

# Behavioral Health Agency Inspection Report

Department of Health  
P.O. Box 47874, Olympia, WA 98504-7874  
TEL: 360-236-4732

December 3, 2019

Inland Northwest Behavioral Health, 104 W 5th Ave, Spokane, WA. 99204-4880  
Agency Name and Address

Dorothy Sawyer  
Administrator

NEW LICENSURE – OPERATIONAL  
2019-14802(FS)BHA  
2019-14810(FS)BHA  
2019-15295(FS)BHA

11/20/2019

AAU03

Inspection Type

Inspection Onsite Dates

Inspector

X2019-827

BHA.FS.60894630

Inspection Number

License Number

Please note that the deficiencies/violations/observations noted in this report are not all-inclusive, but rather were deficiencies/violations/observations that were observed or discovered during the on-site inspection.

Deficiency Number and Rule Reference	Observation Findings	Plan of Correction
<p>1255 Clinical Assessment  WAC 246-341-0610(1)(a) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's assessment.(1) The assessment must be:(a) Conducted in person; and</p>	<p>The Washington Administrative Code is not met as evidenced by:  Based on record review, Inland Northwest Behavioral Health failed to have an individual clinical assessment that was completed in 1 of 18 (patient 4) patient files reviewed.   Failure to have a biopsychosocial assessment completed for patient places them at risk to receive substandard care due to no assessment of care needs.   Findings included:</p>	<p>On 11/22/19 Director of Clinical Services provided re-education via in service to all social work staff on the timeliness requirement for ensuring psychsocial is present within chart. Auditing to occur on monthly basis, consisting of 5 open and 5 closed charts. Results will be presented by Quality Director to Quality Committee on a monthly basis. Goal is 100%</p>

	<p>1. In a review of patient records on 11/20/19, patient 4 did not have a biopsychosocial assessment present in file.</p>	
<p>1260 Clinical Assessment WAC 246-341-0610(1)(b) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's assessment.(1) The assessment must be:(b) Completed by a professional appropriately credentialed or qualified to provide one or more of the following services as determined by state and federal law: Substance use disorder, mental health, and problem and pathological gambling.</p>	<p>The Washington Administrative Code is not met as evidenced by: Based on record review, Inland Northwest Behavioral Health failed to have an individual clinical assessment that was completed in 1 of 18 (patient 4) patient files reviewed.</p> <p>Failure to have a biopsychosocial assessment completed for patient places them at risk to receive substandard care due to no assessment of care needs.</p> <p>Findings included: 1. In a review of patient records on 11/20/19, patient 4 did not have a biopsychosocial assessment present in file.</p>	<p>On 11/22/19 Director of Clinical Services provided re-education via in service to all social work staff on the timeliness requirement for ensuring psychsocial is present within chart. Auditing to occur on monthly basis, consisting of 5 open and 5 closed charts. Results will be presented by Quality Director to Quality Committee on a monthly basis. Goal is 100%</p>
<p>1265 Clinical Assessment WAC 246-341-0610(2)(a) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's assessment.(2) The assessment must document that the clinician conducted an age-appropriate, strengths-based psychosocial assessment that considered current needs and the patient's relevant history according to best practices. Such information may include, if applicable:(a) Identifying information</p>	<p>The Washington Administrative Code is not met as evidenced by: Based on record review, Inland Northwest Behavioral Health failed to have an individual clinical assessment that was completed in 1 of 18 (patient 4) patient files reviewed.</p> <p>Failure to have a biopsychosocial assessment completed for patient places them at risk to receive substandard care due to no assessment of care needs.</p> <p>Findings included: 1. In a review of patient records on 11/20/19, patient 4 did not have a biopsychosocial assessment present in file.</p>	<p>On 11/22/19 Director of Clinical Services provided re-education via in service to all social work staff on the timeliness requirement for ensuring psychsocial is present within chart. Auditing to occur on monthly basis, consisting of 5 open and 5 closed charts. Results will be presented by Quality Director to Quality Committee on a monthly basis. Goal is 100%</p>
<p>1350 Individual service plan Clinical WAC 246-341-0620(1)(a)(i) Each agency licensed by the department to provide any</p>	<p>The Washington Administrative Code is not met as evidenced by:</p>	<p>On 12/2/19 Treatment Plan form has been updated by Quality Director to include signature from</p>

