

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168
--	---

(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 LICENSING SURVEY</p> <p>A state psychiatric hospital licensing survey was conducted at Cascade Behavioral Hospital on 8/23/2016 - 8/25/2016 by Valerie Walsh, RN, MS; and Alex Giel, REHS, PHA.</p> <p>ASE #9J9911</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following: 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 recurrence; HOW you will monitor for recurrence; and WHEN the correction will be completed.</p> <p>3. Your PLANS OF CORRECTION must be returned within 10 business days from the date you receive the Statement of Deficiencies. Your Plans of correction must be postmarked by 9/22/2016.</p> <p>4. Return the ORIGINAL REPORTS with the required signatures.</p>	
L 420	<p>322-040.1 ADMIN-ADOPT POLICIES</p> <p>WAC 246-322-040 Governing Body and Administration. The governing body shall: (1) Adopt written policies concerning the purposes, operation and maintenance of the hospital, and the safety, care and treatment of patients; This WAC is not met as evidenced by:</p> <p>Item #1: Active Treatment Policy</p>	L 420		

By signing, I understand these findings and agree to correct as noted:
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Michael J. [Signature]

TITLE
CEO
DATE
9/22/2016

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016	
NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168		
(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 420	<p>Continued From Page 1</p> <p>Based on interviews and document reviews the administration failed to develop policy which would provide for the same amount of active treatment to all patients.</p> <p>Failure to do so placed certain patients at risk for lack of potential improvement.</p> <p>Findings:</p> <p>On 8/23/2016 between 9:30 - 10:00 AM Surveyor #1 reviewed the patient treatment schedules with the Nurse Administrator for Chemical Dependency (Staff Member #1) and the Chief Nursing Officer (Staff Member #2). The surveyor found that on the Gero-Psych unit active treatment was scheduled for 4-1/2 hours Monday through Friday, but decreased to 1-3/4 hours on Saturday and Sunday. The surveyor requested a policy regarding active treatment, but the facility was unable to provide one.</p> <p>On 8/23/2016 at 2:00 PM Surveyor #1 interviewed the Director of Social Services (Staff Member #3), who designed the schedules. S/he explained that s/he wanted to schedule more treatment sessions for this unit on weekends, but had not done so yet.</p> <p>Item #2: Policies for Operation and Maintenance of the Hospital</p> <p>Based on interview, the governing body failed to meet the requirements of WAC 246-322 due to the following:</p> <ol style="list-style-type: none"> 1. Failure to ensure staff were using disinfectants to clean high touch surfaces. 2. Failure to ensure storage of medical supplies in a manner that protected supplies from 	L 420		

By signing, I understand these findings and agree to correct as noted:

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168		
(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 420	Continued From Page 2 contamination. 3. Failure to ensure that certain cabinets and doors were locked to prevent patient access to off limit supplies and rooms. 4. Failure to keep chairs in good repair with cleanable surfaces. 5. Failure to provide and/or maintain mechanical or natural ventilation sufficient to remove odors, condensation and excessive heat from all habitable rooms in the facility. 6. Failure to provide shelving in housekeeping closets for supplies and chemicals. 7. Failure to vent housekeeping closets to the out-of-doors 8. Failure to provide a safe, clean, and sanitary environment to store medical test site equipment. 9. Failure to provide a well-ventilated area for soiled laundry. (THIS IS A REPEAT CITATION). Due to the scope and severity of the deficiencies cited under WAC 246-322 related to the physical environment it was determined that the governing body is not meeting its oversight obligations. Cross reference: Tag 0710, 0780, 0825, 0795, 1480, and 1555.	L 420		
L 710	322-100.1D INFECT CONTROL-PHYS ENVIRON WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide	L 710		

By signing, I understand these findings and agree to correct as noted:

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016	
NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168		
(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 710	<p>Continued From Page 3</p> <p>infection control program, which includes at a minimum: (e) A procedure to monitor the physical environment of the hospital for situations which may contribute to the spread of infectious diseases; This WAC is not met as evidenced by:</p> <p>Item #1: Cleaning and Disinfection</p> <p>Based on observation, review of hospital's policy and manufacturer's instructions for use, the hospital staff failed to use a disinfectant when wiping down high touch surfaces and/or did not follow manufacturer's instruction for use when using the approved disinfectant.</p> <p>Failure to follow manufacturer's instructions for use and not using a disinfectant for high touch surfaces places patients and staff at risk for infection/illness.</p> <p>Reference: Purell Hand Sanitizer Wipes manufacturer's label stated that the wipes were intended for use in helping reduce bacteria on the skin.</p> <p>Reference: using approved AOAC test methods under Good Laboratory Practices, in the presence of 400-ppm hard water, 10% serum load and 10-minute contact time . . .</p> <p>Reference: Virex 256 manufacturer's label stated that in the presence of 400-ppm hard water, 10% serum load and 10-minute contact time...</p> <p>Findings:</p> <p>1. In review of facility policy titled, "Daily Cleaning of Patient Area" Procedure VII read in part: "Wipe the following with Virex 256 disinfectant solution:</p>	L 710		

