

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/16/2022
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NAME OF PROVIDER OR SUPPLIER SMOKEY POINT BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 3955 156TH ST NE MARYSVILLE, WA 98271
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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) 246-322 Private Psychiatric and Alcoholism Hospital, conducted this complaint investigation.</p> <p>On-site date: 11/15/2022 Off-site date: 11/16/2022 Case number: 2020-15869 Intake number: 107171</p> <p>Investigation was conducted by investigator #19</p> <p>There were violations found pertinent to this complaint.</p>	L 000	<p>POC text</p> <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 PLAN OF CORRECTION must be returned within 10 calendar days from the date you receive the Statement of Deficiencies. Your Plan of Correction is due on 12/12/2022.</p> <p>4. Return the ORIGINAL REPORT via email with the required signatures.</p>	
L 310	<p>322-035.1B ASSESSMENT POLICY</p> <p>WAC 246-322-035 Policies and Procedures. (1) The licensee shall</p>	L 310		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Lynnda Barber

St. V.P. Clinical

12/9/22

STATE FORM

6569

7P8D11

If continuation sheet 1 of 5

State of Washington

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L 310	<p>Continued From page 1</p> <p>develop and implement the following written policies and procedures consistent with this chapter and services provided: (b) Methods for assessing each patient's physical and mental health prior to admission; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview, record review, and review of policies and procedures, the hospital failed to ensure staff implemented policies and procedures for assessing each patient's physical and mental health prior to admission as demonstrated by record review of 3 of 8 patients who were denied admission to the hospital for inpatient services (Patients #1902, #1903, and #1904).</p> <p>Failure to ensure patients are assessed for physical and mental health prior to admission may result in denial of admission and lack of care and can lead to adverse outcomes such as inability to obtain needed services.</p> <p>Findings included:</p> <p>1. Document review of the hospital's policy titled, "Client Intake and Assessment," #100.14, last revised 04/21, showed that those seeking services will be assessed by intake staff, eligibility and exclusionary criteria will be evaluated per policy, and a Qualified Mental Health Provider (QMHP) will document the assessment, including level of care, services needed, and referral resources if indicated.</p> <p>Document review of the document titled, "Admitting to the Unit," no number or date,</p>	L 310		

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If continuation sheet 2 of 5

Linda Barber

St. V. P. Clinical

12/9/22

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L 310	<p>Continued From page 2</p> <p>showed that upon a patient's arrival, an Intake Assessment is completed that includes a High-Risk Notification.</p> <p>Patient #1902</p> <p>2. Patient #1902 was a 27-year-old male who presented to the hospital voluntarily on 10/29/22 with reports of "not feeling right," sadness, depression, and anxiety. Review of the patient's intake and assessment documents showed the following:</p> <p>a. The patient signed the document titled, "Assessment Service Disclosure Statement and Consent to Assessment" on 10/29/22.</p> <p>b. Staff failed to document an Intake Assessment as required by hospital policy.</p> <p>c. Review of the denials of admission log showed that the patient was denied admission. The document showed that he was wanting medication management and was referred to an outside provider.</p> <p>Patient #1903</p> <p>3. Patient #1903 was a 30-year-old male who presented to the hospital voluntarily on 10/18/20 with reports of needing detoxification from heroin use. He reported hopelessness and suicidal ideation from inability to stop using substances. The patient had a urine drug screen that showed he was positive for Cannabis, amphetamines, opiates, methamphetamine, methylenedioxymethamphetamine (MDMA), and Methadone (MTD). Record review showed a completed Intake Call Sheet document with no additional information.</p>	L 310	

Sandra L. Burkee

Dr. V.P. Chivius

12/9/22

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L 310	<p>Continued From page 3</p> <p>a. Staff failed to document an Intake Assessment as required by hospital policy.</p> <p>b. Review of the denials of admission log showed that the patient was denied admission on 10/18/20. The log showed that he was denied based on seeking aid for substance use disorder and was positive for multiple substances. The log also showed that the patient had no mental health history and was not experiencing suicidal or homicidal ideation. He was referred out; no information was given about his referral.</p> <p>Patient #1904</p> <p>4. Patient #1904 was a 43-year-old male who presented to the hospital voluntarily on 10/18/20.</p> <p>a. The patient was listed in the log of denials of admission, but the investigator's request for his Intake Assessment and substantiating documentation found staff failed to document an intake assessment.</p> <p>b. Staff provided the investigator with intake documentation for a separate event in which the patient presented to the hospital in 12/21.</p> <p>5. On 11/15/22 at 11:30 AM, Investigator #19 interviewed Staff #1901, Intake Coordinator, regarding the intake process. She stated that, when another facility calls to secure admission for a patient, the hospital reviews the report for exclusionary criteria and will offer acceptance of the patient if none exists. She stated that the acceptance does not mean they will be admitted. A full intake assessment is done upon the patient's arrival, and the hospital may refuse the patient admission regardless of previous</p>	L 310		