<p>behavioral health service is responsible for an individual's service plan as follows:(1) The individual service plan must:(a) Be completed or approved by a professional appropriately credentialed or qualified to provide one or more of the following services:(i) Mental health;</p>	<p>Based on record review and interview, Inland Northwest Behavioral Health failed to have individual service plan completed or approved by appropriately credentialed or qualified staff in 18 of 18 files reviewed.</p> <p>Failure to have qualified staff complete service plans places patient at risk for substandard care due to service plan not meeting minimum standards for behavioral health care.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. In a record review on 11/20/19, in a review of 18 clinical files, a staff person that completed service plan was not a Mental Health Professional and plan was not reviewed by a Mental Health Professional.</li> <li>2. In an exit interview on 11/20/19, Staff A stated that the service plans in the past have been completed by house staff and not Mental Health Professionals.</li> </ol>	<p>Mental Health Professional. Monthly audits to occur by multidisciplinary team with results to be reported to Quality Committee monthly by Quality Director. Goal is 100% compliance</p>
<p>1365 Individual service plan Clinical WAC 246-341-0620(1)(b) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's service plan as follows:(1) The individual service plan must:(b) Address issues identified by the individual or, if applicable, the individual's parent(s) or legal representative;</p>	<p>The Washington Administrative Code standard is not met as evidenced by:</p> <p>Based on record review and interview, Inland Northwest Behavioral Health failed to have individual service plans that address issues identified by the individual in 18 of 18 files reviewed.</p> <p>Failure to have service plans that do not address issues identified by the individual places them at risk to receive substandard care and to not participate in their service plans since issues are not identified by them.</p> <p>Findings Included:</p> <ol style="list-style-type: none"> <li>1. In a review on 11/20/19 of 18 patient files there were no service plans with issues addressed by patients.</li> </ol>	<p>On 12/2/19 New treatment team agendas have been developed by Quality Director to ensure required elements are present in treatment plan. Treatment Plans to be audited monthly to ensure issues identified by patient are addressed. This will be conducted by multidisciplinary team with results to be reported to Quality Committee by Quality Director on a monthly basis. Goal is 100% compliance.</p>

	<p>2. In an exit interview on 11/20/19, Staff A stated that the service plans in the past have been completed by house staff and did not meet this standard.</p>	
<p>1370 Individual service plan Clinical WAC 246-341-0620(1)(c) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's service plan as follows:(1) The individual service plan must:(c) Be in a terminology that is understandable to the individual and the individual's family;</p>	<p>The Washington Administrative Code standard is not met as evidenced by: Based on record review and interview, Inland Northwest Behavioral Health failed to have individual service plans that was in terminology that is understandable to the individual in 18 of 18 files reviewed.</p> <p>Failure to have service plans that is in terminology that is understandable to the individual places them at risk to receive substandard care and to not participate in their service plans.</p> <p>Findings Included:</p> <ol style="list-style-type: none"> <li>1. In a review on 11/20/19 of 18 patient files there were no service plans in terminology that was understandable to the patients.</li> <li>2. In an exit interview on 11/20/19; Staff A, stated that the service plans in the past have been completed by house staff and did not meet this standard.</li> </ol>	<p>On 11/22/19 Director of clinical services provided education to staff via in service on "Person-centered treatment planning". This will foster terminology understandable by patient. Auditing to occur on monthly basis, consisting of 5 open and 5 closed charts. Results will be presented to Quality Committee on a monthly basis by Quality Director. Goal is 100% compliance.</p>
<p>1375 Individual service plan Clinical WAC 246-341-0620(1)(d) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's service plan as follows:(1) The individual service plan must:(d) Document that the plan was mutually agreed upon and a copy was made available to the individual;</p>	<p>The Washington Administrative Code standard is not met as evidenced by: Based on record review and interview, Inland Northwest Behavioral Health failed to document the service plan had a copy that was made available to the patients in 18 of 18 files reviewed.</p> <p>Failure to have copies of individual service plans available to patient places them at risk to receive substandard care and for them to not be aware of their treatment goals.</p>	<p>On 12/2/19 Service plan has been modified by Quality Director to identify plan being mutually agreed upon and copies made available. Clinical Services Director has provided education of update to staff as well as the requirement to provide patient with copies. Monthly audits to occur by multidisciplinary team to ensure full compliance and status to be reported by Quality Director to</p>