By signing, I understand these findings and agree to correct as noted:

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168		
(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 710	<p>Continued From Page 4</p> <p>Door jambs, knobs hinges. . . "</p> <p>2. On 8/23/2016 at 9:30 AM Surveyor #2 observed a housekeeper (Staff Member #5) during a daily cleaning of a patient room apply "Virex 256 disinfectant solution" on a patients hand sink then proceeded to wipe it off with a dry cloth. The housekeeper did not allow 10-minute contact time as required per manufacturer's instruction for use.</p> <p>3. On 08/23/2016 at 10:00 AM Surveyor #2 observed a housekeeper (Staff Member #4) during a daily cleaning of a patient room, wipe down the patient's door handle with an alcohol based product "Purell Hand Sanitizer Wipes". This product's intended use is for hands and not considered a disinfectant.</p> <p>Item #2: Safe Storage of Medical Supplies</p> <p>Based on observation, the facility failed to ensure that medical supplies were stored in a manner that protected supplies from contamination during storage.</p> <p>Failure to store medical supplies safely increases the risk of cross contamination.</p> <p>Findings:</p> <p>On 8/24/2016 between the hours of 9:00 AM and 11:00 AM Surveyor #2 observed in the soiled utility room, pre-packaged Urinary Test Kits stored in an open box underneath a previously used "suicide jacket". Also in the same room test kits were displayed on a table next to an air freshener spray can.</p>	L 710		

By signing, I understand these findings and agree to correct as noted:

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168		
(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 780	Continued From Page 5	L 780		
L 780	<p>322-120.1 SAFE ENVIRONMENT</p> <p>WAC 246-322-120 Physical Environment. The licensee shall: (1) Provide a safe and clean environment for patients, staff and visitors; This WAC is not met as evidenced by:</p> <p>Item #1: Safe Environment</p> <p>Based on observation the facility failed to take preventable measures to keep patients safe from harm to self and others.</p> <p>Failure to maintain a safe environment places patients and staff at risk from harm to self and others.</p> <p>Findings:</p> <p>1. On 8/23/2016 between the hours of 9:30 AM and 11:00 AM surveyor #2 observed cabinets in patient areas. Surveyor #2 observed one cabinet labeled "office supplies", which had a lock that was malfunctioning, allowing patients to have access to supplies.</p> <p>2. On 8/24/2016 between the hours of 10:00 AM and 11:00 AM Surveyor #2 checked the doors on 2 North to ensure that patients did not have access to areas that were off limits. During the checks, Surveyor #2 was able to open the door to the employee breakroom and the laundry room where detergents were stored on the floor.</p> <p>Item #2: Clean Environment</p> <p>Based on observation the facility failed to maintain a clean environment in patient areas.</p> <p>Failure to provide a clean environment places</p>	L 780		

By signing, I understand these findings and agree to correct as noted:

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168
--	---

(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 780	Continued From Page 6 patients at risk for environmental exposures. Findings: On 8/23/2016 between the hours of 1:30 PM and 3:00 PM Surveyor #2 observed chairs in the dining area that were torn, soiled and had food debris accumulating under the cushions.	L 780		
L 795	322-120.4 VENTILATION WAC 246-322-120 Physical Environment. The licensee shall: (4) Provide natural or mechanical ventilation sufficient to remove odors, smoke, excessive heat and condensation from all habitable rooms; This WAC is not met as evidenced by: Based on observation, the facility failed to provide and/or maintain mechanical or natural ventilation sufficient to remove odors, condensation and excessive heat from all habitable rooms in the facility. Failure to provide and/or maintain ventilation places patients and staff at an undue risk of environmental exposures. Findings: 1. On 8/23/2016 between the hours of 9:30 AM and 11:00 AM Surveyor #2 observed heavy condensation and no ventilation in the shower room on 3 West located at the end of the hall. On 8/24/2016 between the hours of 9:30 AM and 11:00 AM Surveyor #2 observed 3 more showers with heavy condensation and no ventilation, and 1 of the shower curtains contained black mold.	L 795		

By signing, I understand these findings and agree to correct as noted:

