

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60429197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2020
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NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168
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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), Chapter 246-322 Private Psychiatric and Alcoholism Hospitals, conducted this health and safety investigation.</p> <p>On site dates: 12/16/20 - 12/17/20</p> <p>Case numbers: 2020-15330, 2020-15325, 2020-15440, 2020-15809, and 2020-16764</p> <p>Intake numbers: 106245, 106259, 106563, 106825, and 107605</p> <p>The investigation was conducted by:</p> <p>Investigator #2 Investigator #3 Investigator #4, who was in orientation Investigator #7, who was in orientation</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 January 14, 2020.</p> <p>4. Return the ORIGINAL REPORT via email with the required signatures.</p>	
L 715	<p>322-100.1E INFECT CONTROL-PROVISIONS</p> <p>WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (f) Provisions for: (i) Providing consultation</p>	L 715	322-100.1E Infection Control-Provisions	

State Form 2567

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

Soni Helmicki, PhD Director of Risk,

TITLE

02/01/2021

(X6) DATE

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L 715	Continued From page 1 regarding patient care practices, equipment and supplies which may influence the risk of infection; (ii) Providing consultation regarding appropriate procedures and products for cleaning, disinfecting and sterilizing; (iii) Providing infection control information for orientation and in-service education for staff providing direct patient care; (iv) Making recommendations, consistent with federal, state, and local laws and rules, for methods of safe and sanitary disposal of: (A) Sewage; (B) Solid and liquid wastes; and (C) Infectious wastes including safe management of sharps; This Washington Administrative Code is not met as evidenced by: Item #1 - Hospital Approved Disinfectants Based on observation, interview, and document review, the hospital's Infection Control Program did not provide consultation during selection of hospital's approved disinfectants and cleaning products. Failure to consult the infection control staff in the selection of cleaning and disinfection products puts patients, staff, and visitors at risk of illness from communicable diseases. Findings included: 1. On 12/17/20 at 11:00 AM, Investigator #2 interviewed the Infection Preventionist (Staff #802) and a former Infection Preventionist (Staff #803) about approval of disinfectants used in the hospital. The infection preventionists stated that	L 715	Continued From Page 1 Item 1: Hospital Approved Disinfectants Who: Environment of Care Director What: EOC Director educated leadership on the process of approval for all hospital disinfectants. EOC Director submitted updated list of Hospital Approved Disinfectants to weekly infection control and environment of care meeting for approval. When: List of all Hospital Approved Disinfectants were approved by the weekly infection control and environment of care meeting on: How: Environment of Care Director is auditing hospital disinfectants and updating the list monthly. Any new supplies will be presented to weekly infection control and environment of care meeting for approval prior to hospital usage. Updated list of hospital supplies is being presented to monthly EOC and Infection Control Meetings as a standard practice.	01/04/2021 01/04/2021 and ongoing

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L 715	<p>Continued From page 2</p> <p>neither were involved in the selection of disinfectant product or cleanup product. The Infection Preventionist (Staff #802) stated that final approval of all product is handled through Environment of Care (EOC) committee. Infection prevention is part of the EOC committee's activities.</p> <p>2. Document review of the Quality Council Committee meeting minutes for the months of January 2020 through November 2020 contained minimal notations on infection prevention activities for the hospital. Investigator #7 and Investigator #2 did not find any documentation or evidence that the Infection Prevention staff provided consultation or input on selection and approval of disinfectant and cleaning products.</p> <p>3. On 12/16/20 at 10:38 AM, Investigator #2, Investigator #8, and the Facility Manager (Staff #801) inspected the Rehabilitation Unit 3 South. The inspection included the cleaning closet on 3 South. Four cleaning solutions were found in the closet with two mounted solutions in dispensing machines. There were two products in their original commercial containers and were labeled Crew NA SC and Alpha -HP</p> <p>4. Investigator #8 requested a list from the Facility Manager of the approved hospital disinfectants and cleaning agents. The Facility Manager (Staff #801), provided a document titled, "Hazardous Chemical List December 24, 2018" which was taken from the "Employee Written Hazard Communication Program" last reviewed 01/28/20. This list, titled "Housekeeping Chemicals" did not include either of the two products, Crew NA SC and Alpha-HP, found in the cleaning closet as approved disinfectant or cleaning products.</p>	L 715	Continued From page 2	

