

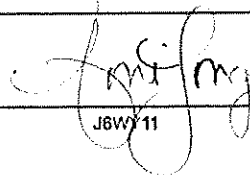
State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/07/2023
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NAME OF PROVIDER OR SUPPLIER RAINIER SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 2805 NE 129TH ST VANCOUVER, WA 98686
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L 000	<p>INITIAL COMMENTS</p> <p>STATE COMPLAINT INVESTIGATION</p> <p>The Washington State Department of Health (DOH), in accordance with Washington Administrative Code (WAC), 246-322 Private Psychiatric and Alcoholism Hospital, conducted this complaint investigation.</p> <p>On site date: 06/27/23 Administrative date: 07/07/23</p> <p>Case number: 2023-5954</p> <p>Intake number: 130911</p> <p>This investigation was conducted by Investigator #1</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:</p> <p>The regulation number and/or the tag number;</p> <p>HOW the deficiency will be corrected;</p> <p>WHO is responsible for making the correction;</p> <p>WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and</p> <p>WHEN the correction will be completed.</p> <p>3. Your PLANS OF CORRECTION must be returned within 10 calendar days from the date you receive the emailed Statement of Deficiencies. Your Plans of Correction must be emailed by 09/08/23.</p> <p>4. Return the ORIGINAL REPORT via email with the required signatures.</p>	
L 320	<p>322-035.1D POLICIES-PATIENT RIGHTS</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</p>	L 320		

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



TITLE
CEO 9/8/23

(X6) DATE

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L 320	<p>Continued From page 1</p> <p>services provided: (d) Assuring patient rights according to chapters 71.05 and 71.34 RCW, including posting those rights in a prominent place for the patients to read; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview, policy review, and record review, the hospital failed to develop and implement policies and procedures to guide staff to ensure that patient's rights were protected by immediately releasing voluntary patients who requested discharge and exhibited no clinical justification for detention, as demonstrated by 2 of 4 records reviewed (Patient #1 and #3).</p> <p>Failure to develop and implement policies and procedures, including clear guidelines to direct staff to release patients voluntarily admitted for inpatient treatment without clinical justification for detention, puts the patient at risk for violation of their rights as a voluntary patient to request immediate release from the hospital.</p> <p>Reference:</p> <p>Revised Code of Washington (RCW) 71.05.050</p> <p>Voluntary application for treatment of a behavioral health disorder - Rights - Review of Condition and Status - Detention - Person refusing voluntary admission, temporary detention.</p> <p>(1) Nothing in this chapter shall be construed to limit the right of any person to apply voluntarily to any public or private agency or practitioner for treatment of a behavioral health disorder, either by direct application or referral. Any person</p>	L 320		

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L 320	<p>Continued From page 2</p> <p>voluntarily admitted for inpatient treatment to any public or private agency shall be released immediately upon his or her request. Any person voluntarily admitted for inpatient treatment to any public or private agency shall orally be advised of the right to immediate discharge, and further advised of such rights in writing as are secured to them pursuant to this chapter and their rights of access to attorneys, courts, and other legal redress. Their condition and status shall be reviewed at least once each one hundred eighty days for evaluation as to the need for further treatment or possible discharge, at which time they shall again be advised of their right to discharge upon request.</p> <p>(2) If the professional staff of any public or private agency or hospital regards a person voluntarily admitted who requests discharge as presenting, as a result of a behavioral health disorder, an imminent likelihood of serious harm, or is gravely disabled, they may detain such person for sufficient time to notify the designated crisis responder of such person's condition to enable the designated crisis responder to authorize such person being further held in custody or transported to an evaluation and treatment center program pursuant to the provisions of this chapter, which shall in ordinary circumstances be no later than the next judicial day.</p> <p>Revised Code of Washington (RCW) 71.05.020</p> <p>Definitions.</p> <p>(1) "Imminent" means the state or condition of being likely to occur at any moment or near at hand, rather than distant or remote.</p> <p>(2) "Gravely disabled" means a condition in which</p>	L 320		