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168
--	---

(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 795	<p>Continued From Page 7</p> <p>2. On 8/23/2016 between the hours of 10:00 AM and 11:00 AM Surveyor #2 observed a strong urine smell outside patient room 221 on 2 North. Surveyor #2 requested that the room be cleaned. Surveyor #2 returned on 8/24/2106 between the hours of 9:30 and 11:00 AM and noticed that the patient was not in the room, the room appeared to be cleaned, but still had a strong urine smell.</p> <p>3. On 8/23/2016 between the hours of 1:30 PM and 3:00 PM Surveyor #2 entered an outpatient building (PHP Building) where patients were having group sessions. The room was very hot; the surveyor noticed that the dial on the thermostat had reached the maximum temperature of 80 degrees on the scale.</p> <p>4. On 8/24/2016 between the hours of 1:30 PM and 3:00 PM surveyor #2 interviewed the facility plant manager (Staff Member #6) regarding the ventilation issues that the facility seemed to be having. The surveyor discovered that the exhaust fan for 3 West was in repair and had not been returned and replaced. The facility also had had a fire in the HVAC system in the outpatient building (PHP). The roof was replaced but the facility had decided to cap off the ventilation system and not replaced the HVAC system on the roof.</p>	L 795		
L 825	<p>322-120.8B HOUSEKEEPING CLOSETS</p> <p>WAC 246-322-120 Physical Environment. The licensee shall: (8) Provide housekeeping and service facilities on each floor, including: (b) Housekeeping closets: (i) Equipped with shelving; (ii) Ventilated to the out-of-doors; and (iii) Kept locked; This WAC is not met as evidenced by:</p>	L 825		

By signing, I understand these findings and agree to correct as noted:

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168
--	---

(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 825	Continued From Page 8 Based on observation the facility failed to provide housekeeping closets equipped with shelving and ventilation that is vented to the outside of the facility. Failure to allow chemicals to off gas through an outside vent can create an unsafe environment to staff and patients. Not providing shelving for chemicals increases the chance of chemical spills when stored on the floor. Findings: On 8/23/2016 between the hours of 10:00 AM and 11:30 AM surveyor #2 observed the following deficiencies related to housekeeping closets: 1) The 3 West floor closet was used for storing housekeeping supplies (microfiber mop heads) on the floor, and the closet did not have any shelving units. 2) The 3 West floor housekeeping closet did not vent to the outdoors and was not equipped with shelves. 3) The 2 North floor housekeeping closet was not equipped with shelves. 4) On the 2 West floor Surveyor #2 observed 2 housekeeping carts in 2 separate closets. One closet was not vented to the outdoors, and neither closet had shelving.	L 825		
L1480	322-220.3 MAINTAIN LAB WAC 246-322-220 Laboratory Services. The licensee shall: (3) Maintain each medical test site in the hospital in a safe, clean, and sanitary	L1480		

By signing, I understand these findings and agree to correct as noted:

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168
--	---

(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
L1480	<p>Continued From Page 9</p> <p>condition. This WAC is not met as evidenced by:</p> <p>Based on observation the hospital failed to provide a sanitary environment for storing the centrifuge and medical supplies in the soiled utility room.</p> <p>Failure to provide a sanitary environment increases the risk of cross contamination, which places patients and staff at risk of illness.</p> <p>Findings:</p> <p>On 8/23/2016 between the hours of 10:30 AM and 11:00 AM Surveyor #2 observed in a Unit 3 North soiled utility room a centrifuge and medical supplies in a tote basket, in close proximity of garbage accumulation on the floor, a hopper and used bed alarm pads stored in the same area in the room.</p>	L1480		
L1485	<p>322-230.1 FOOD SERVICE REGS</p> <p>WAC 246-322-230 Food and Dietary Services. The licensee shall: (1) Comply with chapters 246-215 and 246-217 WAC, food service;</p> <p>This WAC is not met as evidenced by: Based on observation, the hospital staff failed to implement policies and procedures consistent with the Washington State Retail Food Code, WAC 246-215.</p> <p>Failure to follow best food practices places patients, staff, and visitors at risk for foodborne illness.</p> <p>Findings:</p> <p>1. On 8/23/2016 between 11:00 AM and 11:40 AM,</p>	L1485		

By signing, I understand these findings and agree to correct as noted:

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168
--	---

(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
--------------------	--	---------------	---	--------------------

