STATE OF WASHINGTON

DEPARTMENT OF HEALTH

PO Box 47874 • Olympia, Washington 98504-7874

Friday, March 4, 2022

Fairfax Behavioral Hospital – Kirkland
10200 NE 132nd St
Kirkland, WA 98034

Dear Mr. West:

This letter contains information regarding the recent investigation at ***Fairfax Behavioral Hospital - Kirkland*** by the Washington State Department of Health. Your state licensing investigation was completed on Friday, February 4, 2022.

During the investigation, deficient practice was found in the areas listed on the attached Statement of Deficiency Report. A written Plan of Correction is required for each deficiency listed on the Statement of Deficiency Report and will be due 14 days after you receive this letter.

Each plan of correction statement must include the following:

- The regulation number;
- How the deficiency will be corrected;
- Who is responsible for making the correction;
- When the correction will be completed
- How you will assure that the deficiency has been successfully corrected. When monitoring activities are planned, objectives must be measurable and quantifiable. Please include information about the monitoring time frame and number of planned observations.

You are not required to write the Plan of Correction on the Statement of Deficiency Report.

You may receive notice of the Department's intent to take enforcement action against your license under RCW 71.24.037 and WAC 246-341-0335 based on any deficiency listed on the enclosed report. Your submission of a Plan of Correction or any other action you take in response to this Statement of Deficiency Report may be taken into consideration in an enforcement action but does not prevent the Department from proceeding with enforcement action.

Please sign and return the original reports and Plans of Correction to the following address:

Investigator: *33894*
Department of Health
HSQA/Office of Health Systems Oversight
PO Box 47874
Olympia, Washington 98504-7874

Enclosures: Statement of Deficiency Report
Plan of Correction Instructions

Statement of Deficiency Report

Department of Health
P.O. Box 47874, Olympia, WA 98504-7874
TEL: 360-236-4732

Fairfax Behavioral Hospital, 10200 NE 132nd St, Kirkland, WA 98034-2899		Chris West, CEO
Agency Name and Address		Administrator
Investigation	Thursday, December 9, 2021	33894
Inspection Type	Investigation Start Date	Investigator Number
2021-14208	BHA.FS.60874579	Mental Health and SUD services, Adult E&T services
Case Number	License Number	BHA/RTF Agency Services Type

Please note that the deficiencies/violations/observations noted in this report are not all-inclusive, but rather were deficiencies/violations/observations that were observed or discovered during the investigation.

Deficiency Number and Rule Reference	Findings	Plan of Correction
WAC 246-341-0410(4)(a) Agency administration-Administrator key responsibilities. (4) The administrator or their designee must ensure: (a) Administrative, personnel, and clinical policies and procedures are adhered to and compliant with the rules in this chapter and other applicable state and federal statutes and regulations.	Based on interview and clinical record review, the facility failed to ensure that all clinical policies and procedures were adhered to for 5 of 5 patients discharged against medical advice (AMA) (Patients #1-#5). Failure to ensure that all clinical policies and procedures are adhered to can result in inconsistent and unapproved patient care and poor patient outcomes. Findings included:	

	1. Review of the facility's policy titled, "Discharge of Voluntary Patients Requesting Early Release," Policy #1200.6 revised 6/2021, showed the following: a. The direct-care staff member who receives the patient's request to discharge documents the patient's request for release on the pre-release assessment; including the time and date of the request, method of request, and relevant clinical presentation at the time of the request. b. The pre-release assessment must be immediately conducted. If the attending provider is onsite and available, they may complete the pre-release assessment. If the attending provider is not available, the pre-release assessment must be completed by one of the professional staff available. c. Persons permitted to conduct a pre-release assessment include Mental Health Professionals (licensed social workers, counselors, therapists and psychologists), Substance Use Disorder Professionals (SUDP), Designated Crisis Responders (DCR), Physicians (MD), Physician Assistants (PA), Psychiatric Advanced Registered Nurse Practitioners (ARNP), and Registered Nurses (RN). d. The purpose of the pre-release assessment is for the limited purpose of determining whether a more comprehensive assessment by a DCR is needed. e. A referral to the DCR for a more comprehensive assessment will only be made in the event the pre-release assessment indicates the patient presents, as a	

	result of a behavioral health disorder, an imminent likelihood of serious harm or gravely disabled. f. The staff member who completed the pre-release assessment will complete the witness declaration, documenting the results of the pre-release assessment. 2. During an interview on 01/26/22 at 2:28 PM, Staff C, RN, stated that pre-release assessments can be conducted by nurses or providers. Staff C stated that they "try to do pre-release assessments before calling the DCR" and write an addendum note on how the patient is behaving and why they think they should be involuntary. 3. During an interview on 01/26/22 at 3:00 PM, Staff D, RN, stated that providers conduct the pre-release assessments. 4. During an interview on 01/27/22 at 11:30 AM, Staff B, Doctor of Osteopathic Medicine (DO), stated that once a voluntary patient decides they're ready to leave, the patient signs an AMA form. If Staff B is at the facility, they will talk to the patient and fill out the pre-release assessment form. If they aren't there, a nurse will fill out the pre-release assessment and they will get consulted on the results. 5. Review of clinical records for Patient's #1-#5 showed that the patients were voluntarily admitted patients who requested early release. None of the five patient records contained a completed pre-release assessment.	