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L 715	<p>Continued From page 3</p> <p>Item #2 - Staff Access and availability to Hospital Approved Infection Control Policies</p> <p>Based on observation and interview, the hospitals current infection control policies and procedures were unavailable for access by hospital staff .</p> <p>Failure to provide current information on infection control during a pandemic with rapidly changing policies and recommendations puts patients, visitors and staff at risk of illness from communicable diseases.</p> <p>Findings included:</p> <p>1. On 12/16/20 at 9:48 AM during an inspection of the 4 West unit, Investigator #7 interviewed a Registered Nurse (Staff #805) about the hospital's current infection control policies and procedures. Staff #805 stated that the current hospital drive called the "P-Drive" where the infection control policies and procedures was located was not operational and had been out of service for 4 days.</p> <p>2. On 12/17/20 at 11:00 AM, during a review of the Infection Control Program, the Chief Nursing Officer (Staff #804) stated that the P-Drive was the source of current information relied upon by the hospital staff to keep current on public healthinfection control trends and Centers For Disease Control guidance. The incoming Infection Preventionist (Staff #802) and the outgoing Infection Preventionist (Staff #803) confirmed that the P-Drive was also used for education of the staff on Infection Control policies and procedures and had been down for the past 4 days.</p>	L 715	<p>Continued From page 3</p> <p>Item 2: Staff Access and availability to Hospital Approved Infection Control Policies</p> <p>Who: Chief Nursing Officer and/or designee What: All hospital approved infection control policies are being printed and placed in each unit communication binder for easy access to staff. When: Hospital approved infection control policies were printed and placed in unit communication binder on: Evaluation Method: Chief Nursing Officer/designee will audit the unit communication binder monthly to ensure all latest and revised infection control policies are easily available for unit staff for three consecutive months and or until 100% compliance is achieved and sustained. Results will be submitted to weekly Quality and Medical Executive Committee meeting.</p>	<p>01/15/2021</p> <p>03/30/2021 and ongoing</p>

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L 720	Continued From page 4	L 720	Continued From page 4	
L 720	<p>322-100.1G INFECT CONTROL-PRECAUTION</p> <p>WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (g) Identifying specific precautions to prevent transmission of infections; This Washington Administrative Code is not met as evidenced by:</p> <p>Item #1 - Storage of N95 Masks and Face Shields</p> <p>Based on observation, interview, and document review, the hospital failed to ensure that staff properly stored face shields and respirator masks subject to reuse.</p> <p>Failure to properly store personal protective equipment risks cross-contamination and puts patients, staff, and visitors at risk from transmission of communicable diseases.</p> <p>Reference: Centers for Disease Control and Prevention - Optimizing Personal Protective Equipment (PPE) Supplies -Last updated 07/16/20</p> <p>Findings included:</p> <p>1. Document review of the hospital policy and procedure titled, "Masking During COVID19 Pandemic," number IC.Mask.100, approved 07/01/20, showed that extended use and reuse procedures will assist in avoiding damage to the mask, contamination of the environment, and self-inoculation.</p>	L 720	<p>322-100.1G Infection Control- Precaution</p> <p>Who: Chief Nursing Officer and Infection Control Nurse.</p> <p>What: Infection Control Nurse re-educated all RNs and MHTs on Rehabilitation Unit 3 South on appropriate storage of Personal Protective Gear and also storage of Personal Protective Gear was added to weekly infection control rounds. Chief Nursing Officer educated leadership on appropriate storage of PPEs during weekly infection control and Environment of care meeting.</p> <p>How: Infection Control Nurse added storage of N95 masks and face shields to the daily infection control rounds.</p> <p>When: Infection Control Nurse educated all staff on Rehabilitation Unit 3 south on: Chief Nursing Officer educated leadership on appropriate storage of PPEs on: Appropriate storage of PPEs has been added to infection control rounds on:</p> <p>Evaluation Method: Appropriate storage of N95 masks on units will be reported to weekly Infection Control/EOC meetings and Monthly Quality and Medical Executive Committee and Governing Body meeting Quarterly for three consecutive months and/or until 100% compliance is achieved and sustained. Any deficiencies will be corrected immediately during infection control rounds and staff not in compliance will be re-educated and or receive corrective action.</p>	<p>12/17/2020</p> <p>12/21/2020</p> <p>12/17/2020</p> <p>12/17/2020 and ongoing</p>