L1485	<p>Continued From Page 10</p> <p>Surveyor #2 observed a container of pasta greater than 2 inches deep in the walk-in cooler. In cooling foods with depths greater than 2 inches staff must ensure that the foods are cooled within the required time frame as specified by Washington State Retail Food Code. The hospital did not document cooling times for the pasta.</p> <p>Reference: Washington State Retail Food Code WAC 246-215-03515</p> <p>2. On 8/23/2016 between 11:15 AM and 11:40 AM, Surveyor #2 observed pre-wrapped sandwiches without ingredient labels in refrigeration on the 3 North floor. Foods packaged in the establishment must provide labeling information of the product per Washington State Retail Food Code.</p> <p>Reference: Washington State Retail Food Code WAC 246-215-03610</p> <p>3. On 8/23/2016 at 9:35 AM and on 8/24/2016 at 9:30 AM Surveyor #2 used a thin-stemmed thermometer to assess the temperature of a juice cup in the refrigerator on the 4th floor, which temped at 49.7 degrees Fahrenheit. The surveyor also temped a nutritional supplement drink in the refrigerator on the 2 West floor, which temped at 47.8 degrees Fahrenheit. Both items exceeded the above maximum cold-holding temperature of 41 degrees Fahrenheit.</p> <p>Reference: Washington State Retail Food Code, WAC 246-215-03525 (b)</p> <p>4. On 8/24/2016 between 10:00 AM and 11:00 AM Surveyor #2 observed an "Ocean Spray" juice dispenser with a cleaning log attached to the side of the unit that indicated the unit was cleaned on 6/22/2016 and 8/10/2016. Inside the unit were displayed the manufacturer's instructions, which</p>	L1485		
-------	---	-------	--	--

By signing, I understand these findings and agree to correct as noted:

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168
--	---

(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
--------------------	--	---------------	---	--------------------

L1485	Continued From Page 11 defined a cleaning frequency of weekly. Washington State Retail Food Code also indicated to follow manufacturer's instruction for use. Reference: Washington State Retail Food Code, WAC 246-215-04605 5(d) (l) 5. On 8/24/2016 between the hours of 10:00 AM and 11:00 AM Surveyor #2 observed heavily caked on food debris inside the walls and ceiling of the microwave located on the 3 South floor. Cleaning frequency per Washington State Food Code is every 24 hours. Reference: Washington State Retail Food Code, WAC 246-215-04610 (2)	L1485		
L1555	322-240.2 LAUNDRY-SEPARATE AREAS WAC 246-322-240 Laundry. The licensee shall provide: (2) Storage and sorting areas for soiled laundry in well-ventilated areas, separate from clean linen handling areas; This WAC is not met as evidenced by: Based on observation the facility failed to provide ventilation in the soiled laundry utility closets as required in the 246-322-240 (WAC) Washington Administrative Code. Failure to provide ventilation in the soiled laundry closet increases environmental hazards that can be transmitted to patients and staff. Findings: On 08/23/2016 between the hours of 10:00 AM to 11:30 AM, Surveyor #2 observed no exhaust vents in soiled linen closets on the 3rd floor west unit	L1555		

By signing, I understand these findings and agree to correct as noted:

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/25/2016
--	---	--	---

NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168
--	---

(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
L1555	Continued From Page 12 and the 4th floor geriatric unit. THIS IS A REPEAT VIOLATION	L1555		

By signing, I understand these findings and agree to correct as noted:

Cascade Behavioral Health Hospital

Plan of Correction for State Licensing Survey

August 23-25, 2016

Tag #	HOW the Deficiency Will Be Corrected	WHO is Responsible Individual(s)	WHAT Will Be Done to Prevent Recurrence	HOW Monitoring Will Occur for Recurrence	WHEN - Estimated Date of Correction	Target % for Compliance	Action Level Indicating Need for Change of POC
L420 – Active Treatment same amount for all patients	A policy & program schedule will be developed for all units.	Director of Social Services	Monthly program schedules will be audited for compliance with the policy.	Charts will be audited monthly to ensure that the programming on the schedules actually occurred & that patient participation was documented.	10/15/2016	90%	<90%
L420 – Disinfectants for high touch surfaces	Housekeeping & other staff who use disinfecting cleaners will be trained in the proper use of these products	Facilities Director	Facilities Director will perform weekly checks to ensure that the proper products are	At least monthly EOC rounds to be conducted by the Facilities Director and/or the	10/15/2016	90%	<90%

*Read 9/27/16. Deficiency needed revision 9/27/16.
JW*

Tag #	HOW the Deficiency Will Be Corrected	WHO is Responsible Individual(s)	WHAT Will Be Done to Prevent Recurrence	HOW Monitoring Will Occur for Recurrence	WHEN - Estimated Date of Correction	Target % for Compliance	Action Level Indicating Need for Change of POC
	related to high-touch surfaces.		being used properly.	Infection Control RN. Results to go to the Infection Control Committee & Performance Improvement Committee.			
L420 – Storage of medical supplies	The nursing directors, in conjunction with the Infection Control RN will examine these areas across the hospital to determine the best place for clean vs dirty supplies, label the areas as such, train staff on the delineation of these areas, and monitor staff behavior related to keeping clean	Nursing Directors & Infection Control RN.	Signage of clean & dirty.	At least monthly EOC rounds to be conducted by the Infection Control RN. Results to go to the Infection Control Committee & Performance Improvement Committee.	10/15/2016	90%	<90%