	6. During an interview on 01/26/22 at 3:40 PM, Staff A, Director of Risk Management and Compliance, confirmed that the clinical records for Patient's #1-#5 did not contain completed pre-release assessments.	
WAC 246-341-0420(16) Agency policies and procedures. Each agency licensed by the department to provide any behavioral health service must develop, implement, and maintain policies and procedures that address all of the applicable licensing and certification requirements of this chapter including administrative and personnel policies and procedures. Administrative policies and procedures must demonstrate the following, as applicable: (16) Individual rights. A description of how the agency has individual participation rights and policies consistent with WAC 246-341-0600. **WAC 246-341-0600(1) Clinical—Individual rights**. (1) Each agency must protect and promote individual participant rights applicable to the services the agency is certified to provide in compliance with this chapter, and chapters 70.41, 71.05, 71.12, 71.24, and 71.34 RCW, as applicable.	Based on interviews, policy and procedure review, and state statute review, the facility failed to ensure that policies and procedures addressed all applicable licensing and certification requirements of the chapter and demonstrated how patient rights were consistent with WAC 246-337-0600, including protecting voluntary patients right to immediate release upon request per 7l.05 RCW. Failure to ensure that policies and procedures address all applicable licensing and certification requirements of the chapter and demonstrate how patient rights are consistent with WAC 246-337-0600, including protecting voluntary patients right to immediate release upon request per 7l.05 RCW, can result in a violation of the patient's civil rights which can result in patient harm and trauma and deter patients from seeking future needed mental health services. References: 1. RCW 71.05.050(1,2) Voluntary application for treatment of a behavioral health disorder-Rights-Review of condition and status-Detention-Person refusing voluntary admission, temporary detention. (1) Nothing in this chapter shall be construed to limit the right of any person to apply voluntarily to any public or private agency or practitioner for treatment of a mental disorder or substance use disorder, either by direct application or by referral. Any person voluntarily	

	admitted for inpatient treatment to any public or private agency shall be released immediately upon his or her request. (2) If the professional staff of any public or private agency or hospital regards a person voluntarily admitted who requests discharge as presenting, as a result of a behavioral health disorder, an imminent likelihood of serious harm, or is gravely disabled, they may detain such person for sufficient time to notify the designated crisis responder of such person's condition to enable the designated crisis responder to authorize such person being further held in custody or transported to an evaluation and treatment center, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program pursuant to the provisions of this chapter, which shall in ordinary circumstances be no later than the next judicial day. 2. Notice of Adoption Interpretive Statement, dated 04/23/21, published by Washington State Department of Health. This interpretive statement describes how the Department of Health (department) interprets RCW 71.05.050 as it applies to all inpatient behavioral health settings including all hospitals and residential treatment facilities. Voluntarily admitted individuals who request release from inpatient behavioral health services are required to be released 'immediately' according to RCW 71.05.050. The only exception is when the individual, at the time of the request for release, is exhibiting behaviors that could qualify the individual for involuntary detention. In that case, the facility may briefly hold the individual only long enough to contact and have a designated crisis responder (DCR) respond for further evaluation in accordance with chapter 71.05 RCW. Otherwise, once requested, the statute directs an	

	individual's release to be expedited by the facility and may not be protracted by the operational convenience or other interests of the facility. In order to meet the immediacy requirement of RCW 71.05.050(1), any policy that addresses the facility's procedure when discharging voluntary admitted individuals who are requesting release should direct staff to complete the process, including an assessment and possible consultation with a DCR, promptly and without undue delay, regardless of the time of day or day of the week. The process from the point of the individual's initial request to their release or referral to a DCR should take a matter of hours. The policy may not require consultation or approval by such third parties as a prerequisite to release to the extent this prevents immediate release. For example, requiring a physician's consultation, assessment, or discharge order cannot serve to delay the immediate release of a voluntary individual. With regard to safe discharge planning requirements, such as WAC 246-322-170 for psychiatric hospitals, the department acknowledges inpatient behavioral health facilities have general planning requirements at discharge, but when a voluntarily-admitted individual requests release from inpatient behavioral health services, then statutory requirements to honor these requests by facilitating an expeditious release become the imperative. More specifically, WAC 246-322-170 and other related rules, must be interpreted in a manner that is consistent with RCW 71.05.050. Consequently, a facility's policy cannot require a voluntary individual be detained against their will while staff plan for continuity of care, a suitable discharge location, or complete similar arrangements.	

	Findings included: 1. Review of the facility's policy titled, "Unplanned discharge/Discharge against medical advice (AMA)," Policy #1200.5 revised 6/2021, showed that the policy failed to protect voluntary patient rights per WAC 246-337-0600 for immediate release upon request per 7l.05 RCW, by requiring procedures that cause undue delay to be conducted prior to making a decision to release the patient or refer them to a DCR including: requiring patients to submit a written plan of safety and health and follow up care with their request for release; requiring a licensed independent practitioner (LIP) to conduct a face to face evaluation after patients have been assessed by an RN, and allowing up to 24 hours or more for the evaluation to occur; and by requiring that patient aftercare plans be verified, as evidenced by: a. The policy stated that if a voluntary patient requests discharge, they will be advised of the procedure, including submitting the request in writing with the date and time, and that the patient must submit in writing the plan of safety and health, and a plan for follow up once discharged. b. The policy stated that an RN will assess the patient's legal, physical, and mental health status including the potential for risk to harm to self or others, the ability of care to self and communicating her/his needs, and will notify the patient's LIP for a face to face evaluation. The LIP will perform a face to face evaluation, including verifying the patient's aftercare plans, as soon as possible (ASAP), within 24 hours of initiating the request whenever possible, and shall review the patient's	

	available medical record prior to reaching a decision regarding discharge. 2. During an interview on 01/26/22 at 3:40 PM, Staff A, Director of Risk Management and Compliance, stated that they had been in many medical meetings about this subject (AMA discharges) because "providers have feeling and concerns about liability." 3. During an interview on 01/27/22 at 11:30 AM, Staff B, DO, when asked about patient presentations that would prompt a DCR referral, stated that it depends, that every patient is a little different. Staff B stated that if somebody came in pretty suicidal and within a few hours they wanted to leave because it's not what they imagined it would be, and they're uncomfortable because it's a locked facility but they're still hearing voices or have a chaotic housing situation, "I would call the DCR to be as safe as possible."	
WAC 246-341-0600(1) Clinical—Individual rights. (1) Each agency must protect and promote individual participant rights applicable to the services the agency is certified to provide in compliance with this chapter, and chapters 70.41, 71.05, 71.12, 71.24, and 71.34 RCW, as applicable. **RCW 71.05.050(1,2) Voluntary application for treatment of a behavioral health disorder-Rights-Review of condition and status-Detention-Person refusing voluntary admission, temporary detention**. (1) Nothing in this chapter shall be construed to limit the right of any person to apply voluntarily to any public or private	Based on interviews, clinical record review, and facility policy and procedure review, the facility failed to protect voluntary patients' rights in compliance with chapter 71.05 RCW by not immediately releasing them when they requested discharge and instead referred them for DCR evaluation for potential involuntary detainment when they did not present as an imminent likelihood of serious harm or as gravely disabled for 2 of 5 AMA discharged patients reviewed (Patients #1 and #2). Failure to protect patients' rights in compliance with chapter 71.05 RCW by not immediately releasing them when they request discharge and instead referring them for DCR evaluation for potential involuntary detainment when they do not present as an imminent likelihood of	