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L 320	<p>Continued From page 3</p> <p>a person, as a result of a behavioral health disorder:</p> <p>(a) is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety; or</p> <p>(b) manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.</p> <p>Findings included:</p> <p>1. Document review of the hospital's policy and procedure titled, "Discharge Against Medical Advice (AMA)," policy number 13410217, last revised 06/23, showed the following:</p> <p>a. All voluntary patients who have signed themselves into the hospital for treatment have the right to terminate their stay with or without the consent of the Attending Physician.</p> <p>b. If a patient requests to discharge, the therapist and/or registered nurse (RN) will determine the reason for the request and advise the patient of the AMA procedure and possible outcomes of the discharge.</p> <p>c. The RN or therapist will notify the patient's Attending Physician.</p> <p>d. If the physician decides to discharge the patient AMA, the RN will transcribe the order to discharge the patient and have the patient read and sign the AMA statement. If the patient refuses to sign the document, the RN will document the refusal on the document.</p>	L 320		

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L 320	<p>Continued From page 4</p> <p>e. The RN will document the entire process in the patient's medical record.</p> <p>f. If the Attending Physician declines the AMA discharge, the rationale for not discharging will be explained to the patient.</p> <p>g. Staff will begin the involuntary hold process for Washington State:</p> <p>i. A Designated Crisis Responder (DCR) will evaluate the individual to determine if legal criteria for commitment is met. The DCR will determine if the patient has a behavioral health disorder and, as a result presents a danger to self, others, or property and/or is unable to provide for basic needs of safety or health (gravely disabled).</p> <p>ii. Individuals assessed as meeting the criteria for commitment can be detained for up to 72 hours (excluding weekends and holidays).</p> <p>h. If the DCR determines that the patient does not meet the criteria for commitment, it is of the utmost importance for the nursing and medical staff to document that a patient is requesting discharge and "does not meet criteria to be held against their will" in cases of AMA discharge.</p> <p>i. A Comprehensive Psychiatric Evaluation must be completed prior to the patient leaving the hospital.</p> <p>Document review of the hospital's patient handout titled, "AMA Discharge Checklist," no document number, no document date, which is utilized by the staff when discharging a patient AMA. The Checklist noted the following tasks to complete</p>	L 320		

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L 320	<p>Continued From page 5</p> <p>before the patient was able to discharge:</p> <p>a. Notify the Provider and Administrator on Call (AOC).</p> <p>b. Ensure the following forms are completed:</p> <p>i. AMA Request Form</p> <p>ii. Safety Plan</p> <p>iii. Basis 32 (completed upon admission and discharge)</p> <p>iv. Patient Satisfaction Form</p> <p>v. Safety Assessment Form</p> <p>vi. Discharge Orders</p> <p>vii. Discharge Communication</p> <p>viii. Discharge Checklist</p> <p>ix. Interdisciplinary Note</p> <p>x. Complete Incident Report</p> <p>Document review of the hospital's patient handout titled, "Application of Voluntary Admission - in Accordance with Sections 5122.02 and 5122.03 ORC (Ohio Revised Code)," no document number, no document date, which is utilized by the staff during the admission of a voluntary patient. The document notes that "In accordance with the Revised Code of Washington, it is understood and agreed that voluntary patients admitted to the hospital may request in writing his/her release from the hospital. The Medical Director of the hospital must either discharge the</p>	L 320		