Tag #	HOW the Deficiency Will Be Corrected	WHO is Responsible Individual(s)	WHAT Will Be Done to Prevent Recurrence	HOW Monitoring Will Occur for Recurrence	WHEN - Estimated Date of Correction	Target % for Compliance	Action Level Indicating Need for Change of POC
	and dirty separate.						
L420 – Patient cabinets locked	Corrected by Facilities Director 9/15/2016.	Charge nurses	At least monthly inspections of cabinets.	Add to daily Administrator on Call rounds sheets. Results to be reported immediately to Facilities for correction and then to PI Committee.	10/15/2016	90%	<90%
L420 – Chairs in good repair with cleanable surfaces	Chairs not in good repair were removed.	Facilities Director	At least monthly inspections by Infection Control RN and/or Facilities Director.	Results of inspections to go to Infection Control Committee & Performance Improvement Committee.	10/15/2016	90%	<90%
L420 – Mechanical or natural ventilation for all habitable	The areas will be surveyed if air adjustment can be done or if the function needs to be relocated to another room. If	Facilities Director	HVAC system will be a capital purchase. CFO will add this to our capital	Monthly inspection of ventilation system(s) to be done by EOC Committee	Assessment of rooms to be completed by 10/15/2016. Completion of installation dependent on	100%	<90%

Tag #	HOW the Deficiency Will Be Corrected	WHO is Responsible Individual(s)	WHAT Will Be Done to Prevent Recurrence	HOW Monitoring Will Occur for Recurrence	WHEN - Estimated Date of Correction	Target % for Compliance	Action Level Indicating Need for Change of POC
rooms in the hospital.	other mechanical changes need to be made this will increase the time of correction.		purchase needs & work with corporate in 2016-2017 to get any needed HVAC installed.	members to ensure they continue to provide adequate ventilation for habitable rooms.	the allocation of fiscal resources.		
L420 – Shelving in housekeeping closets.	Shelving to be installed in housekeeping closets.	Facilities Director	Housekeeping closets to be individually inspected & measured, shelving ordered and installed by facilities personnel.	Once complete, the Director of Performance Improvement will conduct a walk-through to ensure all shelving was installed.	Shelves to be ordered by 10/15/2016 & installed as soon as practical thereafter.	100%	<90%
L420 – Ventilation in housekeeping closets to the outside	Housekeeping closets will be assessed to determine if an air adjustment can be made and if so, the ventilation issue will be corrected. If not, housekeeping carts & chemicals will be relocated	Facilities Director	Adjustment of existing ventilation and/or movement of equipment & supplies to areas that can be ventilated.	Once complete, the Director of Performance Improvement will conduct a walk-through to ensure all shelving was installed. Members of EOC	Assessment of rooms to be completed by 10/15/2016. Completion of installation dependent on the allocation of fiscal resources.	100%	<90%

Tag #	HOW the Deficiency Will Be Corrected	WHO is Responsible Individual(s)	WHAT Will Be Done to Prevent Recurrence	HOW Monitoring Will Occur for Recurrence	WHEN - Estimated Date of Correction	Target % for Compliance	Action Level Indicating Need for Change of POC
	to areas that can be properly ventilated.			Committee will conduct at least monthly rounds to ensure these ventilation systems continue to function appropriately.			
L420 – Environment to store medical test site equipment	The nursing directors, in conjunction with the Infection Control RN will examine these areas across the hospital to determine the best place for clean vs dirty supplies, label the areas as such, train staff on the delineation of these areas, and monitor staff behavior related to keeping clean	Nursing Directors & Infection Control RN.	Signage of clean & dirty.	At least monthly EOC rounds to be conducted by the Infection Control RN. Results to go to the Infection Control Committee & Performance Improvement Committee.	10/15/2016	90%	<90%

Tag #	HOW the Deficiency Will Be Corrected	WHO is Responsible Individual(s)	WHAT Will Be Done to Prevent Recurrence	HOW Monitoring Will Occur for Recurrence	WHEN - Estimated Date of Correction	Target % for Compliance	Action Level Indicating Need for Change of POC
	and dirty separate.						
Ventilation for soiled laundry.	Soiled laundry areas will be individually assessed to see which still need ventilation equipment installed.	Facilities Director	Air adjustments will be made if possible. If not, needed ventilation equipment will be ordered & installed by facilities personnel. The EOC Committee members will round at least monthly to ensure this equipment is functioning correctly.	Once complete, the Director of Performance Improvement will conduct a walk-through to ensure all soiled laundry ventilation equipment was installed. Members of EOC Committee will conduct at least monthly rounds to ensure these ventilation systems continue to function appropriately.	Assessment of rooms to be completed by 10/15/2016. Completion of installation dependent on the allocation of fiscal resources.	90%	<90%
L710 – Infection Control Plan	Housekeeping & other staff who use disinfecting	Facilities Director	Facilities Director will perform	At least monthly EOC rounds to be	10/15/2016	90%	<90%

