Intake number: 81111  The visit was conducted by: Marcia Cook, MN, MS, RN Institutional Nursing Consultant and Health Care Facilities Complaint Investigator  It was discovered during the Entrance Conference that this issue and specific allegation had been previously investigated by an investigator from the Residential Treatment Facility Team of the Department of Health.  The psychiatric hospital investigation was aborted.  See Case Number 2018-12641 and resulting Statement of Deficiency as investigated and determined by the Residential Treatment Facility				A. BOILDING.		C	
LOURDES COUNSELING CENTER    1175 CARONDELET DRIVE RICHLAND, WA 99352			000101	B. WING			
Complete Counseling Center   Richland, Wa 99352	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
C(X4) ID   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   TAG	LOURDES COUNSELING CENTER 1175 CARONDELET DRIVE						
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  L 000  INITIAL COMMENTS  Onsite date: 11/27/18 Examination number: 2018-12640 Intake number: 81111  The visit was conducted by: Marcia Cook, MN, MS, RN Institutional Nursing Consultant and Health Care Facilities Complaint Investigator  It was discovered during the Entrance Conference that this issue and specific allegation had been previously investigated by an investigator from the Residential Treatment Facility Team of the Department of Health.  The psychiatric hospital investigation was aborted.  See Case Number 2018-12641 and resulting Statement of Deficiency as investigated and determined by the Residential Treatment Facility	RICHLAND, WA 99352						
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State Form 2567

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE