

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 007470	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/17/2015
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NAME OF PROVIDER OR SUPPLIER NAVOS	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 SOUTHWEST HOLDEN SEATTLE, WA 98126
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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
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INITIAL COMMENTS

This Private Psychiatric Hospital investigation was completed in response to case/complaint # 54846/2015-744 by Lori Daisley, MBA, RN on March 17, 2015.

There were no deficiencies found per the State Private Hospital licensing rules, Chapter 246-322 WAC pertinent to this complaint.

Shell # B56B11

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

TITLE

(X6) DATE