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L 320	Continued From page 6 patient forthwith or file an affidavit for involuntary commitment within three court days of the receipt of the letter requesting release." Document review of the document titled, "Protocols for Designated Crisis Responders (DCRs) - 2020 Update," published by the Washington State Healthcare Authority (HCA) (RCW 71.05.214), was provided in response to the investigator's request for the hospital's policy and/or procedure for DCR referrals. The HCA document noted that when an adult individual was voluntarily admitted for inpatient treatment and requested discharge but presents as a risk of harm or is gravely disabled, the DCR must determine whether the individual meets detention criteria no later than the end of the next judicial day (RCW 71.05.050). Patient #1 2. Patient #1, a 62-year-old female, admitted voluntarily on 05/23/23, for alcohol detoxification and increased depression. Patient #1 reported that she had not been compliant with taking her medications and was struggling with the recent death of her sister. Review of the Patient's medical record showed the following: a. On the Nursing Progress Note dated 05/23/23, nursing staff documented that the Patients mood was calm and appropriate, denied any thoughts of suicide, and exhibited appropriate social interactions with peers. b. On the Nursing Progress Note dated 05/24/23, nursing staff documented that the Patients mood was anxious, denied any thoughts of suicide, and was compliant with taking all her medications.	L 320		

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L 320	<p>Continued From page 7</p> <p>c. On the Nursing Progress Note dated 05/25/23, nursing staff documented that the Patients mood was calm, denied any thoughts of suicide or hallucinations, and exhibited appropriate social interactions with peers.</p> <p>d. On the Provider's Inpatient Progress Note, dated 05/25/23, the provider documented that the Patient stated that she wanted to go home and felt that she no longer needed to be there. The provider noted that the patient was cooperative, had well controlled behavior, and currently denied any thoughts of suicide. The provider then documented that after discussion, Patient #1 agreed to stay a little bit longer but stated that she did not want to be there that much longer because she felt she did not need to be there.</p> <p>e. Review of the medical record found that hospital staff failed to assist the Patient in completing a Request for Release or Discharge Against Medical Advice form on 05/25/23 when the Patient initially requested to be discharged, as directed by hospital policy. Additionally, hospital staff failed to document the reasons or criteria used for delaying the voluntary Patient's immediate release.</p> <p>f. On an Interdisciplinary Progress Note dated 05/27/23, nursing staff documented that the Patient was discharged back to the community via personal transport.</p> <p>Patient #3</p> <p>3. Patient #3, a 36-year-old female, admitted voluntarily on 05/03/23, after being medically cleared for transfer from Legacy Salmon Creek Hospital. The sending hospital reported that the Patient had no prior inpatient mental health</p>	L 320		

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L 320	<p>Continued From page 8</p> <p>hospitalizations, was not drinking alcohol or taking drugs, and was compliant with her prescribed medications, however she admitted to increased suicidal ideation with a plan to kill herself by hanging or walking into traffic. Review of the Patient's medical record showed the following:</p> <p>a. On the Nursing Shift Progress Note dated 05/03/23 at 6:09 PM, the admissions nursing staff documented that the Patient was admitted to the Meadows Unit at 4:21 PM. Nursing staff documented that the Patient was observed to be agitated and a DCR was called and met with the Patient. Staff failed to document the disposition of the meeting with the DCR on 05/03/23 or include the Involuntary Treatment Act (ITA) Decision Outcome form in the medical record. Nursing staff documented that the Patient was tearful and ran off to her bedroom upon finding out that she can't leave the next day.</p> <p>b. On the Inpatient Comprehensive Psychiatric Evaluation dated 05/04/23 (between 8:00 AM to 11:00 AM), the psychiatric provider documented that the Patient requested to leave the hospital, stating "get me out of here." The provider failed to document if the Patient was provided with a Patient Request to Discharge form or if the Patient would be referred to a DCR.</p> <p>c. On 05/04/23 at 11:00 AM, staff assisted the Patient in completing a Patient Request Discharge/DCR Request Form. Staff documented that the Patient wanted to "go now" and noted that the DCR has been called at 11:30 AM. Review of the medical record found that staff left the DCR Request Form incomplete and failed to document the name of the DCR, the time of their arrival, or disposition of the DCR after the</p>	L 320		

