STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013134	A. BUILDING: _____ B. WING _____	C 08/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SMOKEY POINT BEHAVIORAL HOSPITAL	3955 156TH ST NE MARYSVILLE, WA 98271

(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	INITIAL COMMENTS STATE COMPLAINT INVESTIGATION The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 Private Psychiatric and Alcoholism Hospitals, conducted this health and safety investigation. Service categories: State Private Psychiatric and Alcoholism Hospitals Onsite dates: 08/22/18 Examination number: 2018-11162 Intake number: 83522 The investigation was conducted by: Surveyor #27347 There were violations found pertinent to this complaint.	L 000		
L 305	322-035.1A POLICIES-ADMIT CRITERIA 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: (a) Criteria for admitting and retaining patients; This Washington Administrative Code is not met as evidenced by: Based on interview, review of hospital documents and review of acute care hospital documents the hospital failed to implement their policy to transfer	L 305	**L305** The hospital failed to implement their policy to transfer a patient to a higher level of care in a timely manner when the hospital was not able to address the patient's healthcare needs. **Procedure for implementing the plan of correction:** The hospital will fully implement the policy to transfer any patient to a higher level of care in a timely manner when the hospital is not able to address the patient's healthcare needs. • Any patient requiring a higher level of care will be transferred to the ED for stabilization. SPBH will communicate with the ED prior to transport back to SPBH to determine if SPBH	

			can meet the medical needs of the patient following the ED treatment. ◦ Should the patient continue to require a higher level of medical care than SPBH can provide, SPBH will refuse to accept the patient for return from the ED and will inform the sending hospital that due to the hospital's inability to provide the necessary medical care, the hospital is mandated to refuse the patient, as the care needs are the priority for the patient and the acuity of the medical needs exceeds the capability of SPBH. If the sending hospital insists that it will file an EMTALA complaint, SPHB administrative staff will inform the hospital administrative staff that due to the inability of SPBH to meet the needs of the patient that SPBH would also be mandated to report the sending hospital as an EMTALA complaint. • The Director of Assessment and Referral (A&R) will retrain the A&R staff on the policy titled "Admission, Discharge, and Continued Stay Criteria" **Monitoring and tracking procedures to ensure the plan of correction is effective:** • In order to prevent reoccurrence and monitor for continued compliance, the Director of A&R will audit a minimum of 50% of A&R Assessments to verify that patients admitted met medical necessity but did not have exclusionary criteria. • These audits will be conducted 5 days a week, but will cover data from all 7 days a week. • If any of the audits have documentation of acute medical needs that exceed the capability of the hospital, the case will promptly be brought to the medical director/designee physician for review. If	

appropriate the case will then be referred to peer review and will receive OPPE/FPPE, as indicated.

- The process will continue until 95% rate is found for 6 months.
- Random review will continue to assure ongoing compliance. If the rate does not meet a 90% threshold in any month, a new action plan will be developed and implemented.

Individual Responsible:

Medical Director
Director of A&R
CEO

Completion Date:
All training will be completed and audits will begin by 9/5/18.

State of Washington

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L 305	Continued From page 1 a patient (Patient #1) to higher level of care in a timely manner when the hospital was not able address the patients healthcare needs. Failure to transfer patients to a higher level of care in timely manner, risks deterioration of the patient's condition and poor outcomes. Findings include: 1. The hospital policy titled "Admission, Discharge and Continued Stay Criteria", effective 05/2017 read in part "Criteria that will prevent admission of a patient to hospitalization include: "Medically fragile patients currently requiring nursing home care for serious and/or multiple Axis III disorders, including significant alterations in ADL's (activities of daily living-eating, drinking, dressing, bathing)". "D. The client decompensates to a level of emotional or mental instability requiring a higher level of care". 2. Review of Patient #1's record revealed she was admitted to the hospital on 03/22/2018 due to "psychosis-hearing voices telling her not to eat". Throughout her stay she did not consistently consume food or fluids or her medications often refusing to take her medications or eat and drink. Medications were ordered by injection IM (intramuscular) and the patient consented to receive their medications by IM injection. On 04/03/2018, and 04/24/2018 and 05/28/2018 the hospital sent the patient to the local acute care hospital emergency room (ER) for evaluation of abnormal labs. Each time the ER evaluated the patient and repeated the lab tests that were resulted as normal in the ER. On 6/16/2018 the patient was sent to the local	L 305		

