

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013319	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/01/2022
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NAME OF PROVIDER OR SUPPLIER SOUTH SOUND BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 605 WOODLAND SQUARE LOOP SE LACEY, WA 98503
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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), Chapter 246-322 Private Psychiatric and Alcoholism Hospitals, conducted this complaint investigation.</p> <p>Onsite dates: 01/26/22 & 02/01/22 Offsite dates: 01/27/22, 01/28/22, & 01/31/22</p> <p>Case number: 2022-285 Intake number: 119433</p> <p>The investigation was conducted by: Investigator #14 Investigator #11</p> <p>There were violations found pertinent to this complaint.</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 reoccurrence and how you will monitor for continued compliance; and WHEN the correction will be completed.</p> <p>3. Your PLANS OF CORRECTION must be returned within 10 days from the date you receive the Statement of Deficiencies.</p> <p>Your Plans of Correction must be postmarked by 02/28/22.</p> <p>4. Email the ORIGINAL REPORT with the required signatures.</p>	
L 335	<p>322-035.1G POLICIES-EMERGENCY CARE</p> <p>WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (g) Emergency</p>	L 335		

State Form 2567
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

State of Washington

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L 335	Continued From page 1 medical care, including: (i) Physician orders; (ii) Staff actions in the absence of a physician; (iii) Storing and accessing emergency supplies and equipment; This Washington Administrative Code is not met as evidenced by: Based on interview and document review, the hospital failed to implement written policies and procedures for management of medical emergencies and transfers as evidenced by incomplete documentation for emergent care and quality monitoring in 5 of 10 patients reviewed (Patients #1406, #1407, #1408, #1409, and #1410). Failure to adopt policies and procedures for the management of medical emergencies and emergent transfers resulted in an unsafe environment for patients. Findings included: 1. The hospital policy and procedure titled "Emergency Medical Screening," reviewed 07/20, showed that if an emergency condition is identified, the nurse will direct staff to call 911. Once the transport is completed, the nurse supervisor will complete the Emergency Medical Treatment and Labor Act (EMTALA) log and an incident report. 2. The hospital policy and procedure titled "Medical Emergencies," reviewed 01/21, showed that once a medical emergency has been addressed, a Memorandum of Transfer will be completed. Further, if it's determined that the patient does not need emergency medical attention, they will receive recommendation to	L 335		

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L 335	<p>Continued From page 2</p> <p>contact their primary care provider. An incident report is to be filed after any occurrence of unexpected illness or injury.</p> <p>3. The hospital policy and procedure titled "South Sound Behavioral 9-1-1 EMS Response Procedure," implemented 12/21, showed that staff should have a copy of the medical record prepared for emergency medical services (EMS) when they arrive.</p> <p>During review of events that required the hospital to activate their rapid or emergency response from 01/01/22 to 01/31/22, Investigators #11 and #14 noted the following:</p> <p>EMERGENCY RESPONSE #1</p> <p>4. Patient #1407 was a 45-year-old female who presented for medical care at South Sound Behavioral Hospital on 01/08/22. On 01/08/22 at 12:51 PM, an unknown staff member called 911 from the hospital to request transport for Patient #1407. The staff member reported that they did not have beds for this patient and the patient needed to be transported to the hospital.</p> <p>a. On 02/01/22, Investigators #11 and #14 reviewed the incident reports, memorandum of transfer, EMTALA, and phone logs. Documentation of a patient meeting Patient #1407's description could not be found.</p> <p>b. On 02/17/22 at 4:00 PM, Investigator #14 interviewed an EMS staff member (Staff #1420). Staff #1420 confirmed that he responded to the 911 call at the hospital on 01/08/22 at 12:51 AM. He also reported that Patient #1407 appeared very emotional but had no medical need for transport. The patient declined further evaluation</p>	L 335		
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L 335	<p>Continued From page 3</p> <p>or transport from EMS and drove herself to the hospital for assistance.</p> <p>c. On 02/01/22 at 11:15 AM, Investigators #11 and #14 interviewed the Chief Nursing Officer (CNO) (Staff #1404). Staff #1404 confirmed that there was no documentation of a 911 call or patient presenting for treatment on 01/08/22 that met Patient #1407's description. Staff #1404 also verified that current policy was to enter an incident report if 911 is called.</p> <p>EMERGENCY RESPONSE #2</p> <p>5. Patient #1408 was a 30-year-old male who presented for medical care at South Sound Behavioral Hospital on 01/12/22. A staff member called 911 from patient intake to transport Patient #1408 to the hospital for shortness of breath.</p> <p>a. On 02/01/22, Investigators #11 and #14 reviewed the incident reports, memorandums of transfer, and House Supervisor documentation. Hospital House Supervisor documentation showed that Patient #1408 was evaluated by a nurse and a provider was notified. The clinical staff made the decision to call 911 for transport. Documentation of an incident report or memorandum of transfer could not be found.</p> <p>b. On 01/26/22 at 4:30 PM, Investigator #14 interviewed an EMS staff member (EMS Staff #1415) who responded to the 911 call regarding Patient #1408 on 01/12/22. EMS Staff #1415 confirmed that he responded to the hospital for a complaint of a patient with shortness of breath. The patient reported to him that he had chronic asthma and needed his inhaler. EMS Staff #1415 had the patient call a family member to bring his inhaler. The patient improved after using his</p>	L 335		