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L 320	<p>Continued From page 9</p> <p>evaluation. Staff failed to include the Involuntary Treatment Act (ITA) Decision Outcome Form in the Patient's medical record.</p> <p>d. On the Provider's Inpatient Progress Note dated 05/05/23, the provider documented that the Patient stated, "I do not need to be here, I want to leave." The provider noted that the Patient denied any thoughts of suicide, was tolerating her medications well, and had been attending groups. The provider documented that the Patient's depressed mood was improving and was well controlled. However, the provider documented that the Patient continued to tell the provider that she wanted to leave. The provider failed to document if the Patient was provided with a Patient Request to Discharge form or if the Patient would be referred to a DCR.</p> <p>e. On 05/05/23 at 11:15 AM, the Patient completed a Safety Plan for Discharge which included identifying her warning signs (when headed for a crisis) and internal coping strategies and listing her support system. The Safety Plan was noted as required prior to AMA discharge on the AMA Checklist.</p> <p>f. On 05/06/23 at 11:00 AM, Patient #3 completed a Request for Release or Discharge Against Medical Advice Form stating that she had more resources and support at home. The form did not have space provided to document the provider notification or if there was a referral to a DCR, including the date and time of the referral, or the disposition of the DCR's evaluation. Nor, was this information documented in another section of the medical record.</p> <p>g. Review of the nursing and psychiatric provider's progress notes found that staff failed to</p>	L 320		

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L 320	<p>Continued From page 10</p> <p>document the reasoning for the DCR referral on 05/06/23, or the behaviors or symptoms observed warranting the need for a referral.</p> <p>h. On the ITA Decision Outcome Form dated 05/06/23 at 10:00 AM, the DCR noted that the Patient did not meet criteria for detention.</p> <p>i. On the Nursing Shift Progress Note dated 05/06/23 at 1:00 PM, nursing staff documented that the DCR met with the Patient and found that she did not meet the criteria for an ITA hold. The Patient was discharged to home AMA.</p> <p>4. On 06/27/23 at 1:30 PM, during an interview with the Investigator, a Registered Nurse (RN) (Staff #2) stated that when voluntary patients are admitted, if the intake nurses have concerns about the patient's ability to participate in treatment, the intake staff would call the provider, then the provider would contact the clinician who would request a DCR evaluation. The DCR's usually come out within 3 - 5 hours after the referral, typically the same day.</p> <p>5. On 06/27/23 at 1:45 PM, during an interview with the Investigator, the Intake Director (Staff #3) stated that during the admission process, the voluntary patients have a right to leave. There is a process, just ask any of the staff members and they will be able to speak to the process.</p> <p>6. On 06/27/23 at 1:55 PM, during an interview with the Investigator, a Registered Nurse (RN) (Staff #4) stated that if a voluntary patient asks to leave early, they provide the AMA Form to the patient to fill out. The nurse will notify the provider about the request to leave AMA. Staff #4 stated that usually if a patient has endorsed suicidal ideation within the last couple of days, the DCR</p>	L 320		

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L 320	<p>Continued From page 11</p> <p>would be notified. If the patient is a detox patient (substance use) they are usually allowed to leave.</p> <p>7. On 06/27/23 at 2:50 PM, during an interview with the Investigator, the Chief Medical Officer (CMO) (Staff #5) stated that all detox patients leave on the day they make the request. Staff #5 stated that when behavioral health patients request to leave within the first 3 days, he preferred not to discharge them. He was concerned that the patient's did not get the highest level of care and were not safe to go home. The CMO stated that if a behavioral health patient were to tell him they wanted to leave, he would notify the RN, the therapist, and the Administrator on Call (AOC). He then would review what action brought them to the hospital and why they were not safe to leave. If there was a concern, the patient would be referred to the county (DCR) and the ITA process would be initiated, including setting a court date for the patient's detention. When the DCR comes to the hospital to evaluate the patient, they typically talk to him, but sometimes they do not want the CMO's input. Decisions for DCR referrals are made with the treatment team, working together with the Court Liaison, but Staff #5 makes the final decisions. All documentation regarding the request for AMA, the criteria used to determine that a referral to the DCR is warranted, and the disposition of the DCR's evaluation should be found in the provider's progress notes. When the investigator asked Staff #5 about the policies and procedures to guide staff when a voluntary patient requests to leave, the CMO referred the Investigator to the document titled, "Protocols for Designated Crisis Responders (DCRs) - 2020 Update," published by the Washington State Healthcare Authority, stating that this was the hospital's policy. However, the Investigator noted</p>	L 320		

