State of Washington STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN OF C	ORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		
		60429197	B. WNG		C 12/17/2020
		<u> </u>	ADDRESS, CITY, ST	ATE, ZIP CODE	
NAME OF PROV	IDER OR SUPPLIER		ILITARY ROAD		
CASCADE BE	EHAVIORAL HOSPIT	4.1	_A, WA 98168		
(X4) ID PREFIX	ACADE DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF	HOULD BE COMPLETE
TAG	REGULATORY			DEFICIENCY)	
L 000 IN	NITIAL COMMENTS	S	L 000		,
	TATE COMPLAINT	T INVESTIGATION		A written PLAN OF CORRECT required for each deficiency lister Statement of Deficiencies.	CTION is ed on the
A P	DOH) in accordance dministrative Code rivate Psychiatric a	e with Washington (WAC), Chapter 246-322 and Alcoholism Hospitals,		EACH plan of correction state must include the following:	ement
C	onducted this healt on site dates: 12/16	h and safety investigation.		The regulation number and/or t number;	he tag
	tase numbers: 2020	0-15330, 2020-15325, 15809, and 2020-16764		HOW the deficiency will be corn	ļ
· Ir		6245, 106259, 106563,		WHO is responsible for making correction;	the
	he investigation wa			WHAT will be done to prevent reoccurrence and how you will continued compliance; and	monitor for
11	nvestigator#2 nvestigator#3	o was in orientation		WHEN the correction will be co	Į.
	nvestigator #4, who	o was in orientation		3. Your PLANS OF CORRECT be returned within 10 calendar the date you receive the emails Statement of Deficiencies. You Correction must be emailed by 14, 2020.	days from ed ir Plans of
				Return the ORIGINAL REPO email with the required signature.	ORT via ires.
L 715	322-100.1E INFEC	T CONTROL-PROVISIONS	L 715	322-100.1E Infection Control-Pr	rovisions
-   1   1	WAC 246-322-100 The licensee shall: implement an effection control production infection includes at a minimum for: (i) Providing co	(1) Establish and tive hospital-wide ogram, which num: (f) Provisions			

STATE OF M

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  A BUILDING:  80429197  STREET ADDRESS, CITY, STATE, ZIP CODE  12844 MILITARY ROAD SOUTH  TUKWILA, WA 89168  PROVIDER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) MIST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  L 716  Continued From page 1  regarding patient care practices, equipment and supplies which may influence the risk of infection; (ii) Providing consultation regarding appropriate procedures and products for cleaning, disinfecting and sterilizing; (iii) Providing infection control information for orientation and in-service education for staff providing direct patient care; (iv) Making recommendations, consistent with federal, state, and local laws and rules, for methods of safe and sanitary disposal of: (A) Sewage; (B) Solid and liquid wastes; and (C) Infectious wastes including safe management of sharps; This Washington Administrative Code is not met as evidenced by:  (20) MILITARY ROAD SOUTH  TUKWILA, WA 89168  PROVIDERS PLAN OF CORRECTION (24) MILITARY ROAD SOUTH  TUKWILA, WA 89168  PROVIDERS PLAN OF CORRECTION (24) MILITARY ROAD SOUTH  TUKWILA, WA 89168  PROVIDERS PLAN OF CORRECTION (24) MILITARY ROAD SOUTH  TUKWILA, WA 89168  PROVIDERS PLAN OF CORRECTION (24) MILITARY ROAD SOUTH  TUKWILA, WA 89168  PROVIDERS PLAN OF CORRECTION (24) MILITARY ROAD SOUTH  (25) COMPLETED  C 12/17/12/220   CASCADE BEHAVIORAL HOSPITAL  TUKWILA, WA 89168  PROVIDERS PLAN OF CORRECTION (26) CORRECTION (26) CORRECTION (27) CORRECTIO	State of W	/ashington			FOONETRICTION	(X3) DATE SI	JRVEY
NAME OF PROVIDEROR SUPPLIER  STREET ADDRESS, CITY, STATE, ZP CODE  12244 MILITARY ROAD SOUTH  TURNILA, WA 89188  FROWDERS PLAN OF CORRECTION  (PACK DEPOILS OF MILES THE PRECEDED BY PULL PREEK PLAN OF CORRECTION O	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	i .		COMPLE	TED
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CTY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TURWILL, WAS B168  PROVIDERS TAN OF CORRECTION (EACH DEFFORENCY MIST BE PRECEDED BY FILL PRECIDATORY OR LSC IDENTIFYING INCREMATION)  L 715  Continued From page 1  regarding patient care practices, equipment and supplies which may influence the risk of infaction control information for orientation and in-service aducation for staff providing direct patient care; (N) Making recommendations, consistent with federal, sites, and local laws and rules, for methods of sefe and senilary disposal of: (A) Sewage; (B) Solid and liquid westes; and (C) infectious wastes including safe management of shapes; This Washington Administrative Code is not met as evidenced by:  Item #1 - Hospital Approved Disinfectants  Based on observation, interview, and document review, the hospital's Infection Control Program did not provide constitt the infection products puts patients, staff, and visitors at iris of illness from communicable diseases.  Findings included:  1, On 12/17/20 at 11:00 AM, investigator #2 Interviewed the infection Preventionist (Staff #802) and a former infection Preventionist (Staff #803) a	AND PLAN O	F CORRECTION	IDENTIFICATION NOMBER	A. BUILDING:			
