



Adverse Event Contextual Information Form (Optional)

State law requires facilities to confirm adverse events with the Department of Health when they occur. (RCW 70.56.020) The facility must notify the department within 48 hours of confirming an event. Notification includes date, type of adverse event, and facility contact information. Facilities may also include contextual information regarding the reported event by completing and submitting this form. This form is optional and not required as part of the reporting requirements.

Public disclosure requests of an adverse event will include any contextual information the medical facility chose to provide. (RCW 70.56.020(2)(a))

Complete the following information and return by:

- Email to: AdverseEventReporting@doh.wa.gov, or
- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://www.kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	1.10.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	60
Other Facility information:	LTAC
Event Information:	<p>7D event reported to DOH 1.10.2024 on-line send the contextual form as follow up via email,</p> <p>On 1.10.24 the patient reported that sometime last night a female staff member came into her room and grabbed her legs to open the stating she was checking if the patient was wet. The patient has a prior history of rape and felt traumatized by this experience. No injury was sustained no report of additional touching. The identified employee was suspended pending investigation. Nursing leadership followed up immediately with the patient and a police report was filed. Investigation to follow.</p>



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Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	1.11.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	60
Other Facility information:	LTAC
Event Information:	<p>4F event reported to DOH 1.11.24 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 9.13.23. On 1.11.24 the patient was noted to have an unstagable pressure injury to the ischium. Triad and foam applied. Patient is already on an alternating air mattress.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hil
Date of Event Confirmation:	1.31.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	60
Other Facility information:	LTAC
Event Information:	<p>4F event reported to DOH 1.31.24 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 9.13.23. On 1.23.24 the patient was noted to have an unstagable pressure injury left buttock . Triad and foam applied. Patient is being placed on specialty mattress.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hil
Date of Event Confirmation:	2.6.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>4F event reported to DOH 2.7.24 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 11.2.23. On 2.6.24 the patient was noted to have an Stage 4 pressure injury right buttocks . Wound vac placed. Patient already on alternating air mattress.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hil
Date of Event Confirmation:	2.6.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>4F event reported to DOH 2.7.24 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 12.29.23. On 2.6.24 the patient was noted to have a Stage 3 pressure injury to the right heel. Cavilon skin prep applied covered with foam dressing and heels floated off pillow. Patient already on specialty sand bed.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hil
Date of Event Confirmation:	2.6.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>4F event reported to DOH 2.7.24 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 12.4.23. On 2.6.24 the patient was noted to have a Stage 3 pressure injury to the coccyx. Triad cream and foam dressing applied.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Facility Name:	Smokey Point Behavioral Hospital
Facility Contact:	Emily Crout, Director of Risk
Facility web site:	smokeypointbehavioralhospital.com
Date of Event Confirmation:	02/07/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	115 beds, behavioral health
Other Facility Information:	
Event Information:	Patient made allegation of non-consensual sexual intercourse/contact. End-Harm case started, Police called. Patient refused to speak with police or go to medical hospital. Internal investigation done and unable to substantiate claims however we are reporting in full transparency.

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Facility Name:	Wellfound Behavioral Health Hospital
Facility Contact:	Amy Schreiber
Facility web site:	Amy.Schreiber@wellfound.org
Date of Event Confirmation:	2/12/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	
Other Facility information:	
Event Information:	Wellfound Behavioral Health Hospital Confirmed 2/12 Patient's peer approached him and unprovoked, punched him in the nose. Patient sustained a nasal bone and maxillary fracture.

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Facility Name:	Wellfound Behavioral Health Hospital
Facility Contact:	Amy Schreiber
Facility web site:	Amy.Schreiber@wellfound.org
Date of Event Confirmation:	2/13/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	
Other Facility information:	
Event Information:	<p>Wellfound Behavioral Health Hospital</p> <p>Confirmed date: 2/13/2024</p> <p>Sexual Assault</p> <p>A male patient walked into patient's room and tried to take off the patient's mask (patient is COVID positive) and ran his hands across the patients' breasts over her scrubs. Translator services was used to talk with patient.</p> <p>After event, Male patient was placed on a constant observer.</p>

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Facility Name:	Wellfound Behavioral Health Hospital
Facility Contact:	Amy Schreiber
Facility web site:	amy.schreiber@wellfound.org
Date of Event Confirmation:	2/15/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	
Other Facility information:	
Event Information:	<p>Wellfound Behavioral Health Hospital</p> <p>Confirmed 2/16/2024</p> <p>Alleged Sexual Assault. Allegedly, patient was kissed by her roommate three times against her will. Later reporting that she was penetrated by a toothbrush by roommate. Patient sent to Emergency Room for sane exam.</p> <p>Patient was moved to a different unit.</p>



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Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hil
Date of Event Confirmation:	2.19.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A total of two 4F event reported to DOH 2.19.24 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 12.5.23. On 2.16.24 he was noted to have DTI to left and right ischium tuberosity. Triad cream w/ foam applied.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Facility Name:	University of Washington Medical Center
Facility Contact:	Lisa Robinson
Facility web site:	https://www.uwmedicine.org/
Date of Event Confirmation:	2/22/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	810 beds
Other Facility information:	N/A
Event Information:	Patient assault on staff member. During care, patient inappropriately touched female RN's breast. RN informed the ED technician of the event who then notified the charge RN. Security was called and the patient was informed of behavioral expectations. The RN was reassigned to another patient.