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L 305	Continued From page 2 acute care hospital ER after falling in the hospital. The ER did a work-up of the patient's fall with x-rays of the patient's pelvis, hips, ribs and arms and found the patient to have fractured humerus (arm) but no other fractures were identified. The patient was not a candidate for surgery and was sent back with their arm in a sling for the fracture. On 06/19/2018 the hospital sent the patient to the acute care ER due to refusing medications and oral fluids. The ER staff talked with the behavioral hospital nurse sent with the patient to the ER. The nurse felt comfortable taking the patient back to the hospital. On 06/23/2018 hospital psychiatric consultation notes stated "Asked to evaluate would patient benefit for nursing home care". "Patient elderly female who isn't getting out of bed to urinate". "fecal incontinence". "Poor po (oral) intake". "If change in level of consciousness may send to ER (emergency room) for evaluation". On 06/29/2018 hospital psychiatric consultation notes stated "Patient lying in bed and no response to questions and appears to be confused. Has not been eating or drinking for at least 4 days, refuses medications. Her physical conditions are deteriorating. Emergency meeting held with medical director, chief operating officer and patient's daughter. All agreed to send patient to emergency room and patient needs to be admitted to medical floor for treatment". On 06/29/2018 the acute care hospital admitted the patient to the medical floor. The patient was found to be "hypotensive with systolic blood pressure in the 80's, hypoglycemia, a humerus fracture, and schizoaffective disorder. After receiving IV fluids the patient was able to answer	L 305		

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L 305	Continued From page 3 questions asked by the hospital staff and relayed falling in the facility last week and "broke their arm". 3. On 08/22/2018 at 11:00 AM Staff A was interviewed. Staff A stated that patients needed to be able to eat and drink by themself and if they were not able to do this they would need to be transferred to another care setting possibly a nursing home or acute care hospital. 4. On 08/22/2018 at 11:30 AM Staff B verified the above information. 5. On 8/22/2018 at 12:00 PM Staff C stated the behavioral health hospital was looking at their admission criteria to ensure they did not take patients that were not able to adequately perform their own ADL's were not admitted to the facility.	L 305		
L 505	322-050.1A PROVIDE PATIENT SERVICES WAC 246-322-050 Staff. The licensee shall: (1) Employ sufficient, qualified staff to: (a) Provide adequate patient services; This Washington Administrative Code is not met as evidenced by: Based on interview, review of hospital documents and review of acute care hospital documents the hospital failed to include the medical doctor in the care of a patient (Patient #1) Failure to include the medical director in the day to day care and assessments of patients with complex medical needs risks deterioration of the patient's condition and poor outcomes. Findings include:	L 505	L505 The hospital failed to include the medical doctor in the care of a patient. **Procedure for implementing the plan of correction:** • The Internal Medicine Doctor will be included in the care of the patient, including performing the History & Physical with n 24 hours, unless performed within 30 days prior, medical consult will be ordered for change in medical condition, and reassessment of patients within 24 hours of return from ED, including evaluation of labs and tests in addition to the physical reassessment. • The Medical Director will educate medical staff on these requirements by 9/6/18. • A patient transferred for medical evaluation at an ED will receive these required steps in process when returning from the ED. o Nurse to Nurse call prior to returning.	

- Doc to Doc call by the transferring ED physician and the Attending physician or designee at SPBH prior to return. The SPBH attending or designee will 1. Determine if the patient still meets admission criteria and there is no exclusionary criteria. 2. Gives specific orders for medical/psychiatric care including a consult by the internal medical physician within 24 hours. 3. Notify the attending physician by the next day if a designee was on-call. 4. The SPBH physician will write orders for the patient to be returned, and includes any new medical and psychiatric needs.
- Upon returning the ED discharge documentation will be included in the medical record.
- The master treatment plan will be updated to include instruction and address all new medical concerns.

Monitoring and tracking procedures to ensure the plan of correction is effective:

- The CNO/RN designee will audit all patient charts following return from the ED. These audits will be conducted 5 days a week but will cover data for all 7 days.
- The expectation is that there will be a minimum of 95% follow through with the medical expectations.
- Any medical provider found not to meet the expectations will be referred for peer review, with resulting OPPE/FPPE as appropriate.
- This audit process will continue for 6 months, then random audits will be performed to monitor ongoing compliance.
- If the audit falls below 90% in a month then a new action plan will be formulated and implemented.

			Individual Responsible: Medical Director **Completion Date:** All training will be completed and audits will begin by 9/6/18.	

