

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>504009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/10/2015</b>
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NAME OF PROVIDER OR SUPPLIER <b>NAVOS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2600 SOUTHWEST HOLDEN SEATTLE, WA 98126</b>
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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
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L 000	<p><b>INITIAL COMMENTS</b></p> <p>This state private psychiatric hospital complaint investigation was conducted on 6/4/2015 response to Complaint #58009 by Alex Giel, REHS.</p> <p>The allegation that the facility failed to maintain pest free environment in the patients rooms was substantiated.</p> <p>During the course of the investigation, deficiencies under state WAC 246-322 (Psychiatric Hospital Licensing Regulations) were found. These were corrected at the time of the investigation. No Plan of Correction is required.</p> <p>ASE #IVJ311</p>	L 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JUN 19 2015</p> <p style="text-align: center;">DEPARTMENT OF HEALTH Office of Investigation and Inspection</p>	
L 710	<p><b>322-100.1D INFECT CONTROL-PHYS ENVIRON</b></p> <p>WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide 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;</p> <p>This RULE: is not met as evidenced by: Based on observation and interview, hospital failed to maintain a clean environment to prevent the spread of infectious agents to patients, visitors and staff.</p> <p>Failure to maintain a clean environment promotes the spread of infectious agents.</p> <p>Findings:</p>	L 710		

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Jerry McBrown* TITLE *Director of Nursing* (X6) DATE *6/17/15*

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L 710	<p>Continued From Page 1</p> <p>On 6/4/2015, between 10:30 AM and 11:10 AM the investigator interviewed the Director of Nursing about a complaint regarding bed bugs in the facility. The Director of Nursing confirmed that they had observed bed bugs in patient rooms 320, 207 and 209 and immediately put systems in place to have the situation taken care of. The following procedures were put in place:</p> <ul style="list-style-type: none"> <li>a. Patients were moved out of the rooms</li> <li>b. Belongings were heat treated.</li> <li>c. Wooden bed frames were replaced with easily cleanable plastic bed frames</li> <li>d. Contracted with pest control company did a full assessment of the facility. The treatment plan was to apply chemical treatment to the facility a total of 3 treatments 2 weeks apart. The facility at the time of inspection had completed 2 of 3 treatments. The last treatment has been scheduled</li> </ul> <p>The facility implemented policies and procedures for new patients to prevent reoccurrence of bed bugs from coming into the facility. New admittances will be required to put personal belongings into a hot box (a device that eliminates pests) before entering into the unit.</p> <p>During the tour of the facility the investigator inspected patient's rooms 320, 207, 209 and a closet where patients store their personal belongings. The investigator did not see any signs of bed bugs in those areas.</p>	L 710		

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Initial: TM