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Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	2.23.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A total of two 4F event reported to DOH 2.23.24 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 10.6.23. On 2.23.24 he was noted to have DTI to left and right heels. Foam and boots applied. Heels to be floated.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>

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Facility Name:	Cascade Medical
Facility Contact:	Melissa Grimm
Facility web site:	www.cascademedical.org
Date of Event Confirmation:	2/29/24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	Hospital Acute Care is 9 beds
Other Facility information:	Critical Access Hospital
Event Information:	<p>Patient on airborne precautions. Patient got out of bed and bed alarmed. Nurse went to room and asked patient to wait for assistance to go to the bathroom until nurse could don PPE. Patient did not wait and instead ambulated to toilet with the use of walker. Nurse came into room and patient was on toilet. While waiting outside cracked door for privacy at patient's request, nurse asked patient to let her know when done voiding so she could assist patient back to bed. Patient did not advise when done voiding, instead nurse observed through crack door, patient got up to ambulate without assist, so nurse entered bathroom and observed patient fall. Patient fell onto left hip. Hospital team and EMS teams alerted for lift assist and patient care. This fall resulted in a left hip fracture. Patient was transferred to Confluence for fracture repair on 3/1/24.</p>



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Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	3.4.2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A total of two 4F event reported to DOH 3.4.204 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 1.23.24. On 2.28.24 he was noted to have DTI to the right heel. Foam and boots applied. Heels to be floated.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	3.5.2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A 4F event reported to DOH 3.5.204 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 12.15.23. On 3.5.24 the patient was noted to have an unstagable pressure injury to the sacrum. New orders for triad cream and cover with foam dressing.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	4.4.2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A 4F event reported to DOH 4.4.2024 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 1.4.24. On 4.4.24 the patient was noted to have a DTI pressure injury to the coccyx. New orders for triad cream and cover with foam dressing. Specialty bed ordered.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Other Facility information:	LTAC
Event Information:	<p>A 4F event reported to DOH 4.22.2024 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 2.23.24. On 4.22.24 the patient was noted to have a DTI pressure injury to the Sacrum. New orders for triad cream and cover with foam dressing. Specialty bed ordered.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



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Facility Contact:	Jessica Yanny DQM
Facility web site:	https://www.kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	4.22.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>7C event reported to DOH 4.22.2024 on-line send the contextual form as follow up via email,</p> <p>On 4.22.24 the patient claimed that a male staff member raped her. The police were contacted and came to take a report. No injury was sustained. Nursing leadership followed up immediately with the patient and a police report was filed. Police interviewed the patient and staff and determined there was no evidence of rape. We enacted care in pairs with female caregivers only assigned to the patient. Full investigation to follow.</p>



Adverse Event Contextual Information Form (Optional)

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Public disclosure requests of an adverse event will include any contextual information the medical facility chose to provide. (RCW 70.56.020(2)(a))

Complete the following information and return by:

- Email to: AdverseEventReporting@doh.wa.gov, or
- Mail to: DOH Adverse Events, PO Box 47853, Olympia, WA, 98504-7853, or
- Fax to: Adverse Events (360) 236-2830

Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hil
Date of Event Confirmation:	4.30.2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A 4F event reported to DOH 4.30.2024 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 4.5.24. On 4.30.24 the patient was noted to have a DTI to the right great toe and a DTI to the right heel. Skin prep, foam, boots, and ordering alternating air mattress.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



Adverse Event Contextual Information Form (Optional)

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Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	5.3.2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>A 4F event reported to DOH 5.3.2024 Online send the contextual form as follow up via email, RCA to be send once completed and reviewed.</p> <p>Patient admitted on 1.23.2024. On 5.3.24 the patient was noted to have a DTI to the right heel. WOCN provided instructions and education to nursing staff on floating the heels, boots placed.</p> <p>Records reviewed; initial interviews conducted. Followed up by wound care. Care plan updated. Nutrition and Rehab reviews in progress. Nursing huddle completed. Family notified.</p> <p>RCA in progress</p>



Adverse Event Contextual Information Form (Optional)

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- Fax to: Adverse Events (360) 236-2830

Facility Name:	University of Washington Medical Center
Facility Contact:	Lisa Robinson
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	5/23/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 Beds
Other Facility information:	N/A
Event Information:	1 of 4 reported a physical assaults on 5/24/24; confirmed 5/23/24. In this event, a patient assaulted a staff member.