agency or practitioner for treatment of a mental disorder or substance use disorder, either by direct application or by referral. Any person voluntarily admitted for inpatient treatment to any public or private agency shall be released immediately upon his or her request. (2) If the professional staff of any public or private agency or hospital regards a person voluntarily admitted who requests discharge as presenting, as a result of a behavioral health disorder, an imminent likelihood of serious harm, or is gravely disabled, they may detain such person for sufficient time to notify the designated crisis responder of such person's condition to enable the designated crisis responder to authorize such person being further held in custody or transported to an evaluation and treatment center, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program pursuant to the provisions of this chapter, which shall in ordinary circumstances be no later than the next judicial day.	serious harm or as gravely disabled, is a violation of the patient's civil rights which can result in patient harm and trauma and deter the patient from seeking future needed mental health services. Findings included: 1. Review of the facility's policy titled, "Discharge of Voluntary Patients Requesting Early Release," Policy #1200.6 revised 6/2021, showed that the purpose of the policy is to assure that voluntarily admitted patients are released immediately upon request unless, at the time of the request for release, "they are exhibiting behaviors that could qualify the patient for an involuntary hold." The procedure showed the following: a. All staff are required to immediately notify the Charge Nurse when any voluntarily admitted patient requests discharge whether the request is made verbally or in writing. b. The direct-care staff member who receives the request is to document the patient's request for release on the pre-release assessment and include the time and date of the request, method of request, and document the patient's relevant clinical presentation at the time of the request. c. The pre-release assessment must be immediately conducted by any professional staff who will always be available. The purpose of the pre-release assessment is for the limited purpose of determining whether a more comprehensive assessment by a DCR is needed. If the attending provider is onsite and available, they may	

	complete the pre-release assessment. If the attending provider is not available, the pre-release assessment must be completed by one of the professional staff available. d. The Charge Nurse is to contact and notify the attending/on call provider of the patient's request to be released and the results of the pre-release assessment. e. If the determination of the pre-release assessment indicates the patient does not meet criteria as a result of a behavioral health disorder for imminent likelihood of serious harm or gravely disabled, the patient must be released promptly and without undue delay. The Charge Nurse or designee will immediately notify the attending/on call provider and will promptly receive an order to discharge the patient, regardless of the time of day. f. A referral to the DCR for a more comprehensive assessment will only be made in the event the pre-release assessment indicates the patient presents, as a result of a behavioral health disorder, an imminent likelihood of serious harm or gravely disabled. g. The staff who completed the pre-release assessment will complete the witness declaration, documenting the results of the pre-release assessment. 2. Review of the clinical records for Patient #1 showed that the facility failed to follow the request for early discharge process and failed to document reasonable grounds to believe that Patient #1 presented as an imminent likelihood of serious harm or as gravely	

	disabled when they requested to discharge. The facility failed to immediately release the patient, and instead held the patient for a referral to a DCR for evaluation for potential involuntary detainment, based on the following: a. The record review showed that the patient voluntarily admitted to the facility on 11/07/21 at 1:00 PM for suicidal ideation with a plan to cut themselves, self-harm by banging their head, decreased appetite and sleep, struggling with a new job, a history of two suicide attempts and prior hospitalizations. Patient #1 was discharged AMA on 11/08/21 at 4:42 PM. b. Review of the "Initial Nursing Assessment," dated 11/07/21 at 2:30 AM, showed that the "patient arrived to unit, calm, cooperative pleasant. Patient admitted [themself] voluntary to hospital for having suicidal thoughts and plan to cut [themself]. Patient has anxiety over not being able to pay for [their] apartment. Patient says [they have] a part time job that doesn't make enough to cover the cost of living in the state. Patient says that [they don't] know if this is a safe place but it is safer than being alone in [their] apartment which they are about to take away. Patient denied having any HI [homicidal ideation] but endorses hearing [their] mom's voice from time to time. Mom passed away years ago…" c. Review of the "Daily Nursing Progress Note," dated 11/07/21, showed that the patient denied suicidal ideation and stated, "I had rough time and had SI [suicidal ideation]…I don't like noises and this crazy people I want be out of here and go home."	

	d. Review of the "Patient request for Early Discharge," dated 11/[unreadable]/21, showed that the reason the patient requested to leave was, "I have asked to Leave b/c [because] this facility has provided me w/diagnosis & med evaluation & given me a prescription (although not given any meds). This facility is extremely loud and difficult to sleep w/all the unmanaged distractions, etc." The section on the form to be filled out by staff regarding AMA reason (threat to self, threat to others, gravely disabled, unwilling to complete/participate in treatment and does not meet criteria for commitment/detainment), physician and house charge notifications, and DCR referrals, were not filled in. e. Review of the "Physicians Orders," dated 11/07/21 at 9:09 PM, showed a telephone order to call the DCR which stated, "Call DCR – pt. signed AMA." Review of an untitled form dated 11/07/21 at 9:57 PM, showed that a DCR referral was made and that the estimated time of arrival for the DCR was 11/08/21 by 5:00 PM. f. Review of the "Psychiatrist Progress Note," dated 11/08/21 at 11:30 AM, showed that the patient's chief complaint was "I'm anxious to get back to my apartment," and "verbalized high stress in new job as reason for hospitalization. Labile. Agitated. Focused on discharge." The note showed boxes checked for denies suicidal ideation while in the hospital and absence of self-harm thoughts. g. Review of the document titled, "King County Designated Crisis Responder (DCR) Disposition Note," dated 11/08/21 at 1:30 PM, showed that the patient was evaluated and not detained.	

