

Behavioral Health Agency Investigation Report

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

Fairfax Behavioral Health, 10200 Northeast 132nd Street, Kirkland, 98034
Agency Name and Address

Michael Carpenter
Administrator

Complaint
Inspection Type

2/9/19
Investigation Onsite Dates

Jennifer Ross
Investigator

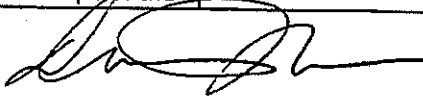
2019-218
Case Number

BHA. FS. 60873710
License Number

Inpatient
BHA 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 on-site inspection.

Deficiency Number and Rule Reference	Observation Findings	Plan of Correction
<p>WAC 246-341-1122: Mental Health inpatient services: Rights of individuals receiving inpatient services-related to RCW 71.05.360(2): Each person involuntarily detained or committed pursuant to this chapter shall have the right to adequate care and individualized treatment.</p>	<p>Based on interviews, review of policies, chart review and review of video, this BHA failed to ensure client had the right to adequate care.</p> <p>Failure to maintain client rights may result in safety concerns for patients and staff.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. In interview with Staff #1, on 2/9/19, they discussed the disciplinary process that took place with Staff #2 once the physical altercation was reported to QI department. Staff #1 reported that another nurse on duty with Staff #2 observed the incident and submitted a incident report. Staff #1, reported that due to it being a holiday, the QI department did not get that incident report until after the holiday. Staff #1 reported that they reviewed the video tape of the 	


Dir. of Quality & Risk Mgmt
3/25/19

event and it was Staff #2 that initiated the physical contact. Staff #1 reported that Staff #2 was let go after this investigation and BHA did report the license to the Department of Health.

2. In interview with Staff #3 on 2/9/19, they were responsible for doing rounds that day and was made aware of the physical altercation. They report that they did not document this in the clinical record as they did not actually see the event take place. They did report that they told Staff #4 to document the event and to give Patient #1 a grievance but was not sure if patient actually filed a grievance.
3. In interview with Staff #4 on 2/9/19, they reported that they were in the medication room when the physical altercation took place. They reported that they made sure that the patient was ok and then called the AOC, administrator on call. They reported that they offered patient a grievance but was not interested. Staff #4 also reported that they followed up with Patient #1 later in the day and they did not even mention the altercation that took place earlier in the day.
4. In phone conversation on 2/13/19+ and email with Staff #5, they did confirm that Staff #4 called to report the incident that took place with Staff #2 and Client #1. Staff reported that they did meet with Client #1 on the day after the holiday, and Client #1 did not want to pursue any other action from this incident. Staff #5 reported that she continued to have an altered mental status and was unsure if she remembered the incident. Staff #5 reported that Staff #2 worked out the rest of his shift and also one more shift before being put on suspension and then terminated.
5. In review of the video of the incident that took place, investigator observed Staff #2 put his hands on Client #1 in an aggressive manner and pushed her into the hallway and close the medication room window. In the video, investigator observed Client #1 become visibly upset about this interaction with staff.



**Behavioral Health Agency
Telephone Contact Numbers**

Management and Other Resources

Trent Kelly, Executive Director 360-236-4852
Jon Kuykendall, Investigation Manager 360-236-2938
Facsimile 360-586-0123

Investigators

Jennifer Ross, LMHC 360-688-6779

Introduction

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

You are required to respond to the Inspection Report with Noted 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 in your inspection report 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 onsite investigation, or you may contact the supervisor.

A handwritten signature or set of initials, possibly 'B' or 'D', located in the bottom right corner of the page.

Fairfax Behavioral Health
 Plan of Correction for State Complaint Investigation 2/9/19 Case #2019-218
 Fairfax Everett (BHA.FS.60873710)

Deficiency Number and Rule Reference	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
<p>WAC 246-341-1122: Mental Health inpatient services: Rights of individuals receiving inpatient services related to RCW 71.05.360(2): Each person involuntarily detained or committed pursuant to this chapter shall have the right to adequate care and individualized treatment.</p>	<p>The following policy was reviewed and revised by Clinical Leadership: PC 1000.29 Abuse Assessment and Reporting. The policy was revised to include specific steps to be taken when allegations of abuse or neglect are made against staff. These steps include</p> <ul style="list-style-type: none"> • Immediate investigation • Documentation and notifications to family/guardian, provider, AOC, DON, Risk Management and law enforcement (if applicable) • Immediate removal of the employee from the schedule, pending investigation. <p>The revised Abuse Assessment and Reporting policy will be approved by Quality Council on 3/26/19. The policy will be approved by the Medical Executive Committee on 3/28/19 and the Governing Board on 4/2/19. All Unit Managers and House Charges will be trained to the revised policy on 4/5/19.</p>	<p>Director of Nursing (DON)</p>	<p>4/5/19</p>	<p>All incidents of abuse or neglect allegations against staff will be reviewed by Risk Management to ensure that all steps are followed by the Unit Manager or House Charge, including immediate investigation, documentation and notifications as well as immediate removal of the employee from the schedule.</p> <p>All deficiencies will be corrected immediately to include staff retraining and disciplinary action as needed.</p> <p>Results of the</p>	<p>< 100%</p>

Fairfax Behavioral Health
Plan of Correction for State Complaint Investigation 2/9/19 Case #2019-218
Fairfax Everett (BHA.FS.60873710)

Deficiency Number and Rule Reference	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
	<p>The Suspected in-house Abuse/Neglect/Sexual Activity Response Checklist was implemented on 1/14/19. All House Charges were trained in person, at staff meetings by the ADON on 1/14/19, to this checklist which includes steps to be taken when allegations of abuse or neglect are made against staff. These steps include:</p> <ul style="list-style-type: none"> • Immediate investigation • Documentation and notifications to family/guardian, provider, AOC, DON, Risk Management and law enforcement (if applicable) • Immediate removal of the employee from the schedule, pending investigation. 			<p>review will be reported monthly to Quality Council, Medical Executive Committee and quarterly to the Governing Board.</p> <p>The target for compliance is 100%</p>	

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

March 28, 2019

Fairfax Behavioral Health
Everett E & T
916 Pacific Avenue
Everette, Wa 98201

Subject: Case Number: 2019-218

Dear Mr. Carpenter:

The Washington State Department of Health conducted a Behavioral Health investigation at Fairfax. Your investigation review was conducted on 2/9/2019. The Plan of Correction that was submitted was approved on March 28, 2019. No further action is required. I sincerely appreciate your cooperation and hard work during the investigation process and look forward to working with you again in the future.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Ross".

Behavioral Health Reviewer
Investigations and Inspections Office
Washington State Department of Health