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L 335	<p>Continued From page 4</p> <p>inhaler and was subsequently admitted to South Sound Behavioral Hospital for mental health care.</p> <p>c. On 02/01/22 at 11:15 AM, Investigators #11 and #14 interviewed the Chief Nursing Officer (CNO) (Staff #1404). Staff #1404 confirmed that there was no incident report or memorandum of transfer regarding Patient #1408's care. Staff #1404 also verified that current policy was to enter an incident report if 911 is called.</p> <p>EMERGENCY RESPONSE #3</p> <p>6. Patient #1409 was a 39-year-old male who presented for medical care at South Sound Behavioral Hospital on 01/26/22.</p> <p>a. On 02/01/22, Investigators #11 and #14 reviewed the incident reports, memorandum of transfer, EMTALA, and phone logs. Documentation of a patient meeting Patient #1409's description could not be found.</p> <p>b. On 01/27/22 at 10:00 AM, Investigator #14 interviewed an EMS staff member (EMS Staff #1414). Staff #1414 reported that they received a call for Patient #1409 on 01/26/22 at 8:32 PM. The hospital staff member reported that the patient went to intake for requesting medications for his mental breakdown. He then left intake and was pacing and yelling in the parking lot. Police and ambulance responded, and the patient was transported to the acute care hospital via private ambulance.</p> <p>c. On 02/01/22 at 10:56 AM, Investigators #11 and #14 interviewed the Chief Nursing Officer (CNO) (Staff #1404). Staff #1404 confirmed that there was no incident report or memorandum of transfer regarding Patient #1409's care. Staff</p>	L 335		
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L 335	<p>Continued From page 5</p> <p>#1404 also verified that current policy was to enter an incident report if 911 is called.</p> <p>EMERGENCY REPOSENSE #4</p> <p>7. Patient #1406 presented to South Sound Behavioral Hospital on 01/27/22 with mental health concerns. The patient was in intake with a staff member who noticed that Patient #1406's eye had what appeared to be a blood clot in it. The staff member called 911 for assistance.</p> <p>a. On 02/01/22, Investigators #11 and #14 reviewed the incident reports, memorandums of transfer, and House Supervisor documentation. Hospital House Supervisor documentation showed that Patient #1406 was evaluated by a nurse and a provider was notified. The clinical staff made the decision to call 911 for transport. Documentation of an incident report or memorandum of transfer could not be found.</p> <p>b. On 01/28/22 at 9:18 AM, Investigator #14 interviewed an EMS staff member (EMS Staff #1416) who responded to the 911 call regarding Patient #1406 on 01/27/22. EMS Staff #1416 confirmed that he responded to the hospital for a complaint of a patient with bloody eye. The patient declined ambulance transport and chose to check out and drive himself to get his eye evaluated.</p> <p>c. On 02/01/22 at 11:15 AM, Investigators #11 and #14 interviewed the Chief Nursing Officer (CNO) (Staff #1404). Staff #1404 confirmed that there was no incident report or memorandum of transfer regarding Patient #1406's care. Staff #1404 also verified that current policy was to enter an incident report if 911 is called.</p>	L 335		