Tag #	HOW the Deficiency Will Be Corrected	WHO is Responsible Individual(s)	WHAT Will Be Done to Prevent Recurrence	HOW Monitoring Will Occur for Recurrence	WHEN - Estimated Date of Correction	Target % for Compliance	Action Level Indicating Need for Change of POC
& surveillance activities to include high touch surfaces disinfection.	cleaners will be trained in the proper use of these products related to high-touch surfaces.		weekly checks to ensure that the proper products are being used properly.	conducted by the Facilities Director and/or the Infection Control RN. Results to go to the Infection Control Committee & Performance Improvement Committee.			
L710 – Infection Control Plan & surveillance activities to include separation of soiled & clean medical supplies.	The nursing directors, in conjunction with the Infection Control RN will examine these areas across the hospital to determine the best place for clean vs dirty supplies, label the areas as such, train staff on the delineation of these areas, and	Nursing Directors & Infection Control RN.	Signage of clean & dirty.	At least monthly EOC rounds to be conducted by the Infection Control RN. Results to go to the Infection Control Committee & Performance Improvement Committee.	10/15/2016	90%	<90%

Tag #	HOW the Deficiency Will Be Corrected	WHO is Responsible Individual(s)	WHAT Will Be Done to Prevent Recurrence	HOW Monitoring Will Occur for Recurrence	WHEN - Estimated Date of Correction	Target % for Compliance	Action Level Indicating Need for Change of POC
	monitor staff behavior related to keeping clean and dirty separate.						
L780 – Cabinet locks & employee breakrooms accessible to patients	Corrected by Facilities Director 9/15/2016.	Charge Nurses	At least monthly inspections of cabinets.	Add to daily Administrator on Call rounds sheets. Results to be reported immediately to Facilities for correction and then to PI Committee.	10/15/2016	90%	<90%
L780 – Clean environment, torn & dirty chairs	Chairs not in good repair removed.	Facilities Director	At least monthly inspections by Infection Control RN and/or Facilities Director.	Results of inspections to go to Infection Control Committee & Performance Improvement Committee.	10/15/2016	90%	<90%
L795 – Shower room ventilation	Showers will be individually assessed to see which still need	Facilities Director	Air adjustments will be made if possible. If	Once complete, the Director of Performance	Assessment by 10/15/2016. Completion of installation	90%	<90%

Tag #	HOW the Deficiency Will Be Corrected	WHO is Responsible Individual(s)	WHAT Will Be Done to Prevent Recurrence	HOW Monitoring Will Occur for Recurrence	WHEN - Estimated Date of Correction	Target % for Compliance	Action Level Indicating Need for Change of POC
	ventilation equipment installed.		not, needed ventilation equipment will be ordered & installed by facilities personnel. The EOC Committee members will round at least monthly to ensure this equipment is functioning correctly.	Improvement will conduct a walk-through to ensure all showers ventilation equipment was installed. Members of EOC Committee will conduct at least monthly rounds to ensure these ventilation systems continue to function appropriately.	dependent on the allocation of fiscal resources.		
L795 – Strong smell of urine	The Housekeeping Department will establish cleaning routines & schedules sufficient to keep the hospital free from odors,	Facilities Director	Units will be cleaned with the proper chemicals and with enough frequency to ensure they are odor free. Nursing	Add to daily Administrator on Call rounds sheets. Results to be reported immediately to Facilities	10/15/2016	90%	<90%

Tag #	HOW the Deficiency Will Be Corrected	WHO is Responsible Individual(s)	WHAT Will Be Done to Prevent Recurrence	HOW Monitoring Will Occur for Recurrence	WHEN - Estimated Date of Correction	Target % for Compliance	Action Level Indicating Need for Change of POC
	including the smell of urine.		Directors will report to Housekeeping any issues as they occur.	for correction and then to PI Committee.			
L795 – PHP rooms too hot (no a/c)	Habitable rooms will be examined for which type of ventilation is appropriate: open windows, fans, or HVAC & appropriate measures installed. Thermometers will be installed so staff can monitor temperature.	Facilities Director	Fans can be installed quickly. HVAC system will be a capital purchase. CFO will add this to our capital purchase needs & work with corporate in 2016-2017 to get any needed HVAC installed.	Monthly inspection of ventilation system(s) to be done by EOC Committee members to ensure they continue to provide adequate ventilation for habitable rooms.	10/15/2016	90%	<90%
L795 - Exhaust fan for 3 West	Showers will be individually assessed to see which still need ventilation equipment installed.	Facilities Director	Air adjustments will be made if possible. If not, needed ventilation equipment will be	Once complete, the Director of Performance Improvement will conduct a walk-through to ensure all	Assessment by 10/15/2016. Completion of installation dependent on the cost of the project & allocation of	90%	<90%

