

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60429197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/23/2022
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NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168
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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>INITIAL COMMENTS</p> <p>STATE COMPLAINT INVESTIGATION</p> <p>The Washington State Department of Health (DOH), in accordance with Washington Administrative Code (WAC), 246-322 Private Psychiatric and Alcoholism Hospital, conducted this complaint investigation.</p> <p>On-site dates: 12/13/22, 12/16/22-12/19/22, 12/23</p> <p>Case numbers: 2020-8811; 2020-9073</p> <p>Intake numbers: 101651; 102294</p> <p>There were violations found pertinent to this complaint.</p>	L 000	<p>POC text</p> <ol style="list-style-type: none"> 1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies. 2. EACH plan of correction statement must include the following: <ul style="list-style-type: none"> The regulation number and/or the tag number; HOW the deficiency will be corrected; WHO is responsible for making the correction; WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and WHEN the correction will be completed. 3. Your PLAN OF CORRECTION must be returned within 10 calendar days from the date you receive the Statement of Deficiencies. Your Plan of Correction is due on 01/13/2023 4. Return the ORIGINAL REPORT via email with the required signatures. 	
L 310	<p>322-035.1B ASSESSMENT POLICY</p> <p>WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures</p>	L 310		

State Form 2567

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



CEO

2/14/2023

State of Washington

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L 310	<p>Continued From page 2</p> <p>If assistance is needed to remove clothing, examine hair, or to maintain security of patient and staff.</p> <p>Patient #1901</p> <p>2. Patient #1901 was a 61-year-old female who presented to the hospital voluntarily on 06/06/20 requesting help to detox from excessive alcohol usage. Review of the patient's medical record showed that two staff members signed as present for the assessment. There was no documentation of her response to the assessment.</p> <p>Patient #1902</p> <p>3. Patient #1902 was a 65-year-old male who presented to the hospital voluntarily on 11/17/22 requesting help to detox from opiate usage. Review of medical records showed that the patient was irritable and refused to comply with the skin assessment. He also refused to relinquish contraband in the form of nicotine patches and gum. He discharged the same day AMA (against medical advice).</p> <p>Patient #1903</p> <p>4. Patient #1903 was a 46-year-old female who presented to the hospital voluntarily on 03/05/20 requesting help for alcohol usage and depression. Review of medical records showed that the patient refused the skin assessment and became assaultive, subsequently discharging AMA.</p> <p>5. In an interview on 12/13/22 at 1:55 PM, the Nurse Manager described the procedure for skin assessment aligning with policy, stating that skin assessments are done on the unit by floor RNs,</p>	L 310		

Cascade Behavioral Hospital Plan
of Correction for State Investigation
(Case #2020-8811; 2020-9073)

Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	Monitoring procedure & Target for Compliance
L 310 322-035.18 ASSESSMENT POLICY WAC 246-322-035 Policies and Procedures	<p>The CNO and Director of Risk reviewed the Skin Assessments and Wound Care policy as well as the Security Management policy and determined these policies need revision to clarify the interventions and mediums used to protect patients privacy and modesty during skin assessments and contraband checks. The policy will be revised stating patients will be offered a gown, scrubs, sheet or other medium to help provide privacy and modesty and submitted to Quality Council for approval by 1/25/22. The revised policies will be distributed to all clinical and admission staff. The revisions to the policy will ensure skin assessment will be done in a timely and efficient manner to provide patient privacy. The Nursing assessment form will be changed to add nursing the ability to document patient response and exigent circumstances which may contribute to longer skin exposure or inability to complete the assessment.</p> <p>The CNO and Clinical Nurse educator shall provide training to nursing staff of the revised policy and procedures, this training will be implemented into New Employee Orientation (NEO). Training will include:</p> <ul style="list-style-type: none"> • Documentation of patient consent and/or response to assessments and searches • Assess skin utilizing procedure prescribed in policy • Documentation of skin assessment checks leading to exigent circumstance and the approximate length of said assessment will be conducted • Communicate with patient throughout on how the assessment will be conducted • Assess patient skin in sections allowing to cover and uncover through the progression • Ask for continued verbal consent throughout the process 	CEO CNO Director of Risk Clinical Nurse Educator	Completion date: 2/21/23	<p>The CNO or leadership designee will audit 10 patient charts per week to assure compliance and completion</p> <p>The audit s will review elements to include:</p> <ul style="list-style-type: none"> • The completion of skin assessments by the Registered Nurse and additional staff member present. • Skin assessment documentation is complete and/or documentation of deviation from procedure and refusals. • check if there were any nonconforming skin assessments or exigent circumstance <p>Target for Compliance The target goal for education and training of nursing and any additional staff assigned to assist is 100%. The target goal for the audit as described above is 90% compliance within the procedures. Monitoring for compliance will continue until 90% compliance is reached for 3 months at which time auditing will revert to the indicators and plan annually approved in the quality council.</p>
L000	<p>Initial Comments</p> <p>Submission of this plan of correction is not an admission by the hospital that the citations are true or that the hospital violated the law.</p> <p>Immediately following receipt of the statement of deficiencies on 1/3/23, Hospital Leadership and members of the Governing Board reviewed the findings identified by the surveyors in the statement of deficiencies and began formulating a plan of correction.</p>	CEO	Completion date:	

Handwritten notes:
 Done
 Pac sent 2/16/23
 Pac signed 2/17/23
 03/07/23
 MO



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47874 • Olympia, Washington 98504-7874

Shaun Fenton, CEO
12844 Military Road South
Tukwila, WA 98168

Re: Complaint intake 2020-8811/101651; 2020-9073/102294

Dear Mr. Fenton:

I conducted a state hospital licensing complaint investigation at Cascade Behavioral Hospital on 12/13/22, 12/16-19/22, and 12/23/22. Hospital staff members developed a plan of correction to correct deficiencies cited during this investigation. This plan of correction was approved on 03/07/23.

Hospital staff members sent a Progress Report dated 03/24/23 that indicates all deficiencies have been corrected. The Department of Health accepts Cascade Behavioral Health's attestation that it has corrected all deficiencies cited.

We sincerely appreciate you and your staff's cooperation and hard work during the investigation process.

Sincerely,

Mary D'Avanzo, BSN/RN
Nurse Investigator