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L 335	<p>Continued From page 6</p> <p>EMERGENCY RESPONSE #5</p> <p>8. Patient #1410 was an inpatient at South Sound Behavioral Hospital on 01/27/22. Hospital staff called 911 when the involuntary patient refused her blood pressure medication and her blood pressure became unstable.</p> <p>a. On 02/01/22, Investigators #11 and #14 reviewed the incident reports, memorandums of transfer, and House Supervisor documentation. Memorandum of transfer (MOT) documentation showed that Patient #1410 was evaluated by a nurse and a provider was notified. The clinical staff made the decision to call 911 for transport. The MOT documentation did not specify if the transfer policy and procedures were followed.</p> <p>b. On 01/28/22 at 9:18 AM, Investigator #14 interviewed an EMS staff member (EMS Staff #1416) who responded to the 911 call regarding Patient #1410 on 01/27/22. EMS Staff #1416 confirmed that he responded to the hospital for a complaint of a patient with unstable blood pressure. EMS staff #1416 reported that he waited 12 minutes for the patient to be brought to intake for transport. EMS staff #1416 also reported that the copy of the medical record was not ready when the patient was brought to intake, which resulted in an additional delay in care.</p> <p>c. On 01/26/22 at 9:52 AM, Investigators #11 and #14 interviewed the charge nurse (Staff #1410). Staff #1410 reported that stable or ambulatory patients were to be brought to intake to meet EMS crews with a copy of their medical record for transfer.</p>	L 335		
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South Sound
Behavioral Hospital

2/24/2022

Sara Nash, RN
Hospital Investigator
PO Box 47874
Olympia, WA 98504

Re: Complaint #2022-285/119433

Dare Mrs. Nash,

We have received our SOD that resulted from your investigation that was completed on 02/01/22. We have met as a team and developed our Plan of Correction. All corrections will be completed by 04/02/22. We are grateful for you and your team's collaboration and partnership.

Sincerely,



TJ O'Reilly 2/24/22

Terrance TJ O'Reilly, MBA RN
Chief Operating Officer

South Sound Behavioral Hospital
 Plan of Correction for
 Department of Health Survey
 Date on site- 1/26/22 & 2/1/22

*James
 1/26/22
 2/1/22
 Daniel Adams*

Statement of Deficiency	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	Monitoring procedure; Target for Compliance
<p>322-035.1G POLICIES-EMERGENCY CARE WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (g) Emergency medical care, including: (i) Physician orders; (ii) Staff actions in the absence of a physician; (iii) Storing and accessing emergency supplies and equipment;</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview and document review, the hospital failed to implement written policies and procedures for management of medical emergencies and transfers as evidenced by incomplete documentation for emergent care and quality monitoring in 5 of 10 patients reviewed (Patients #1406, #1407, #1408, #1409, and #1410).</p> <p>Findings included:</p> <ol style="list-style-type: none"> The hospital policy and procedure titled "Emergency Medical Screening," reviewed 07/20, showed that if an emergency condition is identified, the nurse will direct staff to call 911. Once the transport is completed, the nurse supervisor will complete the Emergency Medical Treatment and Labor Act (EMTALA) log and an incident report. 	<p>Immediately after the visit, the CEO, CNO, Intake Director PI Manager met and discussed initial findings that were mentioned during the exit conference last 2/1/2022. The following actions were/will be followed.</p>	<p>Intake Director</p>	<p>2/1/2022</p>	<p>The following will be evidence(s) of compliance.</p> <ol style="list-style-type: none"> Training attestation On EMTALA log retraining of all staff and record keeping. Training attestation for all intake staff on incident reporting and memorandum of transfer.