	<p>Findings Included:</p> <ol style="list-style-type: none"> <li>1. In a review on 11/20/19 of 18 patient files there were no service plans that documented the plan was mutually agreed upon or that a copy was made available to them.</li> <li>2. In an exit interview on 11/20/19; Staff A, stated that the service plans do not currently meet this requirement.</li> </ol>	<p>Quality Committee on monthly basis.</p>
<p>1415 Clinical Add record content WAC 246-341-0640(1) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(1) Documentation the individual received a copy of counselor disclosure requirements as required for the counselor's credential;</p>	<p>The Washington Administrative Code standard is not met as evidenced by: Based on observation and interview, Inland Northwest Behavioral Health failed to document that the individual received a copy of the counselor disclosure in 18 of 18 files reviewed.</p> <p>Failure to document that the individual received a counselor's disclosure placed individuals at risk for substandard care and to not be aware of where to report clinician if needed.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. In a review on 11/20/19 of 18 patient files there was no documentation of the individual receiving a counselor disclosure.</li> <li>2. In an exit interview on 11/20/19; Staff A, stated that they have not been following this requirement at this time.</li> </ol>	<p>On 12/2/19 Counselor Disclosure document created by Quality Director and is now part of the admission packet to be given to patients. Receipt of disclosure document is now a part of the medical record. Quality director to audit over the next 4 months to ensure 100% compliance. Findings to be reported at Quality Committee on monthly basis.</p>
<p>1430 Clinical Add record content WAC 246-341-0640(4)(a) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(4) Documentation of the individual's response when asked if:(a) The individual is under department of corrections (DOC) supervision</p>	<p>The Washington Administrative Code standard is not met as evidenced by: Based on record review, Inland Northwest Behavioral Health failed to have documentation of the individual's response when asked if: (a) The individual is under department of corrections (DOC) supervision in 1 of 18 (patient 4) patient files reviewed.</p>	<p>On 11/22/19 Director of Clinical Services provided re-education to all social work staff via in service on the timeliness requirement for ensuring psychsocial is present within chart. Auditing to occur on monthly basis, consisting of 5 open and 5 closed charts. Results will be presented by Quality Director to</p>

	<p>Failure to have required documentation in the individual's record places them at risk for substandard care.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. In a review of patient records on 11/20/19, patient 4 did not have a biopsychosocial assessment that contained required information.</li> </ol>	<p>Quality Committee on a monthly basis. Goal is 100%</p>
<p>1435 Clinical Add record content WAC 246-341-0640(4)(b) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(4) Documentation of the individual's response when asked if(4) Documentation of the individual's response when asked if:(b) The individual is under civil or criminal court ordered mental health or substance use disorder treatment; and</p>	<p>The Washington Administrative Code standard is not met as evidenced by: Based on record review, Inland Northwest Behavioral Health failed to have documentation of the individual's response when asked if the individual is under civil or criminal court ordered mental health or substance use disorder treatment documentation of 1 of 18 patient files reviewed.</p> <p>Failure to have required documentation in the individual's record places them at risk for substandard care.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. In a review of patient records on 11/20/19, patient 4 did not have a biopsychosocial assessment that contained required information.</li> </ol>	<p>On 11/22/19 Director of Clinical Services provided re-education to all social work staff via in service on the timeliness requirement for ensuring psychsocial is present within chart. Auditing to occur on monthly basis, consisting of 5 open and 5 closed charts. Results will be presented by Quality Director to Quality Committee on a monthly basis. Goal is 100%</p>
<p>1440 Clinical Add record content WAC 246-341-0640(4)(c) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(4) Documentation of the individual's response when asked if:(c) There is a court order exempting the individual participant from reporting requirements. A copy of the court order must be included in the record if the</p>	<p>The Washington Administrative Code standard is not met as evidenced by: Based on record review, Inland Northwest Behavioral Health failed to have documentation of the individual's response when asked if there is a court order exempting the individual participant from reporting requirements in 1 of 18 patient files reviewed.</p> <p>Failure to have required documentation in the individual's record places them at risk for substandard care.</p>	<p>On 11/22/19 Director of Clinical Services provided re-education to all social work staff via in service on the timeliness requirement for ensuring psychsocial is present within chart. Auditing to occur on monthly basis, consisting of 5 open and 5 closed charts. Results will be presented by Quality Director to Quality Committee on a monthly basis. Goal is 100%</p>