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SUMMARY STATEMENT OF DEFICIENCIES PREPARE REACH DEFICIENCY MISSTER SECRETOR SET FULL PROPERTY TAG  L715  Continued From page 1  regarding patient care practices, equipment and supplies which may influence the risk of infection; (ii) Providing consultation regarding appropriate procedures and products for cleaning, disinfecting and sterilizing; (iii) Providing intection control information for orientation and in-service education for staff providing direct patient care; (iv) Making recommendations, consistent with federal, state, and local laws and rules, for methods of safe and sanilary disposal of; (A) Sewage; (B) Solid and fiquid wastes; and (C) Infectious wastes including safe management of sharps; This Washington Administrative Code is not met as evidenced by:  Item #1 - Hospital Approved Disinfectants  Based on observation, interview, and document roview, the hospital's infection control staff in the selection of cleaning and disinfectants and insensity of the selection of cleaning and disinfectants and insensity being products.  Failure to consult the infection control staff in the selection of cleaning and disinfectants at risk of illness from communicable diseases.  Findings included:  1. On Itinued From Page 1  Item 1: Hospital Approved Disinfectants  Who: Environment of Care Director What: EOC Director educated leadership on the process of approval for all postal disinfectants.  EOC Director submitted updated list of Hospital Approved Disinfectants were approved by the weekly infection control and environment of care meeting or approval for all postal disinfectants and updating the list monthly. Any new supplies will be presented to tweekly infection control safe meeting or approval for all postal usual postal disinfectants are required to the postal supplies is being presented to monthly EOC postal usual postal disinfectants and infection control safe in the selection of cleaning and disinfectants are required.  1. On 12/17/20 at 11:00 AM, Investigator #22 Interviewed the Infection Preventionist (Sta	CASCADE	BEHAVIORAL HOSPIT	AL TUKWIL	.A, WA 98168			
regarding patient care practices, equipment and supplies which may influence the risk of infection; (ii) Providing consultation regarding appropriate procedures and products for cleaning, disinfecting and sterilizing; (iii) Providing infection control information for orientation and in-service education for staff providing direct patient care; (iv) Making recommendations, consistent with federal, state, and local laws and rules, for methods of safe and sanitary disposal of: (A) Sewage; (B) Solid and liquid wastes; and (C) Infectious wastes including safe management of sharps; This Washington Administrative Code is not met as evidenced by: Item #1 - Hospital Approved Disinfectants  Based on observation, interview, and document review, the hospital's infection Control Frogram did not provide consultation during selection of hospital's approved disinfectants and cleaning products.  Failure to consult the infection control staff in the selection of cleaning and disinfection products puts patients, staff, and visitors at risk of illness from communicable diseases.  Findings included:  1. On 12/17/20 at 11:00 AM, Investigator #2 interviewed the Infection Preventionist (Staff #802) and a former Infection Freventionist (Staff	PREFIX	CACH DESICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	O BE	COMPLETE
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from communicable diseases.  Findings included:  1. On 12/17/20 at 11:00 AM, Investigator #2 interviewed the Infection Preventionist (Staff #802) and a former Infection Preventionist (Staff #803) about approval of disinfectants used in the		nuts natients, staff.	and visitors at risk of illness				
Findings included:  1. On 12/17/20 at 11:00 AM, Investigator #2 interviewed the Infection Preventionist (Staff #802) and a former Infection Preventionist (Staff #803) about approval of disinfectants used in the		from communicable	e diseases.				