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L 505	Continued From page 4	L 505		

1. The hospital policy titled "Medical Service Encounter" revised 05/5017 read in part " To provide for a patient's medical needs in a timely manner. The registered nurse: Requests medical services for patient illness, trauma, chronic medical conditions".

2. Review of Patient #1's record revealed she was admitted to the hospital on 03/22/2018 due to "psychosis-hearing voices telling her not to eat". Throughout her stay she did notconsistently consume food or fluids or her medications often refusing to take her medications or eat and drink. Medications were ordered by injection IM (intramuscular) and the patient consented to receive their medications by IM injection.

On 04/03/2018, and 04/24/2018 and 05/28/2018 the hospital sent the patient to the local acute care hospital emergency room (ER) for evaluation of abnormal labs. Each time the ER evaluated the patient and repeated the lab tests that were resulted as normal in the ER.

On 6/16/2018 the patient was sent to the local acute care hospital ER after falling in the hospital. The ER did a work-up of the patient's fall with x-rays of the patient's pelvis, hips, ribs and arms and found the patient to have fractured humerus (arm) but no other fractures were identified. The patient was not a candidate for surgery and was sent back with their arm in a sling for the fracture.

On 06/19/2018 the hospital sent the patient to the acute care ER due to refusing medications and oral fluids. The ER staff talked with the behavioral hospital nurse sent with the patient to the ER. The nurse felt comfortable taking the patient back to the hospital.

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L 505	Continued From page 5 On 06/23/2018 hospital psychiatric consultation notes stated "Asked to evaluate would patient benefit for nursing home care". "Patient elderly female who isn't getting out of bed to urinate". "fecal incontinence". "Poor po (oral) intake". "If change in level of consciouness may send to ER (emergency room) for evaluation". On 06/29/2018 hospital psychiatric consultation notes stated "Patient lying in bed and no response to questions and appears to be confused. Has not been eating or drinking for at least 4 days, refuses medications. Her physical conditions are deteriorating. Emergency meeting held with medical director, chief operating officer and patient's daughter. All agreed to send patient to emergency room and patient needs to be admitted to medical floor for treatment". On 06/29/2018 the acute care hospital admitted the patient to the medical floor. The patient was found to be "hypotensive with systolic blood pressure in the 80's, hypoglycemia, a humerus fracture, and schizoaffective disorder. After receving IV fluids the patient was able to answer questions asked by the hospital staff and relayed falling in the facility last week and "broke their arm". 3. There was no documentation found to indicate the medical doctor was involved in reassessing the patient's medical condition during their hospital stay, after emergency room visits or in talking with the emergency room staff about the patient's condition. 4. On 08/22/2018 at 11:00 AM Staff A was interviewed. Staff A stated that patients needed to be able to eat and drink by themself and if they	L 505		

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L 505	Continued From page 6 were not able to do this they would need to be transferred to another care setting possibly a nursing home or acute care hospital. Staff A stated the psychiatrist was the primary person to notified of patient changes. 5. On 08/22/2018 at 11:30 AM Staff B verified the above information. 6. On 8/22/2018 at 12:00 PM Staff C stated the behavioral health hospital was looking at their admission criteria to ensure they did not take patients that were not able to adequately perform their own ADL's were not admitted to the facility. Staff C stated the psychiatrist would call the medical doctor if a consult or reassessment was needed.	L 505		

COPY OF SOD mailed 8/28/18

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L 000	INITIAL COMMENTS STATE COMPLAINT INVESTIGATION The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 Private Psychiatric and Alcoholism Hospitals, conducted this health and safety investigation. Service categories: State Private Psychiatric and Alcoholism Hospitals Onsite dates: 08/22/18 Examination number: 2018-11162 Intake number: 83522 The investigation was conducted by: Surveyor #27347 There were violations found pertinent to this complaint.	L 000	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: * 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. PLAN OF CORRECTION DUE: SEPTEMBER 10, 2018 4. The Administrator or Representative's signature is required on the first page of the original. 5. Return the original report with the required signatures.	
L 305	322-035.1A POLICIES-ADMIT CRITERIA 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: (a) Criteria for admitting and retaining patients; This Washington Administrative Code is not met as evidenced by: Based on interview, review of hospital documents and review of acute care hospital documents the hospital failed to implement their policy to transfer	L 305		

