

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>000102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/03/2015</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BHC FAIRFAX HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10200 NE 132ND STREET KIRKLAND, WA 98034</b>
---	--

(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	<p><b>INITIAL COMMENTS</b></p> <p>This Private Psychiatric Hospital investigation was completed in response to case/complaint # 54844/2015-550 by Lori Daisley, MBA, RN and Joan Pierce, MSN, RN on March 3, 2015.</p> <p>There was deficiency found per the State Private Hospital licensing rules, Chapter 246-322 WAC found pertinent to this complaint.</p> <p>Shell # T7P911</p>	L 000		
L 420	<p><b>322-040.1 ADMIN-ADOPT POLICIES</b></p> <p>WAC 246-322-040 Governing Body and Administration. The governing body shall: (1) Adopt written policies concerning the purposes, operation and maintenance of the hospital, and the safety, care and treatment of patients;</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview and record review the hospital failed to follow written policy and procedure for identifying, and investigating incidents to ensure patient safety:</p> <p>Patient #1 for leaving the hospital against medical advice (AMA).</p> <p>Patient #2 reported abuse during a skin assessment and subsequent reported allegation of unwanted sexual involvement.</p> <p>Failure to ensure hospital staff followed the hospital process for identifying Serious Events, conducting an investigation and implementing interventions in a timely manner placed all patients at risk of unidentified harm.</p> <p>Findings:</p> <p>The Hospital Policy and Procedure titled Incident Reporting: Healthcare Peer Review (HPR)</p>	L 420		

ADSA --- Residential Care Services or Department of Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

03/27/15

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>000102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/03/2015</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BHC FAIRFAX HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10200 NE 132ND STREET KIRKLAND, WA 98034</b>
---	--

(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 420	<p>Continued From page 1</p> <p>Occurrence Reporting System dated 8/1/11 included Purpose: A. To improve patient care, ensure safe healthcare facility practices through concurrent identification of serious injuries, conducting timely peer review, evaluation of patient care and intervention to reduce occurrences. The Policy and Procedure definition included Serious Injuries/Events: Sexual involvement and AMA (Against Medical Advice) discharges.</p> <p>Review of the medical record for Patient #1 stated the court system released the involuntary hold order on 1/20/15. The medical team assessed the patient as not stable for discharge and recommended the patient remain hospitalized in the voluntary program. The patient refused and decided to leave against medical advice.</p> <p>The facility's Medical Staff Rules &amp; Regulations state "Should a patient leave the Facility against the advice of the attending Member, or without proper discharge, a notation of the incident shall be made in the patient's medical record. The patient should sign the appropriate release". This was not completed for patient #1.</p> <p>Interview on 3/3/15 with the Director of Nurse Services stated s/he was unaware of Patient #2 's reported allegation of sexual abuse during a skin assessment when staff examined her/his private areas.</p> <p>Interview on 3/3/2015 with the Risk Manager stated s/he was not informed of the reported allegation of abuse involving Patient #2. A search for investigation reports related to Patient #2 was unsuccessful.</p> <p>Interview on 3/3/2015 with the Registered Nurse, Unit Manager (RN #D) at the time of the incident stated s/he had no knowledge of the allegation. Review of Patient #2 's record revealed s/he was admitted to the hospital on 2/23/2015 for</p>	L 420		
-------	---	-------	--	--

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>000102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/03/2015</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BHC FAIRFAX HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10200 NE 132ND STREET KIRKLAND, WA 98034</b>
---	--

(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 420	<p>Continued From page 2</p> <p>evaluation and treatment related to mental health disorder and self-inflicted injuries. On 2/24/2015 Patient #2 was placed in a room with Patient #3. Patient #3 had a known history of inappropriate sexual behaviors and assaults.</p> <p>An entry in the Clinical Therapist Progress Note dated 2/24/2015 for Patient #2 indicated the hospital was aware of the alleged abuse related to the skin assessment and staff inappropriately examining the patient ' s orifices. Hospital staff confirmed no investigation report was initiated for this allegation of abuse.</p> <p>Interview on 3/3/2015 with the Registered Nurse, Charge Nurse (RN #C) stated s/he was aware of a reported allegation which was communicated to a staff member by a written note. The handwritten note disclosed a second allegation of sexual involvement. RN #C was unsure of when this allegation about Patient #3 soliciting Patient #2 was reported but thought it was shortly after Patient #2 was admitted. RN #C stated s/he was unaware of investigations being initiated for the two reported allegations. A search for an investigation for this allegation was unsuccessful. The date this note was given to staff was unknown and was not available.</p> <p>Interview with the Unit Manager; Registered Nurse (RN #E) stated s/he had been on vacation for two weeks and was not informed of the allegations since her return. Although the process to investigate was not initiated for the allegations, the Unit Manager was able to verbalize the hospital ' s investigation process. S/he was unaware of where to find the policy and procedures related to this process.</p> <p>Interview with Licensed Staff, Nurse Managers revealed an investigation to rule out abuse was not initiated. Licensed staff were unable to consistently verbalize the complete hospital process for identifying incidents/events which</p>	L 420		
-------	--	-------	--	--

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>000102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/03/2015</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>BHC FAIRFAX HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10200 NE 132ND STREET KIRKLAND, WA 98034</b>
---	--

(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 420	Continued From page 3 required reporting, investigating and implement appropriate interventions in a timely manner.	L 420		

Fairfax Behavioral Health - Kirkland  
Plan of Correction for Complaint #54844/52447-550 (March 3, 2015)

Tag Number	WAC	Corrective Action	Responsible Individual(s)	Date of Correction Completed (or will be completed)	How Monitored to Prevent Recurrence	Target for Compliance and Action Level Indicating Need for Change in Corrective Action
L 420	246-322-040.1 ADMIN-ADOPT POLICIES Governing Body and Administration	The Nurse Educator will develop new training materials and, in concert with Clinical Managers and Directors, will re-train all clinical staff through in-person training at staff meetings. The focus of the trainings will be to ensure that clinical staff follow the hospital process for identifying serious events, associated documentation responsibilities, investigation, and implementing interventions in a timely manner. Further, the policy entitled "Sexual Activity Precautions" will be revised to include additional detail regarding interventions after serious events. The training regarding this policy will occur at the abovementioned trainings.	CNO; Director of Performance Improvement and Risk Management	4/15/2015	Compliance will be monitored through the monthly Clinical Chart Audit and reported to Quality Council. Nurse Managers or their designees will monitor Treatment Planning meetings to ensure follow-up on potential serious events and will report results to Quality Council.	100%

*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  
Health Systems Quality Assurance  
Office of Investigations and Inspections  
PO Box 47874  
Olympia, WA 98504-7874

March 27, 2015

Ron Escarda, Chief Executive Officer  
Fairfax Hospital  
10200 NE 132<sup>nd</sup> Street  
Kirkland, WA 98034

Dear Mr. Escarda,

The Department of Health received your Plan of Correction in response to the State and Federal complaint investigation #54844/2015-550, conducted by the Washington State Department of Health. The Plan of Correction has been approved and this case will now be closed.

Please extend our appreciation to your staff for their assistance and transparency during the investigation process. If you or your staff has any further question, I can be reached at (360) 236-4696 if you have questions.

Thank you and your staff for coordinating and facilitating activities during the investigation process.

Sincerely,

Lori Daisley MBA, RN  
Department of Health, HSQA, IIO  
PO Box 47874  
Olympia, WA 98504-7874

*Mailed 3/27/15  
3/28/15*