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L 320	Continued From page 12 that this document was published as guidelines for DCR protocols within Washington State and was not a policy or procedure for the process to respond to voluntary patients who request to discharge. Staff #5 stated that this was the only policy that he was aware of used at the hospital. 8. On 07/19/23 at 3:15 PM, during an interview with the investigator, the Clark County Crisis Services (DCR) Manager stated that anytime a DCR comes to the hospital for an evaluation, an ITA Decision Outcome Form would be completed, noting the findings from the evaluation. A copy is provided to the hospital for the patient's medical records. The Manager reported that a DCR responded to two different requests for Patient #3 to leave during her admission, on 05/03/23 and on 05/06/23. Both resulted in the determination that the patient did not meet the criteria to be detained. On 05/03/23, the hospital requested an evaluation after voluntary Patient #3 requested to leave Rainier Springs. That same day, the Patient was assessed by the DCR and it was determined that the Patient did not meet the criteria for detention. The DCR provided the hospital with the decision paperwork for the medical record, however the Patient's medical record did not contain the ITA Decision Outcome Form for this evaluation and the patient was not released. The Patient was subsequently evaluated a second time, on 05/06/23, with the same findings, she did not meet criteria for detainment, and was then allowed to discharge AMA.	L 320		

POC REVISIONS: Read 10.10.23

Reviewed 10.12.23

POC Approved 10.12.23

CHERRY MOUTS MSN, RN

DOH

Rainier Springs

Plan of Correction for

State Investigation

(Case #2023-5954)

Exit 07/07/23 – Corrections by 10/07/23

Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	Monitoring procedure & Target for Compliance
L320	<p>The Director of Clinical Operations along with the Director of Nursing will provide training to all staff on the importance and requirements of contacting Designated Crisis Responders (DCR) when a voluntary patient who has been admitted for mental wellness requests to leave. This training will include protecting client rights, policy, and procedures regarding the immediate release of voluntary patients who do not exhibit justification for detainment, the designated crisis responder processes, and documentation of the DCR process (clearly marking the time the patient requested to leave, what time DCR was notified, date and time DCR arrived to interview the patient, and the DCR findings).</p> <p>Leadership discusses daily all discharges (planned, unplanned, and AMA) and clinical concerns regarding all patients in the facility in the morning administrative meeting.</p> <p>Corporate has developed the DCR policy which has been reviewed with 50% of the staff as of 10/1/23.</p> <p>The providers were reeducated on the DCR Policy process at the Medical Provider Meeting on 9/26/23.</p> <p>Leadership has revised the DCR request form to include:</p> <ul style="list-style-type: none"> - The requirement to assist patients in completing a request for release or discharge against medical advice (AMA). - Documenting the reasons or criteria used for delaying the voluntary patient's immediate release. - Fully completing the DCR form. - Documenting the reasoning for a DCR referral including the date and time of the referral to DCR. - Documenting notification to the provider. 	Director of Clinical Operations/Director of Nursing	10/1/23	<p>All providers, nurses, therapists, and IP coordinator will be reeducated on the new process for discharging voluntary patients. Staff will be retrained on the use of motivational interviewing questions, the Designated Crisis Responders process, and client rights. Staff will be educated on the release of voluntary patients who do not meet the criteria for detainment and the new policy surrounding these requests. 50% of the staff have been reeducated on the new DCR policy and process as of 10/1 with the remaining staff to be reeducated on the new policy by 10/31/23.</p> <p>New Hires will receive this new policy training as part of their new hire orientation to the facility.</p> <p>Clinical and Nursing leadership will audit 10 random charts of voluntary patients who requested to leave against medical advice (AMA) per month. The leadership will audit the medical records ensuring the date, time, and the patient reason for requesting to discharge AMA. They</p>