Adverse Event Contextual Information Form (Optional)

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- Fax to: Adverse Events (360) 236-2830

Facility Name:	University of Washington Medical Center
Facility Contact:	Lisa Robinson
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	5/23/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 Beds
Other Facility information:	N/A
Event Information:	2 of 4 reported a physical assaults on 5/24/24; confirmed 5/23/24. In this event, a patient assaulted a staff member.



Adverse Event Contextual Information Form (Optional)

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Facility Name:	University of Washington Medical Center
Facility Contact:	Lisa Robinson
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	5/23/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 Beds
Other Facility information:	N/A
Event Information:	3 of 4 reported a physical assaults on 5/24/24; confirmed 5/23/24. In this event, a patient assaulted a staff member.



Adverse Event Contextual Information Form (Optional)

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- Fax to: Adverse Events (360) 236-2830

Facility Name:	University of Washington Medical Center
Facility Contact:	Lisa Robinson
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	5/23/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 Beds
Other Facility information:	N/A
Event Information:	4 of 4 reported a physical assaults on 5/24/24; confirmed 5/23/24. In this event, a patient assaulted a staff member.



Adverse Event Contextual Information Form (Optional)

State law requires facilities to confirm adverse events with the Department of Health when they occur. (RCW 70.56.020) The facility must notify the department within 48 hours of confirming an event. Notification includes date, type of adverse event, and facility contact information. Facilities may also include contextual information regarding the reported event by completing and submitting this form. This form is optional and not required as part of the reporting requirements.

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- Fax to: Adverse Events (360) 236-2830

Facility Name:	Valley Medical Center
Facility Contact:	Jamie Leviton
Facility web site:	www.valleymed.org
Date of Event Confirmation:	06 June 2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	321 beds
Other Facility information:	jamie_leviton@valleymed.org 425-690-3096
Event Information:	<p>The following three events will be submitted as part of an aggregate report for 2024 Quarter 2. The report will be submitted by July 15, 2024.</p> <p>ID#: QMN19117205_02 HAPI Location: Heel, Left HAPI Stage: Unstageable Date of Onset: 2024-05-16 Date of Confirmation: 2024-06-06</p> <p>ID#: JLX19117265 HAPI Location: Coccyx HAPI Stage: Unstageable HAPI Stage: 2024-05-05 Date of Confirmation: 2024-06-06</p> <p>ID#: LKN19117438 HAPI Location: Coccyx HAPI Stage: Unstageable HAPI Stage: 2024-05-05 Date of Confirmation: 2024-06-06</p>



Adverse Event Contextual Information Form (Optional)

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Facility Name:	Kindred Hospital Seattle
Facility Contact:	Jessica Yanny DQM
Facility web site:	https://www.kindredhealthcare.com/locations/ltac/kindred-hospital-seattle-first-hill
Date of Event Confirmation:	6.18.24
Facility capacity: (e.g., # of beds, rooms, procedures per year)	65
Other Facility information:	LTAC
Event Information:	<p>7D event reported to DOH 6.18.2024 on-line send the contextual form as follow up via email,</p> <p>On the evening of June 14, 2024 patient alleges a female nurse removed her gown and yanked her like a rag-doll causing pain. No injury was sustained. Provider was notified and examined patient. The identified employee was suspended pending investigation. Nursing leadership followed up immediately with the patient and a police report was filed. Investigation to follow.</p>



Adverse Event Contextual Information Form (Optional)

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- Fax to: Adverse Events (360) 236-2830

Facility Name:	University of Washington Medical Center
Facility Contact:	Diana Guillen
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	6/27/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 beds
Other Facility information:	N/A
Event Information:	Confirmed 6/27/24. In this event, a patient sexually assaulted a staff member twice by inappropriately touching female MA's breast. An emergency safety huddle occurred to establish a safety plan including reassignment of the patient, male caregivers only, rounding and communication re patient care plan with team and review of behavioral expectations with the patient.



Adverse Event Contextual Information Form (Optional)

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Facility Name:	University of Washington Medical Center
Facility Contact:	Diana Guillen
Facility web site:	www.uwmedicine.org
Date of Event Confirmation:	6/27/2024
Facility capacity: (e.g., # of beds, rooms, procedures per year)	910 beds
Other Facility information:	N/A
Event Information:	Confirmed on 6/27/24. In this event, a patient assaulted a staff member.