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If continuation sheet 4 of 5

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As VP Clinical

12/9/22

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L 310	<p>Continued From page 4</p> <p>acceptance over the phone. She stated that factors that may prevent admission after initial acceptance include a change of the patient's condition or a hospital provider having a different assessment from the acute care provider's report.</p> <p>6. On 11/15/22 at 12:10 PM, Investigator #19 interviewed Staff #1902, Intake Clerk, about the intake process. She stated that upon entry, the patient completes consent paperwork and is then brought to Intake for assessment. She listed factors that may cause denial of a patient previously accepted over the phone including certain disclosures that were not given in the phoned report. These include medical conditions that meet exclusionary criteria for admission, requirement of devices such as walkers that they do not allow, and a positive Covid test.</p> <p>7. On 11/15/22 at 4:45 PM, Investigator #19 interviewed Staff #1903, Chief Nursing Officer, regarding the admission process. Staff #1901 stated that the hospital provides physical and mental health assessment to every individual who presents themselves to the hospital regardless of ability to pay. She confirmed that there should always be Intake assessment documentation for any denial of admission. She stated that the Intake Assessment should be completed for every patient; she confirmed that no documentation of the Intake Assessment was found for 3 of 8 patient requests for admission that took place in 2020 and 2022.</p>	L 310		

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Linda L Barber

Dr VP Clinical

12/9/22

Smokey Point Behavioral Health

Plan of Correction for
State Investigation
(Case #2020-15869)

POC received 12/09/22
POC approved 01/09/23


Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	Monitoring procedure & Target for Compliance
L310	<p>Process Review: Director of Intake and Assessment reviewed the Intake Assessment Process to identify areas and/or patterns of concern, as well as obstacles to completing and storing assessments, in which it was determined the Intake Process was appropriate for assessing and placing Patients or assessing and referring Patients to another form of care. The Intake process can be seen below: All individuals whom arrive at Smokey Point Behavioral Hospital (SPBH), that are requesting admission, are assessed by a trained Clinician for level of care. All Admissions files should include an Intake Assessment screening tool, which is used to screen Potential Patients for appropriateness of care. This tool includes a:</p> <ul style="list-style-type: none"> • Suicide Risk Assessment/ Homicidal Assessment • Psychosocial Assessment • Assessment of Patient Strengths and Deficits • Level of Care Determination <p>Each assessment includes a Suicide Risk Assessment to determine the level of care and severity. Individuals that are deemed High Risk per the Suicide Risk Assessment are addressed with a Psychiatric provider for admission to SPBH Inpatient Level of Care, based on the Admission policy. If a patient does not meet Admission Criteria or meets Exclusionary Criteria, per policy, the patient will be referred the appropriate Facility or form of care. Director of Intake and Assessment will utilize identified areas of concern to guide planning for Staff Re-education.</p>	Director of Intake and Assessment	12/12/2022	<ul style="list-style-type: none"> • Director of Intake & Assessment or Designee will audit 10 Intake files of denied Admissions at random, per week, until 95% compliance is achieved for three consecutive months, and then random audits will be completed monthly for sustained compliance. The audit will look at whether the denied Admission was assessed appropriately based on <ol style="list-style-type: none"> 1) Exclusionary criteria, 2) Suicide Risk Assessment and 3) Level of Care, as well as the presence and completion of all Assessments in the Admissions file.
L310	<p>Re-education: Director of Intake and Assessment will re-educate Staff on the Intake Assessment process by 01/11/2023. Director of Intake and Assessment will specifically define the process of Assessment, from initiation of the assessment to the completion and storage of the assessment.</p>	Director of Intake and Assessment	01/11/2023	<ul style="list-style-type: none"> • If an Intake Assessment is identified as incomplete or missing, Director of Intake and Assessment will document follow-up with the assigned