<ul style="list-style-type: none"> - Documenting the name of the DCR representative, the time of their arrival, and/or disposition of the DCR evaluation. - Involuntary Treatment Act (ITA) Decision. - Patient discharge status if not detained. <p>Leadership has developed the following policy for DCR request:</p> <ul style="list-style-type: none"> - Any voluntarily admitted patient who requests to leave and does not meet criteria to be detained will be discharged within 4 hours. - Any voluntarily admitted patient who requests to leave and does meet criteria for detainment the following procedures will take place: <ul style="list-style-type: none"> ▪ The patient requests to be discharged. Staff will immediately begin utilizing motivational interview questions with the patient as they contact the provider regarding the patient request to leave. Staff will assess risk factors with the patient who is requested to leave. ▪ The staff will document the date and time the patient requested to leave against medical advice (AMA). ▪ The staff will provide the patient with the AMA request form to determine the reason for their request to leave. ▪ The staff will review the DCR process with the patient which includes the timeframes of the DCR representative responding to the request (4 hours up to 24 hours M-F and Weekends they have until 5pm on Monday to respond). ▪ The Motivational Interviewing and AMA forms will be placed in the patient's medical record under the discharge tab once completed. ▪ Monday through Friday 7a to 4p the Inpatient Coordinator (IP Coordinator) and/or therapist will address these requests. Weekend therapist and/or nursing staff will address these requests. After business hours the nursing team address these requests. Therapy staff and the IP coordinator will document requests to leave on a progress note. Nursing staff will document the request within their 		
		<p>will audit when the provider, AOC, and DCR were notified of the request of the patient. The audit will entail reviewing of progress notes from the respective disciplines (provider, therapy, nursing) documenting the DCR representative who completed the evaluation, their findings, their recommendations, and/or patient statement reporting they will stay voluntarily.</p> <p>If the same patient requests to leave again prior to their planned discharge date, the provider will determine if the patient is safe to discharge or if another call needs to be made to DCR to evaluate.</p> <p>Feedback will be provided to all staff for instances of non-compliance. Audits will be conducted until a 90% compliance rate for 3 consecutive months, and then quarterly for 3 quarters.</p> <p>Auditing results will be discussed daily in the FLASH, weekly in the administrative meeting, monthly in Quality and MEC; quarterly to the Board.</p>

<p>nursing shift note. Staff will submit all necessary documentation to DCR for review prior to their arrival at the facility.</p> <ul style="list-style-type: none">▪ The provider will document the reasons the patient should be detained in the physician's progress note if it is not an immediate release and will place the order for DCR to be notified.▪ The staff will notify the Administrator on Call (AOC) regarding the patient's request to leave. Staff will provide AOC detailed information on why the patient has requested to leave, what they were admitted for, risk factors, etc.▪ If the patient is still requesting to leave the staff will fill out the DCR request form and gather the necessary paperwork to send to DCR. The staff will contact DCR regarding the patient's request to leave against medical advice. Staff will fax all necessary paperwork requesting evaluation of criteria for detainment to 360-558-5727.▪ The staff will document when DCR arrives to complete their evaluation, the findings of the evaluation, and any recommendations. This information will be documented in the respective discipline progress note. This note would include if the patient agreed to stay voluntarily.▪ If the patient is detained the DCR representative will provide staff with the findings and their recommendations via a Decision Outcome Form which is placed in the patient's record under the legal tab. If the patient does not meet criteria for detainment according to DCR the patient will be discharged immediately, and the provider classifies what type of discharge it is (AMA). The treatment team will be notified of the findings via the Teams channel for the unit the patient is admitted to.			
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	<ul style="list-style-type: none">▪ The above process will be repeated if the same patient who requested to leave but agreed to stay voluntarily has requested to leave again. <p>The Application of Voluntary Admission form has been revised for Rainier Springs to reflect the Washington State codes. This has been revised as of 9/28/23 and implemented as of 10/1/23.</p>			
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Progress Report Rec'd 11.22.23
 PR reviewed 11.28.23
 PR approved 11.28.23
 EMAN MOW MSN, RN
 DPH