	h. Review of the "Psychosocial Assessment," dated 11/08/21 at 3:00 PM, showed that the patient "provided insight into MH and concerns regarding lead up to hospitalization. Pt. reports they 'felt unstable' and 'just needed a place to medically stabilize, which I got.' Pt. denied any current SI or difficulty w/stabilization. Pt. had an affect that presented as normal and engaged w/assessment." i. Review of the "Discharge Summary," dated 11/09/21, showed that the patient stated that they had "a history of being homeless and the thought of losing [their] current housing is currently one of [their] biggest problems. [Patient #1] endorsed having a job that is not really what [they] wanted and [they] will probably have to quit the job. [Patient #1] stated those things have exacerbated [their] symptoms. The summary stated, "DCR was called and patient was subsequently released to leave by DCR…Patient is stable…Does not present any imminent risks to self or others…[Patient #1] was alert and oriented, overly focused on housing and losing [their] job. [Patient #1] denied any auditory or visual hallucinations. Denied any suicidal or homicidal ideation. Insight and judgement is considered as poor as evidenced by [their] signing to leave against medical advice, but would improve if [patient] sticks to discharge treatment and recommendation." j. The record review showed that the record did not contain a completed pre-release assessment or a witness declaration.	

	3. An interview on 12/15/21 at 11:00 AM with Patient #1, showed the following: a. When the patient told a nurse that they wanted to leave on their second day at the facility, the nurse told the patient they would "just have to talk with your attorney" and stated, "so you really want to talk to the DCR?" Patient #1 stated that they felt "a real sense of hostility" that was "real threatening". The patient stated, "I felt very threatened." b. The patient stated that after telling the nurse they wanted to leave, they were seen by the psychiatrist. About twelve hours after that the patient was seen by the DCR, and then about four hours after that they were discharged. The patient did not remember filling out any paperwork requesting to leave and stated, "all the forms were signed just before I was leaving." c. The patient stated they were having problems getting medications since leaving the facility, that they had not been able to return to work, were facing homelessness, and stated, "I think my only other option is to go back into the ER. I'm not going back. I'm scared of that place." The patient stated that they will "never" go back to the ER and stated, "I'm terrified of going back to the hospital or ER, which is scary. I'm going to think twice now before going back. It's a dangerous situation." 4. Review of the clinical records for Patient #2 showed that the facility failed to follow the request for early discharge process and failed to document reasonable grounds to believe that Patient #2 presented as an imminent likelihood of serious harm or as gravely	

	disabled when they requested to discharge. The facility failed to immediately release the patient, and instead held the patient for a referral to a DCR for evaluation for potential involuntary detainment, based on the following: a. The record review showed that the patient voluntarily admitted to the facility on 11/05/21 at 10:32 PM for treatment of depression after a suicide attempt by cutting their forearm. Patient #2 was discharged AMA on 11/09/21 at 7:35 PM. b. The record review showed that Patient #2 denied suicidal ideation throughout their stay, that they had cut their forearm "a number of times" in the two months prior to their admission, and that an argument with their fiancé and the death of a family pet were the stressors that lead to the cut that led to their hospitalization. c. Review of the "Daily Nursing Progress Notes," showed the following: (1) Note dated 11/07/21 at 3:00 PM, showed that the patient stated, "this environment is not good for me. I want to discharge." It showed that the patient was "tearful & worried about losing new job." (2) Note dated 11/07/21 at 10:00 PM, showed that the patient "ask staff member if [they] get discharged as soon as possible." (3) Note dated 11/08/21 at 2:00 PM, showed the patient was "requesting AMA & [unreadable] form…"	

	and stated, “This place is not good for me. I’m ready to go home. I’m not going to have the same stressors ‘financial’ & will get worse if I stay.” d. Review of document, no title, signed by Case Manager, dated 11/08/21 at 2:00 PM, showed that the patient reported “that they were under the impression that they would only be voluntary admitted for 72 hours. Pt states ‘I thought it would be best for me to take some time to distress [destress] and stabilize. But I’m still here and it’s not helping me.’…Pt states ‘I like my outpatient resources. I have a therapist and providers, so I know I’m well taken care of. Being here just feels like it is hindering my progress with my recovery because everything that can help me is outside this hospital.’ Pt reports… ‘nobody really pays attention to us; the groups are repetitive, and I know I’ll be safe outside the hospital.’ Pt presented with a normal affect, emotional about staying in the hospital but did not endorse any current SI or plans. Pt was pleasant and provided insight into what led to her SA and stated that it was circumstancial [sic] and not a reoccurring thought that has continued over time. This CM [Case Manager] explained to pt. that if they chose to continue trying to go AMA, the provider decided [sic] to call the DCR and they can detain [them], which will possibly lead to a longer stay. Pt states ‘I don’t see how I have an option either way so I might as well take the chance that they will see that I don’t have to be here and let me go.’ Pt seemed to have insight into the situation and [their] MH [mental health], but not insight into the severity of [their] SA [suicide attempt].”	

	e. Review of Patient #2's documents titled, "Psychiatrist Progress Note," showed the following: (1) Note dated 11/08/21 at 10:34 AM, showed that the patient's chief complaint was "I just want to go." The provider documented that the patient was "focused on d/c [discharge]" and stated, "Pt taking meds, dismissive of all sx [symptoms], perseverative on d/c, remains depressed with vague SI, limited insight." (2) Review of the note dated 11/09/21 at 2:52 PM, showed that the patient's chief complaint was "I just really want to go" and the provider documented, "Pt taking meds, highly dismissive of sx, focused on d/c, does not acknowledge impulsivity of SA, remains depressed, poor insight; pt signed AMA, will contact DCR." f. Review of Patient #2's "Discharge Summary," dated 11/10/21, showed that it stated, "Over the first few days of [patient's] admission, the patient was constantly perseverative on discharge, frequently asking to leave, stating that [they were] told in the Emergency Department that [they] would only have to spend 72 hours in the hospital, at which point [they] could be discharged. The patient was disinterested in signing [themself] into the hospital and signed an AMA form at which point, the DCR was called multiple times, but was not able to attend and see the patient by 5:00 p.m. cutoff time, at which point, the patient was discharged [patient was seen by the DCR after the cutoff time and prior to being discharged contrary to this note], and the patient's [family member] at this time did report that [they] felt safe to accept [their family member] back	