1. On 12/17/20 at 11:00 AM, Investigator #2 interviewed the Infection Preventionist (Staff #802) and a former Infection Preventionist (Staff #803) about approval of disinfectants used in the							
interviewed the Infection Preventionist (Staff #802) and a former Infection Preventionist (Staff #803) about approval of disinfectants used in the							•
#802) and a former Infection Preventionist (Stati		1. On 12/17/20 at	11:00 AM, Investigator #2				
#803) about approval of disinfectants used in the		interviewed the Info	ection Preventionist (Staff	ļ			
#803) about approval of distributions to the infection preventionists stated that		#802) and a forme	rintection Freventionist (ordin				
		#803) about appro	tion preventionists stated that				

State of Washington		(X2) MULTIPLE	E CONSTRUCTION	(X3) DATE SURVEY	
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COMPLETED
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		00400407	B. WNG	NAME OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE	12/17/2020
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CAGCADE			, WA 98168	PROVIDER'S PLAN OF CORRECTION	ON (X5)
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L 715	Continued From pag	e 2	L 715	Continued From page 2	S
	Infection Preventioni final approval of all p Environment of Care prevention is part of activities.	or cleanup product. The st (Staff #802) stated that roduct is handled through (EOC) committee. Infection the EOC committee's of the Quality Council			
·	Committee meeting January 2020 throug minimal notations or activities for the hos Investigator #2 did nevidence that the Intervided consultation approval of disinfect	minutes for the months of the provided in the provided in the pital. Investigator #7 and ot find any documentation or fection Prevention staff in or input on selection and ant and cleaning products.			
	Investigator #8, and #801) inspected the The inspection inclu South. Four cleaning closet with two mou machines. There we	2:38 AM, Investigator #2, the Facility Manager (Staff Rehabilitation Unit 3 South. ded the cleaning closet on 3 g solutions were found in the inted solutions in dispensing ere two products in their containers and were labeled the pha - HP			
	Manager of the app and cleaning agents #801), provided a d Chemical List Dece taken from the "Em Communication Pro This list, titled "Hou include either of the and Alpha-HP, four	equested a list from the Facility roved hospital disinfectants s. The Facility Manager (Staff ocument titled, "Hazardous mber 24, 2018" which was ployee Written Hazard ogram" last reviewed 01/28/20. sekeeping Chemicals" did not be two products, Crew NA SC and in the cleaning closet as ant or cleaning products.			

State of vv	/ashington		(X2) MIII TIPI F	CONSTRUCTION	(X3) DATE SURVEY
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	COMPLETED	
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CASCADE		•	, WA 98168	PROVIDER'S PLAN OF CORRECTION	N (×6)
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L 71,5	Continued From pag	e 3	L 715	Continued From page 3	
		s and availability to Hospital	-	Item 2: Staff Access and availability to Approved Infection Control Policies	Hospital
	Based on observation current infection conwere unavailable for Failure to provide current infection apart policies and recommunicable disease.  Findings included:  1. On 12/16/20 at 9: the 4 West unit, Inverse and the failure current in procedures. Staff #1 hospital drive called infection control pollocated was not operated was not operated for 4 days.  2. On 12/17/20 at 1 the Infection Control officer (Staff #804) the source of current the hospital staff to healthinfection condition outgoing Infection confirmed that the education of the staff the staff of t	on and interview, the hospitals trol policies and procedures access by hospital staff.  Irrent information on infection demic with rapidly changing nendations puts patients, isk of illness from		Who: Chief Nursing Officer and/or des What: All hospital approved infection of policies are being printed and placed communication binder for easy access. When: Hospital approved infection communication binder on: Evaluation Method: Chief Nursing Officer/designee will audit the unit communication binder monthly to ensily available for unit staff for three consecutive months and or until 100% compliance is achieved and sustaine will be submitted to weekly Quality and Executive Committee meeting.	in each unit s to staff. ontrol oit oit oit oit oit oit oit oit oit oit
	4 days.				