Rainier Springs
 Progress Report for
 State Psychiatric Hospital Complaint Investigation (Case #2023-5954)
 Onsite: 06/27/23

Tag Number	How Corrected	Date Completed	Results of Monitoring
320	<p>The Director of Clinical Operations along with the Director of Nursing will provide training to all staff on the importance and requirements of contacting Designated Crisis Responders (DCR) when a voluntary patient who has been admitted for mental wellness requests to leave. This training will include protecting client rights, policy, and procedures regarding the immediate release of voluntary patients who do not exhibit justification for detainment, the designated crisis responder processes, and documentation of the DCR process (clearly marking the time the patient requested to leave, what time DCR was notified, date and time DCR arrived to interview the patient, and the DCR findings).</p> <p>Leadership discusses daily all discharges (planned, unplanned, and AMA) and clinical concerns regarding all patients in the facility in the morning administrative meeting.</p> <p>Corporate has developed the DCR policy which has been reviewed with 50% of the staff as of 10/1/23.</p> <p>The providers were reeducated on the DCR Policy process at the Medical Provider Meeting on 9/26/23.</p> <p>Leadership has revised the DCR request form to include:</p> <ul style="list-style-type: none"> - The requirement to assist patients in completing a request for release or discharge against medical advice (AMA). - Documenting the reasons or criteria used for delaying the voluntary patient's immediate release. - Fully completing the DCR form. - Documenting the reasoning for a DCR referral including the date and time of the referral to DCR. - Documenting notification to the provider. - Documenting the name of the DCR representative, the time of their arrival, and/or disposition of the DCR evaluation. - Involuntary Treatment Act (ITA) Decision. - Patient discharge status if not detained. <p>Leadership has developed the following policy for DCR request:</p>	10/1/23	<p>All providers, nurses, therapists, and IP coordinator will be reeducated on the new process for discharging voluntary patients. Staff will be retrained on the use of motivational interviewing questions, the Designated Crisis Responders process, an client rights. Staff will be educated on the release of voluntary patients who do not meet the criteria for detainment and the new policy surrounding these requests. 50% of the staff have been reeducated on the new DCR policy and process as of 10/1 with the remaining staff to reeducated on the new policy by 10/31/23.</p> <p>All staff have been educated and retrained on the new DCR process along with the newly created DCR policy. 100% compliance currently.</p> <p>Clinical and Nursing leadership will audit 10 random charts of voluntary patients who requested to leave against medical advice (AMA) per month. The leadership will audit the medical records ensuring the date, time and the patient reason for requesting to discharge AMA. They will audit when the provider, AOC, and DCR were notified of the request of the patient. The audit will entail reviewing of progress notes from the respective disciplines (provider, therapy, nursing) documenting the DCR representative who completed the evaluation, their findings, their recommendations, and/or patient statement reporting they will stay voluntarily.</p>