Tag #	HOW the Deficiency Will Be Corrected	WHO is Responsible Individual(s)	WHAT Will Be Done to Prevent Recurrence	HOW Monitoring Will Occur for Recurrence	WHEN - Estimated Date of Correction	Target % for Compliance	Action Level Indicating Need for Change of POC
			ordered & installed by facilities personnel. The EOC Committee members will round at least monthly to ensure this equipment is functioning correctly.	showers ventilation equipment was installed. Members of EOC Committee will conduct at least monthly rounds to ensure these ventilation systems continue to function appropriately.	fiscal resources.		
L795 – HVAC for PHP	Habitable rooms will be examined for which type of ventilation is appropriate: open windows, fans, or HVAC & appropriate measures installed. Thermometers will be installed so	Facilities Director	Fans can be installed quickly. HVAC system will be a capital purchase. CFO will add this to our capital purchase needs & work with corporate in	Monthly inspection of ventilation system(s) to be done by EOC Committee members to ensure they continue to provide adequate ventilation	Assessment of rooms to be completed by 10/15/2016. Completion of installation dependent on the allocation of fiscal resources.	90%	<90%

Tag #	HOW the Deficiency Will Be Corrected	WHO is Responsible Individual(s)	WHAT Will Be Done to Prevent Recurrence	HOW Monitoring Will Occur for Recurrence	WHEN - Estimated Date of Correction	Target % for Compliance	Action Level Indicating Need for Change of POC
	staff can monitor temperature.		2016-2017 to get any needed HVAC installed.	for habitable rooms.			
L825 – Housekeeping closet shelves	Shelving to be installed in housekeeping closets.	Facilities Director	Housekeeping closets to be individually inspected & measured, shelving ordered and installed by facilities personnel.	Once complete, the Director of Performance Improvement will conduct a walk-through to ensure all shelving was installed.	10/15/2016	100%	<90%
L825 – 3 West housekeeping closet storage of items on the floor.	Shelving to be installed in housekeeping closets & items removed from the floor.	Facilities Director	Housekeeping closets to be individually inspected & measured, shelving ordered and installed by facilities personnel.	Once complete, the Director of Performance Improvement will conduct a walk-through to ensure all shelving was installed. EOC Committee members will conduct at least monthly rounds to	10/15/2016	90%	<90%

Tag #	HOW the Deficiency Will Be Corrected	WHO is Responsible Individual(s)	WHAT Will Be Done to Prevent Recurrence	HOW Monitoring Will Occur for Recurrence	WHEN - Estimated Date of Correction	Target % for Compliance	Action Level Indicating Need for Change of POC
				ensure no items are stored on the floor.			
L825 – Housekeeping closets ventilation to the outside	Housekeeping closets will be assessed to determine if an air adjustment can be made and if so, the ventilation issue will be corrected. If not, housekeeping carts & chemicals will be relocated to areas that can be properly ventilated.	Facilities Director	Adjustment of existing ventilation and/or movement of equipment & supplies to areas that can be ventilated.	Once complete, the Director of Performance Improvement will conduct a walk-through to ensure all shelving was installed. Members of EOC Committee will conduct at least monthly rounds to ensure these ventilation systems continue to function appropriately.	Assessment of rooms to be completed by 10/15/2016. Completion of installation dependent on the allocation of fiscal resources.	100%	<90%
L1480 – Sanitary environment	The nursing directors, in conjunction with	Nursing Directors &	Signage of clean & dirty.	At least monthly EOC rounds to be	10/15/2016	90%	<90%

Tag #	HOW the Deficiency Will Be Corrected	WHO is Responsible Individual(s)	WHAT Will Be Done to Prevent Recurrence	HOW Monitoring Will Occur for Recurrence	WHEN - Estimated Date of Correction	Target % for Compliance	Action Level Indicating Need for Change of POC
for centrifuge & medical supplies.	the Infection Control RN will examine these areas across the hospital to determine the best place for clean vs dirty supplies, label the areas as such, train staff on the delineation of these areas, and monitor staff behavior related to keeping clean and dirty separate.	Infection Control RN.		conducted by the Infection Control RN. Results to go to the Infection Control Committee & Performance Improvement Committee.			
L1485 – Cooling of food in containers deeper than 2” within time frame	The Dietary Manager will ensure that proper policies & procedures are in place for the cooling of foods in containers deeper than 2”.	Dietary Manager	Staff will be educated on expectations related to the proper cooling of foods. Logs will be maintained.	The Infection Control RN will monitor these logs and on-the-spot practice of food service workers to ensure ongoing compliance &	10/15/2016	100%	<90%