State of W	/ashington	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLI	E CONSTRUCTION	(X3) DATE SUI	
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CASCADE			A, WA 98168	PROVIDER'S PLAN OF CORRECTION	N	(X5)
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L 720	Continued From pag	e 4	L 720	Continued From page 4		
L 720	322-100.1G INFECT	CONTROL-PRECAUTION	L 720	322-100.1G Infection Control- Precaut	ion	
	WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and			Who: Chief Nursing Officer and Infecti Nurse.	on Control	
	implement an effection infection control progincludes at a minimus specific precautions transmission of infect This Washington Adas evidenced by:  Item #1 - Storage of Shields  Based on observation review, the hospital properly stored face subject to reuse.  Failure to properly sequipment risks cropatients, staff, and transmission of controls.	ve hospital-wide gram, which am: (g) Identifying to prevent ctions; aministrative Code is not met  FN95 Masks and Face on, interview, and document failed to ensure that staff e shields and respirator masks store personal protective ss-contamination and puts visitors at risk from municable diseases.		What: Infection Control Nurse re-educe RNs and MHTs on Rehabilitation Unit on appropriate storage of Personal Progear and also storage of Personal Progear was added to weekly infection corounds.  Chief Nursing Officer educated leader appropriate storage of PPEs during winfection control and Environment of comeeting.  How: Infection Control Nurse added so N95 masks and face shields to the data control rounds.  When: Infection Control Nurse education Rehabilitation Unit 3 south on: Chief Nursing Officer educated leader appropriate storage of PPEs on: Appropriate storage of PPEs has been infection control rounds on:	a South otective of otective ontrol ship on eekly sare storage of all staff rship on en added to age of N95	12/21/2020
	Prevention - Optimi Equipment (PPE) S 07/16/20  Findings included:  1. Document review procedure titled, "N Pandemic," number 07/01/20, showed	of for Disease Control and sizing Personal Protective Supplies -Last updated work the hospital policy and Masking During COVID19 or IC.Mask.100, approved that extended use and reuse sist in avoiding damage to the on of the environment, and		masks on units will be reported to we infection Control/EOC meetings and Quality and Medical Executive Commoverning Body meeting Quarterly for consecutive months and/or until 1000 compliance is achieved and sustaine deficiencies will be corrected immedifinection control rounds and staff not compliance will be re-educated and corrective action.	ekly Monthly nittee and or three % d. Any ately during in	12/17/2020 and ongoins

	Vashington	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION (X3)		
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	not the control ten	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
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L 720	Continued From pag	e 5	L 720		,	
		•				
	2. Document review	of a document located within				
!	the hospital infection	control manual titled,				
	"Extended and Re-U	lse of PPE by Healthcare		_		
!	Personal - Issued by	the Washington State				
	Department of Healt	h," dated 04/22/20 showed				
	that N95 respirator n	nasks should be stored in a ntainer such as a paper bag				
	clean, preatnable co	r's name. Eye protection				
	should be disinfected	d and stored in a dedicated				
	space labeled with the	he user's name.				
	'			•		
	3. On 12/16/20 at 9:	30 AM, Investigator #3			· ·	
	inspected the Rehab	oilitation Unit 3-South with the	1.		ļ.	
	Director of Risk Mar	nagement (Staff #301) and a			İ	
	Registered Nurse (S	Staff #302). During the stigator observed 5 face				
	inspection, the invest	different staff names stored				
	in one singular pane	er bag together instead of an				
	individual bag for ea	ich staff member's face				
	shield. The observa	tion also showed two N95				
	masks stored in a n	on-breathable plastic bag				
	within the same par	per bag. ,				
		shappyation Investigator#3			, , , , , , , , , , , , , , , , , , ,	
	4. At the time of the	observation, Investigator #3 02 about the storing of the				
	Interviewed Stall #3	singular paper bag. Staff				
	#302 stated that the	staff no longer routinely used	1			
	face shields as each	h staff member have their own				
	goggles or protective	re eve shields. Staff #301				
_	confirmed that the f	ace shields and N95 masks				
		eparately for each staff				
	member.					