<p>participant claims exemption from reporting requirements;</p>	<p>Findings included:</p> <ol style="list-style-type: none"> <li>1. In a review of patient records on 11/20/19, patient 4 did not have a biopsychosocial assessment that contained required information.</li> </ol>	
<p>1520 Clinical Add record content WAC 246-341-0640(15)(b)(iii) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(15) Discharge information as follows:(b) Discharge information for an individual who did not leave without notice, completed within seven working days of the individual's discharge, including:(iii) Legal status, and if applicable; and</p>	<p>The Washington Administrative Code standard is not met as evidenced by: Based on record review and interview, Inland Northwest Behavioral Health failed to have documentation of discharge information for an individual who did not leave without notice, completed within seven working days of the individual's discharge, including: legal status in 14 of 14 patient files reviewed.</p> <p>Failure to have required documentation in the individual's record places them at risk for substandard care.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. In a review on 11/13/19 of patient closed files there was not a legal status present on discharge summaries.</li> <li>2. In an exit interview on 11/20/19; Staff A, stated that they have not been following this requirement at this time.</li> </ol>	<p>On 11/25/19 the Chief Medical Officer has educated provider staff to include legal status on discharge summaries. Discharge templates have been updated on 11/25/19 to include Legal Status prompt. Quality Director to audit discharge summaries for 4 months and report findings to Quality Committee on monthly basis.</p>
<p>5325 Policies and procedures Adult WAC 246-341-1126(9)(b) In addition to meeting the agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0100 through 246-341-0650, and the applicable inpatient service requirements in WAC 246-341-1118 through 246-341-1132, an inpatient facility must implement all of the following administrative requirements:(9) The treatment plan must contain documentation of(b) An individual</p>	<p>The Washington Administrative Code standard is not met as evidenced by: Based on record review and interview, Inland Northwest Behavioral Health failed to document a service plan that meets requirements of BHA service plan WAC 246-341-0620 in 18 of 18 patient files reviewed.</p> <p>Failure to have service plans that meet minimum WAC standards places patients at risk to not participate in their treatment as needed.</p>	<p>On 11/22/19 Director of Clinical Services has provided re-education to all social work staff via staff in-service on the requirement for ensuring psychsocial with all required elements is present within chart. Auditing to occur on monthly basis, consisting of 5 open and 5 closed charts. Results will be presented by Quality Director to</p>

<p>service plan that meets the requirements of WAC 246-341-0620;</p>	<p>Findings Included:</p> <ol style="list-style-type: none"> <li>1. In a review on 11/13/19 of patient files there were not service plans present in patient files that meet minimum WAC standards.</li> <li>2. In an exit interview on 11/20/19; Staff A, stated that they have not been following this requirement at this time.</li> </ol>	<p>Quality Committee on a monthly basis. Goal is 100%</p>
<p>5345 Policies and procedures Adult WAC 246-341-1126(9)(f) In addition to meeting the agency licensure, certification, administration, personnel, and clinical requirements in WAC 246-341-0100 through 246-341-0650, and the applicable inpatient service requirements in WAC 246-341-1118 through 246-341-1132, an inpatient facility must implement all of the following administrative requirements:(9) The treatment plan must contain documentation of:(f) That a mental health professional or chemical dependency professional, as appropriate, has contact with each involuntary individual at least daily for the purpose of determining the need for continued involuntary treatment.</p>	<p>The Washington Administrative Code standard is not met as evidenced by: Based on record review and interview, Inland Northwest Behavioral Health failed to document the mental health professional (MHP) has met with involuntary individual at least daily in 3 out of 10 patient files reviewed.</p> <p>Failure to have daily contact with mental health professional places individuals at risk to remain on involuntary status when they may be willing to move voluntary status.</p> <p>Findings Included:</p> <ol style="list-style-type: none"> <li>1. In a review on 11/20/19 of patient files 1, 2, and 3 there was not daily MHP documentation.</li> <li>2. In an exit interview on 11/20/19 at 2:50 pm, with Staff D, Medical Director stated that they have been working on implementing this requirement.</li> </ol>	<p>On 11/25/19 Chief Medical Officer re-educated providers on requirement of having daily note for all patients completed and placed into the chart during morning meeting. Chief Medical officer to participate in multidisciplinary monthly audit of charts. 5 open and 5 closed to be audited on a monthly basis with results to be reported by Quality Director to Quality Committee on a monthly basis. Goal is 100%</p>