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L 305	Continued From page 1 a patient (Patient #1) to higher level of care in a timely manner when the hospital was not able address the patients healthcare needs. Failure to transfer patients to a higher level of care in timely manner, risks deterioration of the patient's condition and poor outcomes. Findings include: 1. The hospital policy titled "Admission, Discharge and Continued Stay Criteria", effective 05/2017 read in part "Criteria that will prevent admission of a patient to hospitalization include: "Medically fragile patients currently requiring nursing home care for serious and/or multiple Axis III disorders, includings significant alterations in ADL's (activities of daily living-eating, drinking, dressing, bathing)". "D. The client decompensates to a level of emotional or mental instability requiring a higher level of care". 2. Review of Patient #1's record revealed she was admitted to the hospital on 03/22/2018 due to "psychosis-hearing voices telling her not to eat". Throughout her stay she did not consistently consume food or fluids or her medications often refusing to take her medications or eat and drink. Medications were ordered by injection IM (intramuscular) and the patient consented to receive their medications by IM injection. On 04/03/2018, and 04/24/2018 and 05/28/2018 the hospital sent the patient to the local acute care hospital emergency room (ER) for evaluation of abnormal labs. Each time the ER evaluated the patient and repeated the lab tests that were resulted as normal in the ER. On 6/16/2018 the patient was sent to the local	L 305		

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L 305	Continued From page 3 questions asked by the hospital staff and relayed falling in the facility last week and "broke their arm". 3. On 08/22/2018 at 11:00 AM Staff A was interviewed. Staff A stated that patients needed to be able to eat and drink by themself and if they were not able to do this they would need to be transferred to another care setting possibly a nursing home or acute care hospital. 4. On 08/22/2018 at 11:30 AM Staff B verified the above information. 5. On 8/22/2018 at 12:00 PM Staff C stated the behavioral health hospital was looking at their admission criteria to ensure they did not take patients that were not able to adequately perform their own ADL's were not admitted to the facility.	L 305		
L 505	322-050.1A PROVIDE PATIENT SERVICES WAC 246-322-050 Staff. The licensee shall: (1) Employ sufficient, qualified staff to: (a) Provide adequate patient services; This Washington Administrative Code is not met as evidenced by: Based on interview, review of hospital documents and review of acute care hospital documents the hospital failed to include the medical doctor in the care of a patient (Patient #1) Failure to include the medical director in the day to day care and assessments of patients with complex medical needs risks deterioration of the patient's condition and poor outcomes. Findings include:	L 505		

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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 505	Continued From page 5 On 06/23/2018 hospital psychiatric consultation notes stated "Asked to evaluate would patient benefit for nursing home care". "Patient elderly female who isn't getting out of bed to urinate". "fecal incontinence". "Poor po (oral) intake". "If change in level of consciouness may send to ER (emergency room) for evaluation". On 06/29/2018 hospital psychiatric consultation notes stated "Patient lying in bed and no response to questions and appears to be confused. Has not been eating or drinking for at least 4 days, refuses medications. Her physical conditions are deteriorating. Emergency meeting held with medical director, chief operating officer and patient's daughter. All agreed to send patient to emergency room and patient needs to be admitted to medical floor for treatment". On 06/29/2018 the acute care hospital admitted the patient to the medical floor. The patient was found to be "hypotensive with systolic blood pressure in the 80's, hypoglycemia, a humerus fracture, and schizoaffective disorder. After receving IV fluids the patient was able to answer questions asked by the hospital staff and relayed falling in the facility last week and "broke their arm". 3. There was no documentation found to indicate the medical doctor was involved in reassessing the patient's medical condition during their hospital stay, after emergency room visits or in talking with the emergency room staff about the patient's condition. 4. On 08/22/2018 at 11:00 AM Staff A was interviewed. Staff A stated that patients needed to be able to eat and drink by themself and if they	L 505		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013134	A. BUILDING: _____ B. WING _____	C 08/22/2018

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L 505	Continued From page 6 were not able to do this they would need to be transferred to another care setting possibly a nursing home or acute care hospital. Staff A stated the psychiatrist was the primary person to notified of patient changes. 5. On 08/22/2018 at 11:30 AM Staff B verified the above information. 6. On 8/22/2018 at 12:00 PM Staff C stated the behavioral health hospital was looking at their admission criteria to ensure they did not take patients that were not able to adequately perform their own ADL's were not admitted to the facility. Staff C stated the psychiatrist would call the medical doctor if a consult or reassessment was needed.	L 505		