-		Protective Equipment		Item 2 – Personal Protective Equipme	ent	
	Based on observati	ion, interview, and document				
	review, the hospital	I failed to ensure staff wore				
	nrotective evewear	appropriate for potential				
	droplet or airborne	transmission of communicable			<u> </u>	

State Form 2567 STATE FORM

	Vashington FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE SU	
	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			
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NAME OF P	ROVIDER OR SUPPLIER		ITARY ROAD			
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(X4) ID PREFIX - TAG	/EACH DESIGNENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDEO BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
L 720	Continued From pag	e 6	L. 720	Continued From page 6		,
L 720	Failure to comply with prevent transmission staff, and visitors at diseases.  Reference: Centers Prevention - Guidelin Preventing Transmis Healthcare Settings summary of recommucus membranes during patient-care agenerate splashes of secretions. Select mand combinations of anticipated.  Findings included:  1. Document review procedure titled, "Crula Coving patient-care and combinations of anticipated.  Findings included:  1. Document review procedure titled, "Crula Coving personal protective reusable eye protective reusable eye protective shields). Eye protective apotentially infection.  2. On 12/16/20 at 9 the Director of Risk	th polices and procedures to a finfection puts patients, risk from communicable  for Disease Control and the for Isolation Precautions: sion of Infectious Agents in (2007) showed the following mendations:  tive equipment to protect the of the eyes, nose and mouth factivities that are likely to but sprays of body fluids and masks, goggles, face shields, freach according to the need action (i.e. goggles or face extion should be prioritized the to face or close contact with the patient is unavoidable.  30 AM, Investigator #3 and Management (Staff #301)		Who: Chief Nursing Officer, Infection of Nurse and Director of Risk What: Chief Nursing Officer educated on add-on Side Shields during weekly control and environment of care meeti wearing add-on side shields was educated and given CDC approved goggles. When: Staff wearing add-on Side Shield educated and given CDC approved goggles/eyewear. How Monitored: Chief Nursing Officer Infection Control Nursing are monitorical appropriate use of goggles/eye wear on ursing rounds. Staff not in compliant educated immediately and given appreyewear. Appropriate use of PPE to in eyewear is being reported to monthly and Medical Executive Committee for consecutive months until 100% compachieved and sustained.	leadership infection ng. Staff cated and elds was and ng during daily is being opriate nclude Quality three	03/30/2021
	inspected the Reha the inspection, the Registered Nurse ( prescriptive glasses The observation sh	bilitation Unit 3 South. During investigator observed a Staff #302) wearing their with add-on side shields. owed the staff member was from potential exposure				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	F CORRECTION	IDENTIFICATION NUMBER:	A, BUILDING:		
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		,01,	, WA 98168	PROVIDER'S PLAN OF CORRECTION	N (X5)
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L 720	Continued From pag	e 7	L 720		
	whenever the nurse	bent their head downward n the superior position.			
					L. Constitution of the Con
	3. At the time of the	observation, Investigator #3			
	interviewed Staff #30	02 about their eye protection. e hospital provided the side			
	shields to the staff be	efore the hospital was able to			
	nurchase additional	face shields or goggles. She			
	stated the hospital a shields as an alterna	illows staff to use the side ative to a face shield or			
	goggles.				
	4 On 19/18/90 of 0	:57 AM on the 4th floor,	,		
3	Investigator #7 obse	erved a Registered Nurse			
	(Staff #701) wearing	her personal glasses with			
	add-on side shields	tor eye protection.			Ì
	5. Document review	of the hospital policy and			
!	procedure titled, "Ma	asks and Face Protection, ast reviewed 01/18, showed			
	that whenever a ma	isk is required, eye protection			
	is required. Masks it	n combination with eye	Ī		
	protection devices s	such as goggles, chin-length sees with solid eye shields			
	should be worn whe	enever splashes, droplets, or			**
	Lother body liquids m	nay be generated and eye,		1	
	nose, or mouth cont	tamination can be reasonably licy included a description			
	which stated that pr	escription glasses may be			
	used as protective e	eyewear as long as they are			
-	equipped with solid	side shields that are I or of the "add on" type which			
	is not congruent wit	h current CDC			
	recommendations.				