<p>2. The hospital policy and procedure titled "Medical Emergencies," reviewed 01/21, showed that once a medical emergency has been addressed, a Memorandum of Transfer will be completed. Further, if it's determined that the patient does not need emergency medical attention, they will receive recommendation to contact their primary care provider. An incident report is to be filed after any occurrence of unexpected illness or injury.</p> <p>3. The hospital policy and procedure titled "South Sound Behavioral 9-1-1 EMS Response Procedure," implemented 12/21, showed that staff should have a copy of the medical record prepared for emergency medical services (EMS) when they arrive.</p> <p>4. Patient #1407 was a 45-year-old female who presented for medical care at South Sound Behavioral Hospital on 01/08/22. On 01/08/22 at 12:51 PM, an unknown staff member called 911 from the hospital to request transport for Patient #1407. The staff member reported that they did not have beds for this patient and the patient needed to be transported to the hospital.</p> <p>a. On 02/01/22, Investigators #11 and #14 reviewed the incident reports, memorandum of transfer, EMTALA, and phone logs. Documentation of a patient meeting Patient #1407's description could not be found.</p> <p>c. On 02/01/22 at 11:15 AM, Investigators #11 and #14 interviewed the Chief Nursing Officer (CNO) (Staff #1404). Staff #1404 confirmed that there was no documentation of a 911 call or patient</p>	<p>PI manager will retrain all intake staff on incident reporting and on memorandum of transfer by 2/24/2022. MOT/Incident Report will be tracked by the PI Manager starting March 1, 2022 for compliance.</p> <p>Staff in intake department maintains the EMTALA log. Intake staff was retrained by the Intake Director on maintaining EMTALA log on 2/24/2022. Intake staff were also retrained on record keeping. All assessments and related documentation will be kept and maintained to ensure record keeping of patient care.</p>	<p>PI Manager</p>	<p>2/24/2022</p>	<p>3. <u>Intake Director will do a monthly audit of 10% patient records (based on number of patients assessed in a month) for 3 months that is focused on completeness of records focused on completed MOT and Medical Screening. This will continue until 95% compliance is reached.</u></p> <p>4. <u>Incident reports filed and actual incidences are reconciled by the PI manager daily during the leadership flash. A daily audit by the PI manager on number of incident reports filed vis-à-vis actual incidences will be performed starting March 1, 2022. This will be monitored for 3 months and will continue until 100% compliance is reached.</u></p>
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<p>presenting for treatment on 01/08/22 that met Patient #1407's description. Staff #1404 also verified that current policy was to enter an incident report if 911 is called.</p>	<p>PI manager will retrain all intake staff on incident reporting and on memorandum of transfer by 2/28/2022. MOT/Incident Report will be tracked by the PI Manager starting March 1, 2022 for compliance.</p>	<p>PI Manager</p>	<p>2/28/2022</p>	
<p>5. Patient #1408 was a 30-year-old male who presented for medical care at South Sound Behavioral Hospital on 01/12/22. A staff member called 911 from patient intake to transport Patient #1408 to the hospital for shortness of breath.</p> <p>a. On 02/01/22, Investigators #11 and #14 reviewed the incident reports, memorandums of transfer, and House Supervisor documentation. Hospital House Supervisor documentation showed that Patient #1408 was evaluated by a nurse and a provider was notified. The clinical staff made the decision to call 911 for transport. Documentation of an incident report or memorandum of transfer could not be found.</p> <p>c. On 02/01/22 at 11:15 AM, Investigators #11 and #14 interviewed the Chief Nursing Officer (CNO) (Staff #1404). Staff #1404 confirmed that there was no incident report or memorandum of transfer regarding Patient #1408's care. Staff #1404 also verified that current policy was to enter an incident report if 911 is called.</p> <p>6. Patient #1409 was a 39-year-old male who presented for medical care at South Sound Behavioral Hospital on 01/26/22.</p> <p>a. On 02/01/22, Investigators #11 and #14 reviewed the incident reports,</p>	<p>A new intake patient record cover sheet was created and approved 2/24/2022 to ensure that records are kept together, assessment and appropriate care are delivered to the patient and summary of disposition is reflected.</p> <p>On 2/8/2022, the intake pre-admit medical screening form was updated, approved and will be attached to the intake patient record.</p> <p>CNO will train house supervisors on the new pre-admit medical screening. Further a training will be done to all nursing staff to ensure that completion of MOT form prior to EMT arrival by 2/25/2022.</p> <p>MOT debriefing form was created and approved on 2/25/2022 to document point(s) of improvement for SSBH staff and/or process. This will not be part of the patient medical record but rather a tool for process improvement. Findings will be reported by the CNO to the Committee of the Whole on a monthly basis for 6 months starting</p>	<p>Intake Director</p>	<p>2/24/2022</p>	<p>The following will be evidence(s) of compliance.</p> <ol style="list-style-type: none"> 1. Training attestation On EMTALA log retraining of all staff and record keeping. 2. Training attestation for all intake staff on incident reporting and memorandum of transfer. 3. <u>Intake Director will do a monthly audit of 10% patient records (based on number of patients assessed in a month) for 3 months that is focused on completeness of records focused on completed MOT and Medical Screening. This will continue until 95% compliance is reached.</u> 4. <u>Incident reports filed and actual incidences are reconciled by the PI manager daily during the leadership flash. A daily audit by the PI manager on</u>
		<p>Intake Director</p>	<p>2/8/2022</p>	
		<p>CNO</p>	<p>2/25/2022</p>	
		<p>CNO</p>	<p>2/25/2022</p>	