Tag #	HOW the Deficiency Will Be Corrected	WHO is Responsible Individual(s)	WHAT Will Be Done to Prevent Recurrence	HOW Monitoring Will Occur for Recurrence	WHEN - Estimated Date of Correction	Target % for Compliance	Action Level Indicating Need for Change of POC
				report findings to the Infection Control Committee & Performance Improvement Committee.			
L1485 – Ingredients of food	The Dietary Manager will develop processes to label food containers with the primary ingredients of those containers.	Dietary Manager	Staff will be educated on expectations related to the proper labeling of food containers.	Dietary manager will round on the inpatient units to ensure that food containers have been properly labeled & will report her findings to the Performance Improvement Committee.	10/15/2016	90%	<90%
L1485 – Food storage >41 degrees	The Dietary Manager will ensure that proper policies & procedures are in	Dietary Manager	Staff will be educated on expectations related to the proper	The Infection Control RN will monitor these logs and on-the-	10/15/2016	100%	<90%

Tag #	HOW the Deficiency Will Be Corrected	WHO is Responsible Individual(s)	WHAT Will Be Done to Prevent Recurrence	HOW Monitoring Will Occur for Recurrence	WHEN - Estimated Date of Correction	Target % for Compliance	Action Level Indicating Need for Change of POC
	place for the storage of food at safe temperatures to prevent foodborne illness.		storage of foods. Logs will be maintained.	spot practice of food service workers to ensure ongoing compliance & report findings to the Infection Control Committee & Performance Improvement Committee.			
L1485 – Cleaning of juice machines	The food service manager will develop processes to ensure that the juice machines are correctly cleaned and educate staff on those procedures.	Dietary Manager	Staff will be educated on expectations related to the proper cleaning of juice machines. Logs will be maintained.	The Infection Control RN will monitor these logs and on-the-spot practice of food service workers to ensure ongoing compliance & report findings to the Infection	10/15/2016	90%	<90%

Tag #	HOW the Deficiency Will Be Corrected	WHO is Responsible Individual(s)	WHAT Will Be Done to Prevent Recurrence	HOW Monitoring Will Occur for Recurrence	WHEN - Estimated Date of Correction	Target % for Compliance	Action Level Indicating Need for Change of POC
				Control Committee & Performance Improvement Committee.			
L1485 – Dirty microwaves	The Infection Control RN will establish policies & procedures on the cleaning of microwave ovens. Each department with a microwave oven is responsible for cleaning that microwave.	Each department manager.	Department managers will educate their staff on the importance of keeping microwave ovens clean & monitor their staff compliance. Logs will be maintained on when these microwaves are cleaned.	The Infection Control RN will monitor these logs and ovens to ensure ongoing compliance & report findings to the Infection Control Committee & Performance Improvement Committee.	10/15/2016	90%	<90%
L1555 – Ventilated laundry closets & soiled utility closets	Soiled laundry areas will be individually assessed to see which still need ventilation equipment installed.	Facilities Director	Air adjustments will be made if possible. If not, needed ventilation equipment will be ordered &	Once complete, the Director of Performance Improvement will conduct a walk-through to ensure all soiled laundry	Assessment by 10/15/2016. Completion of installation dependent on the cost of the project & allocation of	90%	<90%



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

PO Box 1330, Duvall, WA 98019

5/4/2017

Timothy Hall, PI Director
Cascade Behavioral Hospital
12844 Military Rd S
Tukwila, WA 98168

Dear Mr. Hall:

Surveyors from the Washington State Department of Health and the Washington State Patrol Fire Protection Bureau conducted a state licensing survey at Cascade Behavioral Hospital on 8/23/2016 – 8/25/2016. Hospital staff members developed a plan of correction to correct deficiencies cited during this survey. This plan of correction was approved on 5/4/2017.

Hospital staff members sent a Progress Report that indicates all deficiencies have been corrected. The Department of Health accepts Cascade Behavioral Hospital's attestation to be in compliance with Chapter 246-320 WAC.

If there were fire life safety deficiencies identified in your report, the Deputy Fire Marshal will perform an on-site revisit after the correction date to verify those corrections..

The team sincerely appreciates your cooperation and hard work during the survey process and looks forward to working with you again in the future.

Sincerely,

Valerie Walsh
Survey Team Leader