<ul style="list-style-type: none"> - Any voluntarily admitted patient who requests to leave and does not meet criteria to be detained will be discharged within 4 hours. - Any voluntarily admitted patient who requests to leave and does meet criteria for detainment the following procedures will take place: <ul style="list-style-type: none"> ▪ The patient requests to be discharged. Staff will immediately begin utilizing motivational interview questions with the patient as they contact the provider regarding the patient request to leave. Staff will assess risk factors with the patient who is requested to leave. ▪ The staff will document the date and time the patient requested to leave against medical advice (AMA). ▪ The staff will provide the patient with the AMA request form to determine the reason for their request to leave. ▪ The staff will review the DCR process with the patient which includes the timeframes of the DCR representative responding to the request (4 hours up to 24 hours M-F and Weekends they have until 5pm on Monday to respond). ▪ The Motivational Interviewing and AMA forms will be placed in the patient's medical record under the discharge tab once completed. ▪ Monday through Friday 7a to 4p the Inpatient Coordinator (IP Coordinator) and/or therapist will address these requests. Weekend therapist and/or nursing staff will address these requests. After business hours the nursing team address these requests. Therapy staff and the IP coordinator will document requests to leave on a progress note. Nursing staff will document the request within their nursing shift note. Staff will submit all necessary documentation to DCR for review prior to their arrival at the facility. ▪ The provider will document the reasons the patient should be detained in the physician's progress note if it is not an immediate release and will place the order for DCR to be notified. ▪ The staff will notify the Administrator on Call (AOC) regarding the patient's request to leave. Staff will provide AOC detailed information on why the patient has requested to leave, what they were admitted for, risk factors, etc. ▪ If the patient is still requesting to leave the staff will fill out the DCR request form and gather the necessary paperwork to send to DCR. The staff will contact DCR regarding the patient's request to leave against 		<p>If the same patient requests to leave again prior to their planned discharge date, the provider will determine if the patient is safe to discharge or if another call needs to be made to DCR to evaluate.</p> <p>10 charts were reviewed during the month of October ensuring that all components of the DCR process; as outlined in this POC; have been addressed accordingly. There was a 100% compliance rate in the charts reviewed.</p> <p>The charts audited contained the new corrected Application of Voluntary Admissic form in the records reviewed.</p>
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<p>medical advice. Staff will fax all necessary paperwork requesting evaluation of criteria for detainment to 360-558-5727.</p> <ul style="list-style-type: none">▪ The staff will document when DCR arrives to complete their evaluation, the findings of the evaluation, and any recommendations. This information will be documented in the respective discipline progress note. This note would include if the patient agreed to stay voluntarily.▪ If the patient is detained the DCR representative will provide staff with the findings and their recommendations via a Decision Outcome Form which is placed in the patient's record under the legal tab. If the patient does not meet criteria for detainment according to DCR the patient will be discharged immediately, and the provider classifies what type of discharge it is (AMA). The treatment team will be notified of the findings via the Teams channel for the unit the patient is admitted to.▪ The above process will be repeated if the same patient who requested to leave but agreed to stay voluntarily has requested to leave again. <p>The Application of Voluntary Admission form has been revised for Rainier Springs to reflect the Washington State codes. This has been revised as of 9/28/23 and implemented as of 10/1/23.</p>		
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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47874 • Olympia, Washington 98504-7874

November 28, 2023

Toni Long
Chief Executive Officer
Rainier Springs
2805 NE 129th Street
Vancouver, WA 98686

Re: Complaint Intake #130911/Case #2023-5954

Dear Ms. Long,

I conducted a state hospital licensing complaint investigation at Rainier Springs on 06/27/23 and exited on 07/07/23. Hospital staff members developed a plan of correction to correct deficiencies cited during this investigation. This plan of correction was approved on 10/12/23.

Hospital staff members sent a Progress Report dated 11/22/23 that indicates all deficiencies have been corrected. The Department of Health accepts Rainier Spring's attestation that it will correct all deficiencies cited at Chapter 246-322 WAC.

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

Sincerely,

Mary New, MSN, BSN, RN
Nurse Investigator