<p>memorandum of transfer, EMTALA, and phone logs. Documentation of a patient meeting patient.</p> <p>c. On 02/01/22 at 10:56 AM, Investigators #11 and #14 interviewed the Chief Nursing Officer (CNO) (Staff #1404). Staff #1404 confirmed that there was no incident report or memorandum of transfer regarding Patient #1409's care. Staff #1404 also verified that current policy was to enter an incident report if 911 is called.</p> <p>7. Patient #1406 presented to South Sound Behavioral Hospital on 01/27/22 with mental health concerns. The patient was in intake with a staff member who noticed that Patient #1406's eye had what appeared to be a blood clot in it. The staff member called 911 for assistance.</p> <p>a. On 02/01/22, Investigators #11 and #14 reviewed the incident reports, memorandums of transfer, and House Supervisor documentation. Hospital House Supervisor documentation showed that Patient #1406 was evaluated by a nurse and a provider was notified. The clinical staff made the decision to call 911 for transport. Documentation of an incident report or memorandum of transfer could not be found. Patient #1406 presented to South Sound Behavioral Hospital on 01/27/22 with mental health concerns. The patient was in intake with a staff member who noticed that Patient #1406's eye had what appeared to be a blood clot in it. The staff member called 911 for assistance.</p> <p>c. On 02/01/22 at 11:15 AM, Investigators #11 and #14 interviewed the Chief</p>	<p>April 2022.</p> <p>Intake Director will perform monthly audit on the completeness of intake patient record including MOT and Pre-admit medical screening and will report it to the Committee of the Whole monthly meeting starting the month of March. This will continue until there is at 100% compliance for 3 continuous months.</p>	<p>Intake Director</p>	<p>3/1/2022</p>	<p><u>number of incident reports filed vis-à-vis actual incidences will be performed starting March 1, 2022. This will be monitored for 3 months and will continue until 100% compliance is reached.</u></p>
			<p>The following will be evidence(s) of compliance.</p> <ol style="list-style-type: none"> 1. New Intake Patient Record Coversheet 2. Electronic Storage for Intake Patient Record. 3. New Pre-Admit Medical Screening form 4. Training attestation for the new pre-admit medical screening form. 5. New MOT Debriefing Form. 6. Monthly COWS Report on Process Improvement from MOT Debriefings. 	