**Introduction**

We require that you submit a plan of correction for each deficiency listed on the inspection report form. Your plan of correction must be submitted to the DOH within ten business days of receipt of the list of deficiencies.

**Descriptive Content**

Your plan of correction must provide a step-by-step description of the methods to correct each deficient practice to prevent recurrence and provide information that ensures the intent of the regulation is met.

An acceptable plan of correction must contain the following elements:

- The plan of correcting the specific deficiency;



- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction.

Simply stating that a deficiency has been "corrected" is not acceptable. If a deficiency has already been corrected, the plan of correction must include the following:

- How the deficiency was corrected,
- The completion date (date the correction was accomplished),
- How the plan of correction will prevent possible recurrence of the deficiency.

### **Completion Dates**

The POC must include a completion date that is realistic and coinciding with the amount of time your facility will need to correct the deficiency. Direct care issues must be corrected immediately and monitored appropriately. Some deficiencies may require a staged plan to accomplish total correction. Deficiencies that require bids, remodeling, replacement of equipment, etc., may need more time to accomplish correction; the target completion date, however, should be within a reasonable and mutually agreeable time-frame.

### **Continued Monitoring**

Each plan of correction must indicate the appropriate person, either by position or title, who will be responsible for monitoring the correction of the deficiency to prevent recurrence.

### **Checklist:**

- Before submitting your plan of correction, please use the checklist below to prevent delays.
- Have you provided a plan of correction for each deficiency listed?
- Does each plan of correction show a completion date of when the deficiency will be corrected?
- Is each plan descriptive as to how the correction will be accomplished?
- Have you indicated what staff position will monitor the correction of each deficiency?
- If you included any attachments, have they been identified with the corresponding deficiency number or identified with the page number to which they are associated?

Your plan of correction will be returned to you for proper completion if not filled out according to these guidelines.

Note: Failure to submit an acceptable plan of correction may result in enforcement action.

### **Approval of POC**

Your submitted POC will be reviewed for adequacy by DOH. If your POC does not adequately address the deficiencies in your inspection report you will be sent a letter detailing why your POC was not accepted.

**Questions?**

Please review the cited regulation first. If you need clarification, or have questions about deficiencies you must contact the inspector who conducted the onsite inspection, or you may contact the supervisor.



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*PO Box 47874 • Olympia, Washington 98504-7874*

December 24, 2019

Dorothy Sawyer  
Spokane Behavioral Health LLC  
104 W 5th Ave  
Spokane, WA 99204-4880

Subject: Inspection Number X2019-827

Dear Ms. Dorothy Sawyer:

The Washington State Department of Health conducted a recent inspection of Spokane Behavioral Health LLC, 104 W 5th Ave, Spokane, WA 99204-4880 by the Washington State Department of Health. Your state licensing inspection was completed on 11/20/2019. The Plan of Correction that was submitted on 12/13/2019 was approved on 12/24/2019. No further action is required.

I sincerely appreciate your cooperation and hard work during the inspection process and look forward to working with you again in the future.

Sincerely,

Amy A Umberger, LICSW  
Behavioral Health Reviewer  
Office of Health System Oversight  
Health Systems Quality Assurance  
Washington State Department of Health