	•				
L 72	322-100.1H INFEC	T CONTROL-EMPLOYEE	L 725	322-100.1H Infection Control- Employ	/ee
	WAC 246-322-100	Infection Control.	***************************************		

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AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			
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L 725	Continued From pag	e 8	L 725	Continued from page 8		
1,720						-
	The licensee shall: ('implement an effection	) Establisti aliu ve hospital-wide		Who: Chief Nursing Officer		
	infection control prog	sram, which		What: A schedule for fit testing of N95	masks	
	includes at a minimu	m: (h)		luge created and all staff on the unit is	peing tit	
	Coordinating employ	ree activities to		tosted for N95 mask per schedule. FII	tesung	
	control exposure and	d transmission of		was also added to the new employee	and annuar	
	infections to or from	employees and		employee trainings. The COVID-19/EOC/Infection Control	committee	
	others performing pa	atient services;		implemented a COVID-19 Response	leam to	
	This Washington Ad	ministrative Code is not met		ansure only staff that were FIT Tested	Geri uiiw	
	as evidenced by:	•		in accordance with Hospital Policy car	n provide	
	Based on observation	on, interview, and document		care for patients that were suspected confirmed to have COVID-19.	01	
	review the hospital	failed to ensure that staff		Priority for EIT Testing was given to al	Il providers,	
	were properly fit test	led for hospital issued N95		leggial workers, therapists, housekeep	ing and	
	respirators.			loorgenurging staff that are assigned to	) the unit	
				with suspected or confirmed COVID-1 The Hospital has placed a signage at	all entry	
	Failure to comply wi	th policies and procedure to		nointe of the unit that has a suspected	)/confirmed	
	prevent transmission	n of infections puts patients,		Instignt with COVID-19 that states "Pie	ease vveai į	
		risk from communicable		Wour N95 Revend This Point", CNO at	nd intection	
	diseases.			Control nurse are checking the sched	ule each	
	Findings included:	•		shift for the unit with suspected case that staff entering the unit are FIT Tes	sted prior to	
	rinumys moidued.			entering the unit.	. p	
	1 Document review	of the hospital policy and				
İ	procedure titled, "Re	espiratory Protection		When: A schedule for fit testing of N9	5 masks	12/2/2020
	Program," number l	C-033, approved 11/20/20,		was created on: The COVID-19/EOC/Infection Contro	l committee	
	showed that fit testi	ng is required for employees		implemented a COVID-19 Response	Team on:	01/04/2021
	wearing a N95 resp	irator for protection from		implemented a cotto to trespense		
	exposure to infection	us airborne particulates.				
	Employees who are	required to wear a particulate tested prior to being allowed		Evaluation Method: staff FIT testing I	Jata IS	
	respirator will be lit	tor with a tight-fitting face		being reported to weekly Infection Co Environment of Care Meetings. FIT to	esting data	
	niece Employees	vill be fit tested with the make,		will be reported to monthly Quality an	id Medicai	
	model, and size of	respirator that they will wear.		One spring Committee Meetings 200	sovernina	100/00/0004
1				Rody quarterly for three consecutive	months unti	102/29/2021 and ongoing
	2. On 12/16/20 at 1	0:25 AM, Investigator #3		95% compliance is achieved and sus	stanieu.	and ongoing
1	interviewed a subst	lance use disorder	ļ			
	professional (Staff	#303) about the hospital policy				
	for mask usage. St	aff #303 stated that staff are				
	required to wear a	mask and eye protection				

State of V	Vashington					
STATEMEN	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		12844 Mil	ITARY ROAD			
CASCADE	BEHAVIORAL HOSPIT	AL TUKWILA	A, WA 98168			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
L 725	Continued From page	e 9	L 725	,	, .	