Nursing Officer (CNO) (Staff #1404). Staff #1404 confirmed that there was no incident report or memorandum of transfer regarding Patient #1406's care. Staff #1404 also verified that current policy was to enter an incident report if 911 is called. On 02/01/22, Investigators #11 and #14 reviewed the incident reports, memorandums of transfer, and House Supervisor documentation. Memorandum of transfer (MOT) documentation showed that Patient #1410 was evaluated by a nurse and a provider was notified. The clinical staff made the decision to call 911 for transport. The MOT documentation did not specify if the transfer policy and procedures were followed.

8. Patient #1410 was an inpatient at South Sound Behavioral Hospital on 01/27/22. Hospital staff called 911 when the involuntary patient refused her blood pressure medication and her blood pressure became unstable.
- a. On 02/01/22, Investigators #11 and #14 reviewed the incident reports, memorandums of transfer, and House Supervisor documentation. Memorandum of transfer (MOT) documentation showed that Patient #1410 was evaluated by a nurse and a provider was notified. The clinical staff made the decision to call 911 for transport. The MOT documentation did not specify if the transfer policy and procedures were followed.
- b. On 01/28/22 at 9:18 AM, Investigator #14 interviewed an EMS staff member (EMS Staff #1416) who responded to the

1. Monthly audit performed by Intake Director for completeness of intake patient record that will be presented to COWS for 3 months until 95% compliance is reached.

<p>911 call regarding Patient #1410 on 01/27/22. EMS Staff #1416 confirmed that he responded to the hospital for a complaint of a patient with unstable blood pressure. EMS staff #1416 reported that he waited 12 minutes for the patient to be brought to intake for transport. EMS staff #1416 also reported that the copy of the medical record was not ready when the patient was brought to intake, which resulted in an additional delay in care.</p>				
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Terrance J O'Reilly CEO

Date

South Sound Behavioral Hospital
 Progress Report
 Department of Health Survey
 Date on site- 1/26/22 & 2/1/22
 Case Number 2022-285

Handwritten notes:
 Approved: [Signature]
 1/26/22
 [Signature]

Statement of Deficiency	How the Deficiency Will Be Corrected	Responsible Individual(s)	Date Completed	Result of Monitoring
<p>EMERGENCY SERVICES CFR(s): 482.12(f)(2) if emergency services are not provided at the hospital, the governing body must assure that the medical staff has written policies and procedures for appraisal of emergencies, initial treatment, and referral when appropriate. This STANDARD is not met as evidenced by: . Based on interview and document review, the hospital's governing body failed to adopt written policies and procedures for the management of medical emergencies as evidenced by incomplete documentation for emergent care and quality monitoring in 5 of 10 patients reviewed (Patients #1406, #1407, #1408, #1409, and #1410). Failure to adopt policies and procedures for the management of medical emergencies resulted in an unsafe environment for patients.</p> <p>Findings included:</p> <ol style="list-style-type: none"> The hospital policy and procedure titled "Emergency Medical Screening," reviewed 07/20, showed that if an emergency condition is identified, the nurse will direct staff to call 911. Once the transport is completed, the nurse supervisor will complete the Emergency Medical Treatment and Labor Act (EMTALA) log and an incident report. 	<p>Corrected</p> <p>Immediately after the visit, the CEO, CNO, Intake Director PI Manager met and discussed initial findings that were mentioned during the exit conference last 2/1/2022. The following actions were/will be followed.</p> <p>Staff in intake department maintains the EMTALA log. Intake staff was retrained by the Intake Director on maintaining EMTALA log on 2/24/2022. All assessments and related documentation will be kept and maintained to ensure record keeping of patient care.</p>	<p>Intake Director</p>	<p>03/31/2022</p>	<p>A training manual for medical emergency and record keeping was created by the Intake Director that focused on process improvement. Intake staff were trained on the new process throughout the month of March, 2022 to be fully implemented by 04/01/2022. We will continue to monitor the process.</p>