	home…At no point during the course of [patient's] admission, did [they] engage in any self-injurious behavior and by the time of [their] discharge, the patient did report that [they] felt subjectively improved and requested to be discharged back home…The patient was not reporting any suicidal, homicidal, or psychotic symptoms…In collaboration with consulting medical team, the patient's medical illnesses were addressed…The patient can safely manage psychiatric symptoms as an outpatient." g. Review of Patient #2's document titled, "King County Designated Crisis Responder (DCR) Disposition Note," dated 11/09/21 at 6:45 PM, showed that the patient was evaluated by the DCR and was not detained. h. The record review showed that the record did not contain a "Patient request for Early Discharge" form, a completed pre-release assessment, or a witness declaration. During an interview on 01/26/22 at 12:32 PM, Staff A, Director of Risk Management and Compliance, confirmed that the patient's record did not contain a "Patient request for Early Discharge" form. 4. During an interview on 01/26/22 at 3:15 PM, Staff E, Assistant Director of Nursing, stated that when a voluntary patient requests to discharge, they assess the patient right away then call the DCR if that's what the provider determined. Then they notify the patient that this is what the assessment showed. They make sure to communicate that to the patient and explain the possible DCR referral when they sign the AMA form.	

	5. During an interview on 01/26/22 at 3:40 PM, Staff A, Director of Risk Management and Compliance, stated that they had been in many medical meetings about this subject (AMA discharges) because "providers have feeling and concerns about liability." 6. During an interview on 01/27/22 at 11:30 AM, Staff B, DO, when asked about patient presentations that would prompt a DCR referral, stated that it depends, that every patient is a little different. Staff B stated that if somebody came in pretty suicidal and within a few hours they wanted to leave because it's not what they imagined it would be, and they're uncomfortable because it's a locked facility but they're still hearing voices or have a chaotic housing situation, "I would call the DCR to be as safe as possible."	
WAC 246-341-0410(4)(g)(ii) Agency administration—Administrator key responsibilities. (4) The administrator or their designee must ensure: (g) A written internal quality management plan, human resources plan or similarly specialized plan, as appropriate, is developed and maintained that: (i) Addresses the clinical supervision and training of staff providing clinical services; (ii) Monitors compliance with the rules in this chapter, and other state and federal rules and laws that govern agency licensing and certification requirements; and (iii) Continuously improves the quality of care in all of the following: (A) Cultural competency that aligns with the agency's local community and individuals the agency serves or may serve; (B) Use of evidence based and promising practices;	Based on interview, record review and policy and procedure review, the facility failed to ensure an internal quality management plan that monitored compliance with state rules by failing to document the time between voluntary patients requesting early discharge and their release, to ensure it was immediate, for 4 of 5 patients reviewed (Patients #1, #2, #4 and #5). Failure to ensure an internal quality management plan that monitors compliance with state rules by documenting the time between voluntary patients requesting early discharge and their release, to ensure it was immediate, can result in the facility not knowing if voluntary patients who request early discharge are being released immediately to know if their civil rights are being protected or violated. Findings included:	

and (C) In response to critical incidents and substantiated complaints.	1. Review of the facility's policy titled, "Discharge of Voluntary Patients Requesting Early Release," Policy #1200.6 revised 6/2021, showed the following: a. The direct-care staff member who receives the patient's request to discharge documents the patient's request for release on the pre-release assessment; including the time and date of the request, method of request, and relevant clinical presentation at the time of the request. b. The pre-release assessment must be immediately conducted. If the attending provider is onsite and available, they may complete the pre-release assessment. If the attending provider is not available, the pre-release assessment must be completed by one of the professional staff available. c. The purpose of the pre-release assessment is for the limited purpose of determining whether a more comprehensive assessment by a DCR is needed. d. A referral to the DCR for a more comprehensive assessment will only be made in the event the pre-release assessment indicates the patient presents, as a result of a behavioral health disorder, an imminent likelihood of serious harm or gravely disabled. e. The staff member who completed the pre-release assessment will complete the witness declaration, documenting the results of the pre-release assessment.	

	2. During an interview on 01/26/22 at 3:40 PM, Staff A, Director of Risk Management and Compliance, stated that they stopped conducting audits approximately July of 2021 where they were looking for pre-release assessments, providers being immediately notified, and written affidavits if DCRs were called. Staff A confirmed that the clinical records for Patient's #1-#5 did not contain pre-release assessments. 3. During an interview on 01/26/22 at 12:32 PM, when asked about voluntary patients who ask to leave and the "Patient request for Early Discharge" form, Staff A stated that they would expect each of the five AMA discharged patient records to contain the form. Staff A confirmed that there were no "Patient request for Early Discharge" forms in the records for Patients #2's and #5. 4. Review of the clinical record for Patient #1 showed that the patient voluntarily admitted to the facility on 11/07/21 at 1:00 PM and discharged on 11/08/21 at 4:42 PM after being evaluated by a DCR. The record did not document the time the patient asked to be discharged. The review showed that the patient signed a "Patient request for Early Discharge," form. The date when the patient signed the form is unreadable and there is no time documented. The section on the form to document when the DCR was notified was blank. The section on the form to document notification of the patient's request to the Physician and House Charge were blank. The form showed that the provider signed the form on 11/09/21 at 4:14 PM. The review showed that the record did not contain a pre-release assessment that documented the date and time the patient requested discharge.	