	whenever interacting	with patients. He stated he	. ]			
	uses a N95 mask wit	h a face shield when rapy sessions. Staff #303		,		
	acknowledged that th	ne hospital provided him with				
-	N95 masks, which he	e stored in his desk when not				
	in use. The investigated had been fit-tested for	tor asked Staff #303 if he or the mask he had been				
	given. He confirmed					
	fit-tested.			·		
	3. On 12/16/20 at 10	:50 AM, Investigator #3 and				
	the Director of Risk N	//////////////////////////////////////	-			
	wearing an N95 mas	k and goggles in the public		•		
-	hallway while on a ho	ospital tour. The investigator	•		,	
	asked Staff #301 if the N95 mask they w	ney had been fit-tested for vere wearing. Staff #301				
	stated she had not ye	et been fit tested for the	W			
	mask she were wear	ing.			1	
	4. On 12/16/20 at 1:1	15 AM, Investigator #3				
	interviewed a Registe	ered Nurse (Staff#305)				
	about screening of p	atients for COVID symptoms ed to the hospital and how				
,	staff are protected fro	om potential exposure . Staff				
	#305 stated that staf	f wear paper masks and that				
	she was also given a	n N95 mask by the hospital. nad not yet been fit testedfor				
	the N95 mask that sh			,		
		- +	14005	322-160,1A Toilet Room- Privacy		
L1005	322-160.1A TOILET	ROOM-PRIVACY	L1005		- The second sec	
	WAC 246-322-160 B	athrooms, Toilet		Who: Chief Executive Officer		
	Rooms and Handwa	shing Sinks. The			a. compression of the compressio	
	licensee shall provide toilet, handwashing s				w	
	fixture for each six pa	atients, or				
	fraction thereof, on e	ach				
	patient-occupied floo	r of the			<b>.</b>	

State of V	Vashington					
STATEMEN	rashington FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE S COMPLI	
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L1005	Continued From page	visions for	L1005	Continued from page 10 What: Chief Executive Officer contacte	d ALPA	
,	as evidenced by: . Based on observation	ring; ninistrative Code is not met n and interview, the hospital was one shower for every 6	•	Construction for increasing the number shower facilities and showers to meet Washington Department of Health Adn Code. ALPA Construction tour showed some of the showers on Unit 2 West at South were closed for a small remodel done in house during the survey, while West the five showers required waterling.	er of ninistrative I that nd 3 being on 4	
	decreases the use of	equate shower facilities needed hygiene and negative patient outcomes.		When: ALPA Construction completed swith hospital Environment of Care Dire Hospital Executive Leadership for all unincluding Unit 4 West, 2 West and 3 S	ctor and nits	01/13/2021
	Investigator #2 and la different units at the I Manager (Staff #801) inspecting the number the hospital stated parabolic observation showed a. Unit 4 West had a a current census of 1 total of 2 shower faci per 12 patient capacity. Unit 2 West had a a current census of 2 total of 3 shower faci per 8 patient capacity.	er of available showers for attent capacity. The the following: capacity of 24 inpatients and 9 patients. The unit has a littles, for a total of 1 shower ty. capacity of 24 inpatients and 3 patients. The unit has a littles for a total of 1 shower		ALPA construction took measurements and shower facilities on each unit for the team:  Evaluation Method: Updates of hospital facilities and showers is being provided monthly Quality and Medical Executive Committee and Quarterly Governing B Director of Risk will provide updates of shower facilities and showers to Wash Department of Health in 60 and 90 day until Hospital is fully incompliance with Washington Administrative Code.	neir design al shower d to e ody. I hospital ington ys andor	01/13/2021 03/30/2021
	and a current census a total of 2 shower fa per 12 patient capaci	of 23 patients. The unit has cilities for a total of 1 shower				

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OACCADE	PELIAVIODAI LIOSDIT	. 12844 MIL	ITARY ROAD	BOUTH		
CASCADE	BEHAVIORAL HOSPITA	TUKWILA	, WA 98168			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
L1005	Continued From page	e 11	L1005			
	showers and patient the investigators.	confirmed the availability of capacity on each unit with				
	was located on 4 We	0 AM, Patient #201 who st stated to Investigator #2 ave enough showers like pital.				
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