<p>2. The hospital policy and procedure titled "Medical Emergencies," reviewed 01/21, showed that once a medical emergency has been addressed, a Memorandum of Transfer will be completed. Further, if it's determined that the patient does not need emergency medical attention, they will receive recommendation to contact their primary care provider. An incident report is to be filed after any occurrence of unexpected illness or injury.</p>	<p>PI manager will retrain all intake staff on incident reporting and on memorandum of transfer by 2/28/2022. MOT/Incident Report will be tracked by the PI Manager starting March 1, 2022 for compliance.</p>	<p>PI Manager</p>	<p>2/28/2022</p>	<p>Intake staff were trained on incident reporting and on the MOT process. In the month of March there were no MOTs or incidents that originated in Intake.</p>
<p>3. The hospital policy and procedure titled "South Sound Behavioral 9-1-1 EMS Response Procedure," implemented 12/21, showed that staff should have a copy of the medical record prepared for emergency medical services (EMS) when they arrive.</p>	<p>Staff in intake department maintains the EMTALA log. Intake staff was retrained by the Intake Director on maintaining EMTALA log on 2/24/2022. All assessments and related documentation will be kept and maintained to ensure record keeping of patient care.</p>	<p>Intake Director</p>	<p>03/31/2022</p>	<p>A training manual for medical emergency and record keeping was created by the Intake Director that focused on process improvement. Intake staff were trained on the new process throughout the month of March, 2022 to be fully implemented by</p>
<p>4. Patient #1407 was a 45-year-old female who presented for medical care at South Sound Behavioral Hospital on 01/08/22. On 01/08/22 at 12:51 PM, an unknown staff member called 911 from the hospital to request transport for Patient #1407. The staff member reported that they did not have beds for this patient and the patient needed to be transported to the hospital.</p>	<p>a. On 02/01/22, Investigators #11 and #14 reviewed the incident reports, memorandum of transfer, EMTALA, and phone logs. Documentation of a patient meeting Patient #1407's description could not be found.</p>			

