

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>007470</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/18/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NAVOS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2600 SOUTHWEST HOLDEN SEATTLE, WA 98126</b>
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(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 # 55430/2015-1220 by Lori Daisley, MBA, RN on March 18, 2015.</p> <p>There were no deficiencies found per the State Private Hospital licensing rules, Chapter 246-322 WAC pertinent to this complaint.</p> <p>Shell # T62W11</p>	L 000		

State Form 2567  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_