	5. Review of the clinical record for Patient #2 showed that the patient voluntarily admitted to the facility on 11/05/21 at 10:32 PM and discharged on 11/09/21 at 7:35 PM after being evaluated by a DCR. The record did not document the time the patient asked to be discharged. The first documentation that the patient was asking to discharge was documented in the patient's "Daily Nursing Progress Note," dated 11/07/21 at 3:00 PM, and showed that the patient stated, "this environment is not good for me. I want to discharge". The record did not document the time that the DCR was contacted. A "Psychiatrist Progress Note," dated 11/09/21 at 2:52 PM, stated, "Pt signed AMA, will contact DCR." The "Physician Discharge Order," dated 11/09/21 at 6:50 PM, contained a checked boxed indicating that the DCR was called. The review showed the record did not contain a "Patient request for Early Discharge" form or a pre-release assessment that documented the date and time the patient requested discharge. 6. Review of the clinical record for Patient #4 showed that the patient voluntarily admitted to the facility on 01/11/22 at 10:20 PM and discharged on 01/16/22 at 4:30 PM. The record did not document the time the patient asked to be discharged. The review showed that the patient signed a "Patient request for Early Discharge," form. There was no documented date or time on the form showing when the patient signed. The document was witnessed by staff on 01/16/22 at 3:00 PM. The section on the form to document notification of the patient's request to the Physician and House Charge were blank. The form showed that the provider signed	

	the form on 01/17/22 at 11:00 AM. The review showed that the record did not contain a pre-release assessment documenting the date and time the patient requested discharge. 7. Review of the clinical record for Patient #5 showed that the patient voluntarily admitted to the facility on 12/20/21 at 4:37 PM and discharged on 12/24/21 at 1:24 PM. The record did not document the time the patient asked to be discharged. The patient's "Psychosocial Assessment" showed an entry on 12/23/21 at 11:10 AM that stated, "pt. reports they are ready for discharge…" The patient's "Psychiatrist Progress Note" dated 12/23/21 at 12:10, showed that the patient was wanting to discharge. The patient's "Physician Discharge Order" showed that the patient's order to discharge was written on 12/24/21 at 11:40 AM. The patient's "Discharge Summary," dated 12/24/21, showed that before the patient's withdrawal protocol was over, they signed to leave AMA. The review showed that the record did not contain a "Patient request for Early Discharge" form or a pre-release assessment documenting the date and time the patient requested discharge.	

Plan of Correction Instructions

Introduction

We require that you submit a plan of correction for each deficiency listed on the statement of deficiency form. Your plan of correction must be Submitted to DOH within fourteen calendar days of receipt of the list of deficiencies.

You are required to respond to the statement of deficiencies by submitting a plan of correction (POC). Be sure to refer to the deficiency number. If you include exhibits, identify them and refer to them as such in your POC.

Descriptive Content
Your plan of correction must provide a step-by-step description of the methods to correct each deficient practice to prevent recurrence and provide information that ensures the intent of the regulation is met.

An acceptable plan of correction must contain the following elements:

- The plan of correcting the specific deficiency;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction.

Simply stating that a deficiency has been "corrected" is not acceptable. If a deficiency has already been corrected, the plan of correction must include the following:

- How the deficiency was corrected,
- The completion date (date the correction was accomplished),
- How the plan of correction will prevent possible recurrence of the deficiency.

Completion Dates

The POC must include a completion date that is realistic and coinciding with the amount of time your facility will need to correct the deficiency. Direct care issues must be corrected immediately and monitored appropriately. Some deficiencies may require a staged plan to accomplish total correction. Deficiencies that require bids, remodeling, replacement of equipment, etc., may need more time to accomplish correction; the target completion date, however, should be within a reasonable and mutually agreeable time-frame.

Continued Monitoring

Each plan of correction must indicate the appropriate person, either by position or title, who will be responsible for monitoring the correction of the deficiency to prevent recurrence.

Checklist:

- Before submitting your plan of correction, please use the checklist below to prevent delays.
- Have you provided a plan of correction for each deficiency listed?
- Does each plan of correction show a completion date of when the deficiency will be corrected?
- Is each plan descriptive as to how the correction will be accomplished?
- Have you indicated what staff position will monitor the correction of each deficiency?
- If you included any attachments, have they been identified with the corresponding deficiency number or identified with the page number to which they are associated?

Your plan of correction will be returned to you for proper completion if not filled out according to these guidelines.

Note: Failure to submit an acceptable plan of correction may result in enforcement action.

Approval of POC
Your submitted POC will be reviewed for adequacy by DOH. If your POC does not adequately address the deficiencies, you will be sent a letter detailing why your POC was not accepted.

Questions?
Please review the cited regulation first. If you need clarification or have questions about deficiencies, you must contact the investigator who conducted the investigation.

Fairfax Behavioral Health
Plan of Correction for State Complaint Investigation Due 3/25/22
Fairfax Behavioral Health (BHA.FS.60874579)

Tag Number	Deficiency	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	How Monitored to Prevent Recurrence & Target for Compliance	Action Level Indicating Need for Change of POC
WAC 246-341-0410(4)(a) Agency administration-Administrator key responsibilities.	**WAC 246-341-0410(4)(a).** (4) The administrator or their designee must ensure: (a) Administrative, personnel, and clinical policies and procedures are adhered to and compliant with the rules in this chapter and other applicable state and federal statutes and regulations.	The CEO, CNO, CMO, Interim DCS and Director of Performance Improvement and Risk Management met to review all survey findings on 2/28/22. The Discharge of Voluntary Patients Requesting Early Release policy (PC 1200.6) was reviewed on 2/28/22. The Discharge of Voluntary Patients Requesting Early Release policy (PC 1200.6) was determined to meet regulatory compliance and no revisions were required at this time. The CMO retrained all medical staff to the Discharge of Voluntary Patients Requesting Early Release policy (PC 1200.6). Focus of the training included the requirement that when onsite, the attending provider is to immediately complete the Pre-release assessment of Voluntary Patients form in the event of a voluntary patient requesting early release. The CNO and/or designee retrained all nursing staff to the Discharge of Voluntary Patients Requesting Early Release policy (PC	Chief Medical Officer Chief Nursing Officer	4/5/22	100% of discharges Against Medical Advice (AMA) will be audited to ensure compliance with the Discharge of Voluntary Patients Requesting Early Release policy (PC 1200.6) to include immediate completion of the Pre-release Assessment by the attending provider (when on-site) or by the RN (when the attending provider is off-site). All deficiencies will be corrected immediately to include staff retraining as needed. Monitoring will be ongoing until the target for compliance has been achieved and sustained for four months. Aggregated data is reported to Quality Council and	< 90%