<p>c. On 02/01/22 at 11:15 AM, Investigators #11 and #14 interviewed the Chief Nursing Officer (CNO) (Staff #1404). Staff #1404 confirmed that there was no documentation of a 911 call or patient presenting for treatment on 01/08/22 that met Patient #1407's description. Staff #1404 also verified that current policy was to enter an incident report if 911 is called.</p> <p>d. Patient #1408 was a 30-year-old male who presented for medical care at South Sound Behavioral Hospital on 01/12/22. A staff member called 911 from patient intake to transport Patient #1408 to the hospital for shortness of breath.</p> <p>a. On 02/01/22, Investigators #11 and #14 reviewed the incident reports, memorandums of transfer, and House Supervisor documentation. Hospital House Supervisor documentation showed that Patient #1408 was evaluated by a nurse and a provider was notified. The clinical staff made the decision to call 911 for transport. Documentation of an incident report or memorandum of transfer could not be found.</p> <p>c. On 02/01/22 at 11:15 AM, Investigators #11 and #14 interviewed the Chief Nursing Officer (CNO) (Staff #1404). Staff #1404 confirmed that there was no incident report or memorandum of transfer regarding Patient #1408's care. Staff #1404 also verified that current policy was to enter an incident report if 911 is called.</p>	<p>PI manager will retrain all intake staff on incident reporting and on memorandum of transfer by 2/28/2022. MOT/Incident Report will be tracked by the PI Manager starting March 1, 2022 for compliance.</p> <p>A new intake patient record cover sheet was created and approved 2/24/2022 to ensure that records are kept together, assessment and appropriate care are delivered to the patient and summary of disposition is reflected.</p> <p>On 2/8/2022, the intake pre-admit medical screening form was updated, approved and will be attached to the intake patient record after completion of training in March, 2022.</p> <p>CNO will train house supervisors on the new pre-admit medical screening and completion of</p>	<p>PI Manager</p> <p>Intake Director</p> <p>Intake Director</p> <p>CNO</p>	<p>2/28/2022</p> <p>03/31/2022</p> <p>03/31/2022</p> <p>2/25/2022</p>	<p>04/01/2022. We will continue to monitor the process.</p> <p>Intake staff were trained on incident reporting and on the MOT process. In the month of March there were no MOTs or incidents that originated in Intake.</p> <p>A training manual for medical emergency and record keeping was created by the Intake Director that focused on process improvement. Intake staff were trained on the new process throughout the month of March, 2022 to be fully implemented by 04/01/2022. We will continue to monitor the process.</p> <p>A training manual for medical emergency and record keeping was created by the Intake Director that focused on process improvement. Intake staff were trained on the new process throughout the month of March, 2022 to be fully implemented by 04/01/2022. We will continue to monitor the process.</p> <p>All house supervisors were retrained on pre-admit medical screening. During the</p>
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<p>6. Patient #1409 was a 39-year-old male who presented for medical care at South Sound Behavioral Hospital on 01/26/22.</p> <p>a. On 02/01/22, Investigators #11 and #14 reviewed the incident reports, memorandum of transfer, EMTALA, and phone logs. Documentation of a patient meeting patient.</p> <p>c. On 02/01/22 at 10:56 AM, Investigators #11 and #14 interviewed the Chief Nursing Officer (CNO) (Staff #1404). Staff #1404 confirmed that there was no incident report or memorandum of transfer regarding Patient #1409's care. Staff #1404 also verified that current policy was to enter an incident report if 911 is called.</p>	<p>MOT form prior to EMT arrival by 2/25/2022. An</p> <p>MOT debriefing form was created and approved on 2/25/2022 to document point(s) of improvement for SSBH staff and/or process. This will not be part of the patient medical record but rather a tool for process improvement. Findings will be reported by the CNO to the Committee of the Whole on a monthly basis for 6 months starting April 2022.</p>	<p>CNO</p> <p>Ongoing</p>	<p>nursing department meeting and huddles, retraining training was included to highlight completion of MOT paperwork prior to arrival.</p> <p>An MOT debriefing form is utilized by the nursing leadership. Constant open communication/feedback with the fire department was also initiated to discuss points of process improvement. A case review was done on 3/17/2022 and identified other opportunities to improve the process with the fire department team.</p>
<p>7. Patient #1406 presented to South Sound Behavioral Hospital on 01/27/22 with mental health concerns. The patient was in intake with a staff member who noticed that Patient #1406's eye had what appeared to be a blood clot in it. The staff member called 911 for assistance.</p> <p>a. Patient #1406 presented to South Sound Behavioral Hospital on 01/27/22 with mental health concerns. The patient was in intake with a staff member who noticed that Patient #1406's eye had what appeared to be a blood clot in it. The staff member called 911 for assistance.</p> <p>c. Patient #1406 presented to South Sound Behavioral Hospital on 01/27/22 with mental health concerns. The patient was in intake with a staff member who noticed that Patient #1406's eye had what appeared to be a blood clot in it. The staff member called 911 for assistance.</p>	<p>Intake Director will perform monthly audit on the completeness of intake patient record including MOT and Pre-admit medical screening and will report it to the Committee of the Whole monthly meeting starting the month of March. This will continue until there is at 100% compliance for 3 continuous months.</p>	<p>Intake Director</p> <p>Ongoing</p>	<p>Intake Director to begin monthly audit on completeness starting April, 2022.</p>



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47874 • Olympia, Washington 98504-7874
OR Mailing address of investigator

04/01/22

TJ O'Reilly
South Sound Behavioral Hospital
605 Woodland Square Loop SE
Lacey, WA 98503

Re: Complaint #2022-285/119433

Dear Mr. O'Reilly,

Investigators from the Washington State Department of Health conducted a state hospital licensing and Medicare complaint investigation at South Sound Behavioral Hospital on 01/26/22 to 02/01/22. Hospital staff members developed a plan of correction to correct deficiencies cited during this investigation. This plan of correction was approved on 03/01/22.

Hospital staff members sent a Progress Report dated 04/01/22 that indicates all deficiencies have been corrected. The Department of Health accepts South Sound Behavioral Hospital's attestation that it will correct all deficiencies cited at Chapter 246-320 WAC and Medicare regulations.

We sincerely appreciate your cooperation and hard work during the investigation process.

Sincerely,

Sara Nash, RN
Complaint Team Leader