Tag Number	Deficiency	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	How Monitored to Prevent Recurrence & Target for Compliance	Action Level Indicating Need for Change of POC
		1200.6). Focus of the training included the requirement that, in the event a voluntary patient requests early release, the RN will immediately complete the Pre-release Assessment, when the attending provider is off-site. Training was provided in small groups, and individually for those unable to attend the scheduled training. Staff training was verified by signed attestation indicating understanding of training and expected compliance.			Medical Executive Committee monthly and to the Governing Board quarterly.	
WAC 246-341-0420(16) Agency policies and procedures.	**WAC 246-341-0420(16).** Each agency licensed by the department to provide any behavioral health service must develop, implement, and maintain policies and procedures that address all of the applicable	The CEO, CNO, CMO, Interim DCS and Director of Performance Improvement and Risk Management met to review all survey findings on 2/28/22. The Unplanned Discharge/Discharge Against Medical Advice (AMA) policy (PC 1200.5) was reviewed on 2/28/22. The Unplanned Discharge/Discharge Against Medical Advice (AMA) policy (PC 1200.5) was determined to be inconsistent with the Discharge of Voluntary Patients Requesting Early Release policy (PC 1200.6) and with RCW 71.05.050 and was thus retired.		4/5/22	100% of discharges Against Medical Advice (AMA) will be audited to ensure compliance with the Discharge of Voluntary Patients Requesting Early Release policy (PC 1200.6) to include: • If the determination of the Pre-release Assessment indicates the patient does not meet criteria defined by the	< 90%

Tag Number	Deficiency	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	How Monitored to Prevent Recurrence & Target for Compliance	Action Level Indicating Need for Change of POC
WAC 246-341-0600(1)	licensing and certification requirements of this chapter including administrative and personnel policies and procedures. Administrative policies and procedures must demonstrate the following, as applicable: (16) Individual rights. A description of how the agency has individual participation rights and policies consistent with WAC 246-341-0600. **WAC 246-341-0600(1)** (1) Each agency must protect and	The Unplanned Discharge/Discharge Against Medical Advice policy (PC 1200.5) was submitted for approved retirement to the Quality Council, Medical Executive Committee and the Governing Board. The Discharge of Voluntary Patients Requesting Early Release policy (PC 1200.6) was reviewed on 2/28/22. The Discharge of Voluntary Patients Requesting Early Release policy (PC 1200.6) was determined to meet regulatory compliance and no revisions were required at this time. The CMO retrained all medical staff to the Discharge of Voluntary Patients Requesting Early Release policy (PC 1200.6). Focus of the training included the following requirements: • When onsite, the attending provider is to immediately complete the Pre-release Assessment of Voluntary Patients form in the event of a voluntary patient requesting early release • If the determination of the Pre-release Assessment indicates the	Chief Medical Officer		state of Washington (presenting, as a result of a behavioral health disorder, imminent likelihood of serious harm or is gravely disabled) the patient must be released promptly and without undue delay • A referral to DCRs will be made only in the event the Pre-release Assessment indicates the patient presents, as a result of a behavioral health disorder, an imminent likelihood of serious harm or is gravely disabled. All deficiencies will be corrected immediately to include staff retraining as needed.	

Tag Number	Deficiency	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	How Monitored to Prevent Recurrence & Target for Compliance	Action Level Indicating Need for Change of POC
Clinical—Individual rights.	promote individual participant rights applicable to the services the agency is certified to provide in compliance with this chapter, and chapters 70.41, 71.05, 71.12, 71.24, and 71.34 RCW, as applicable.	patient does not meet criteria defined by the state of Washington (presenting, as a result of a behavioral health disorder, imminent likelihood of serious harm or is gravely disabled) the patient must be released promptly and without undue delay • A referral to the DCR for a more comprehensive assessment will only be made in the event the Pre-release Assessment indicates the patient presents, as a result of a behavioral health disorder, an imminent likelihood of serious harm or is gravely disabled Additional training included the retirement of the Unplanned Discharge/Discharge Against Medical Advice policy (PC 1200.5).			Monitoring will be ongoing until the target for compliance has been achieved and sustained for four months. Aggregated data is reported to Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly.	
WAC 246-341-0600(1) Clinical—Individual rights.	**WAC 246-341-0600(1)** (1) Each agency must protect and	The CEO, CNO, CMO, Interim DCS and Director of Performance Improvement and Risk Management met to review all survey findings on 2/28/22.		4/5/22	100% of discharges Against Medical Advice (AMA) will be audited to ensure compliance with the	<90%

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RCW 71.05.050(1,2) Voluntary application for treatment of a behavioral health disorder-Rights-Review of condition and status-Detention-Person refusing voluntary	promote individual participant rights applicable to the services the agency is certified to provide in compliance with this chapter, and chapters 70.41, 71.05, 71.12, 71.24, and 71.34 RCW, as applicable.
	
	RCW 71.05.050(1,2) (1) Nothing in this chapter shall be construed to limit the right of any person to apply voluntarily to any public or private agency or practitioner for treatment of a mental disorder or
		The Discharge of Voluntary Patients Requesting Early Release policy (PC 1200.6) was reviewed on 2/28/22. The Discharge of Voluntary Patients Requesting Early Release policy (PC 1200.6) was determined to meet regulatory compliance and no revisions were required at this time.
		
		The CMO retrained all medical staff to the Discharge of Voluntary Patients Requesting Early Release policy (PC 1200.6). Focus of the training included the following requirements:
		• Documenting a voluntary patient's request for early release on the Request for Early Discharge Form
		• When onsite, the attending provider is to immediately complete the Pre-release Assessment of Voluntary Patients form in the event of a voluntary patient requesting early release
		• If the determination of the Pre-release Assessment indicates the patient does not meet criteria defined by the state of Washington (presenting, as a result of a
			Chief Medical Officer		Discharge of Voluntary Patients Requesting Early Release policy (PC 1200.6) to include:
					• Completion of the Request for Early Discharge form to include:
					  ○ Documenting a voluntary patient's request for early release
					  ○ Reason for AMA
					  ○ Type of Discharge
					• Immediate completion of the Pre-release Assessment
					• If the determination of the Pre-release Assessment indicates the patient does not meet criteria defined by the state of Washington (presenting, as a result of	

Tag Number	Deficiency	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	How Monitored to Prevent Recurrence & Target for Compliance	Action Level Indicating Need for Change of POC
admission, temporary detention.	substance use disorder, either by direct application or by referral. Any person voluntarily admitted for inpatient treatment to any public or private agency shall be released immediately upon his or her request. (2) If the professional staff of any public or private agency or hospital regards a person voluntarily admitted who requests discharge as presenting, as a result of a behavioral health disorder, an imminent likelihood of serious harm, or is	behavioral health disorder, imminent likelihood of serious harm or is gravely disabled) the patient must be released promptly and without undue delay • A referral to the DCR for a more comprehensive assessment will only be made in the event the Pre-release Assessment indicates the patient presents, as a result of a behavioral health disorder, an imminent likelihood of serious harm or is gravely disabled • The attending provider will provide an order for referral to the DCR • The witness declaration will be completed by the staff who completes the Pre-release Assessment The Interim Director of Clinical Services retrained all Social Services staff to the Discharge of Voluntary Patients Requesting Early Release policy (PC 1200.6). Focus of the training included the requirement that staff are to document a voluntary patient's request for early release on the Request for Early Discharge Form.	Interim Director of Clinical Services		a behavioral health disorder, imminent likelihood of serious harm or is gravely disabled) the patient must be released promptly and without undue delay • In the event the Pre-release Assessment indicates the patient presents, as a result of a behavioral health disorder, an imminent likelihood of serious harm or is gravely disabled, a referral to DCRs to include: ○ Obtaining a provider order for DCR evaluation ○ Completion of the witness declaration	

Tag Number	Deficiency	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	How Monitored to Prevent Recurrence & Target for Compliance	Action Level Indicating Need for Change of POC

	gravely disabled, they may detain such person for sufficient time to notify the designated crisis responder of such person's condition to enable the designated crisis responder to authorize such person being further held in custody or transported to an evaluation and treatment center, secure withdrawal management and stabilization facility, or approved substance use disorder treatment program pursuant to the provisions	The CNO and/or designee retrained all nursing staff to the Discharge of Voluntary Patients Requesting Early Release policy (PC 1200.6). Focus of the training included the following requirements:
		• Completion of the Request for Early Discharge form to include:
		  ○ Reason for AMA
		  ○ Date and time of provider notification
		  ○ Type of discharge
		• Completion of Pre-release Assessment, when the attending provider is off-site
		• If the determination of the Pre-release Assessment indicates the patient does not meet criteria defined by the state of Washington (presenting, as a result of a behavioral health disorder, imminent likelihood of serious harm or is gravely disabled) the patient must be released promptly and without undue delay through obtaining an order for discharge from the provider
		• If the Pre-release Assessment indicates the patient presents, as a
			Chief Nursing Officer		○ Completion of DCR Referral Checklist
					
					All deficiencies will be corrected immediately to include staff retraining as needed.
					
					Monitoring will be ongoing until the target for compliance has been achieved and sustained for four months.
					
					Aggregated data is reported to Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly.	

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	of this chapter, which shall in ordinary circumstances be no later than the next judicial day.	result of a behavioral health disorder, an imminent likelihood of serious harm or is gravely disabled and a referral to DCRs is indicated: ○ Obtaining a provider order for referral to DCR ○ Completion of DCR Referral Checklist for all DCR referrals ○ Completion of the Witness/Affiant Declaration for all DCR referrals Training was provided in small groups, and individually for those unable to attend the scheduled training. Staff training was verified by signed attestation indicating understanding of training and expected compliance.				
WAC 246-341-0410(4)(g)(ii) Agency administration—Administrator key responsibilities.	**WAC 246-341-0410(4)(g)(ii)** (4) The administrator or their designee must ensure: (g) A written internal quality management plan,	The CEO, CNO, CMO, Interim DCS and Director of Performance Improvement and Risk Management met to review all survey findings on 2/28/22. The Discharge of Voluntary Patients Requesting Early Release policy (PC 1200.6) was reviewed on 2/28/22. The Discharge of Voluntary Patients Requesting Early Release		4/5/22	100% of discharges Against Medical Advice (AMA) will be audited to ensure • Compliance with the Discharge of Voluntary Patients Requesting Early Release policy (PC 1200.6)	<90%

Tag Number	Deficiency	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	How Monitored to Prevent Recurrence & Target for Compliance	Action Level Indicating Need for Change of POC
	human resources plan or similarly specialized plan, as appropriate, is developed and maintained that: (i) Addresses the clinical supervision and training of staff providing clinical services; (ii) Monitors compliance with the rules in this chapter, and other state and federal rules and laws that govern agency licensing and certification requirements; and (iii) Continuously improves the quality of care in all of the following: (A) Cultural competency that	policy (PC 1200.6) was determined to meet regulatory compliance and no revisions were required at this time. The Director of Performance Improvement and Risk Management created an audit to ensure compliance with the Discharge of Voluntary Patients Requesting Early Release policy (PC 1200.6). Specifically, the audit includes the time between when the patient requests early release and the time of their release, to ensure it is immediate. This audit and the aggregated data will be reported to Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly. The audit will remain a standing agenda item for Quality Council.	Director of Performance Improvement and Risk Management		• The time between when the patient requests early release and the time of their release Monitoring will remain ongoing as a standing agenda item. Aggregated data is reported to Quality Council and Medical Executive Committee monthly and to the Governing Board quarterly.	

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	aligns with the agency's local community and individuals the agency serves or may serve; (B) Use of evidence based and promising practices; and (C) In response to critical incidents and substantiated complaints.					

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

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

January 18, 2023

Fairfax Behavioral Health – Kirkland
10200 NE 132nd Street
Kirkland, WA 98034

Re: Complaint Investigation
Case Number: 2021-14208
License Number: BHA.FS.60874579

Dear Mr. West:

The State of Washington Department of Health recently completed an investigation revisit of Fairfax Behavioral Health – Kirkland between March 22, 2021, and July 7, 2021. On November 17, 2022, the State of Washington Department of Health conducted an on-site ongoing compliance progress visit.

No deficiencies will be cited as a result of this investigation revisit and ongoing compliance progress visit, and the case will be closed.

Please retain a copy of this letter for your files.

Thank you for your time and assistance during this investigation.

Investigator: 33894
Department of Health
HSQA/Office of Health Systems Oversight
PO Box 47874
Olympia, Washington 98504-7874