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L 720	<p>Continued From page 5</p> <p>2. Document review of a document located within the hospital infection control manual titled, "Extended and Re-Use of PPE by Healthcare Personal - Issued by the Washington State Department of Health," dated 04/22/20 showed that N95 respirator masks should be stored in a clean, breathable container such as a paper bag labeled with the user's name. Eye protection should be disinfected and stored in a dedicated space labeled with the user's name.</p> <p>3. On 12/16/20 at 9:30 AM, Investigator #3 inspected the Rehabilitation Unit 3-South with the Director of Risk Management (Staff #301) and a Registered Nurse (Staff #302). During the inspection, the investigator observed 5 face shields marked with different staff names stored in one singular paper bag together instead of an individual bag for each staff member's face shield. The observation also showed two N95 masks stored in a non-breathable plastic bag within the same paper bag.</p> <p>4. At the time of the observation, Investigator #3 interviewed Staff #302 about the storing of the face shields in one singular paper bag. Staff #302 stated that the staff no longer routinely used goggles or protective eye shields. Staff #301 confirmed that the face shields and N95 masks should be stored separately for each staff member.</p> <p>Item #2 - Personal Protective Equipment</p> <p>Based on observation, interview, and document review, the hospital failed to ensure staff wore protective eyewear appropriate for potential droplet or airborne transmission of communicable</p>	L 720	Item 2 - Personal Protective Equipment	

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L 720	<p>Continued From page 6</p> <p>illness.</p> <p>Failure to comply with polices and procedures to prevent transmission of infection puts patients, staff, and visitors at risk from communicable diseases.</p> <p>Reference: Centers for Disease Control and Prevention - Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings (2007) showed the following summary of recommendations:</p> <p>Use personal protective equipment to protect the mucus membranes of the eyes, nose and mouth during patient-care activities that are likely to generate splashes or sprays of body fluids and secretions. Select masks, goggles, face shields, and combinations of each according to the need anticipated.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Document review of the hospital policy and procedure titled, "COVID-19," number IC-COV19.200, approved 04/01/20, showed that personal protective equipment (PPE) includes reusable eye protection (i.e. goggles or face shields). Eye protection should be prioritized when prolonged face to face or close contact with a potentially infectious patient is unavoidable. 2. On 12/16/20 at 9:30 AM, Investigator #3 and the Director of Risk Management (Staff #301) inspected the Rehabilitation Unit 3 South. During the inspection, the investigator observed a Registered Nurse (Staff #302) wearing their prescriptive glasses with add-on side shields. The observation showed the staff member was not fully protected from potential exposure 	L 720	<p>Continued From page 6</p> <p>Who: Chief Nursing Officer, Infection Control Nurse and Director of Risk</p> <p>What: Chief Nursing Officer educated leadership on add-on Side Shields during weekly infection control and environment of care meeting. Staff wearing add-on side shields was educated and was given CDC approved goggles.</p> <p>When: Staff wearing add-on Side Shields was educated and given CDC approved goggles/eyewear.</p> <p>How Monitored: Chief Nursing Officer and Infection Control Nursing are monitoring appropriate use of goggles/eye wear during daily nursing rounds. Staff not in compliant is being educated immediately and given appropriate eyewear. Appropriate use of PPE to include eyewear is being reported to monthly Quality and Medical Executive Committee for three consecutive months until 100% compliance is achieved and sustained.</p>	<p>12/18/2020</p> <p>03/30/2021</p>

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L 720	<p>Continued From page 7</p> <p>whenever the nurse bent their head downward allowing access from the superior position.</p> <p>3. At the time of the observation, Investigator #3 interviewed Staff #302 about their eye protection. Staff #302 stated the hospital provided the side shields to the staff before the hospital was able to purchase additional face shields or goggles. She stated the hospital allows staff to use the side shields as an alternative to a face shield or goggles.</p> <p>4. On 12/16/20- at 9:57 AM on the 4th floor, Investigator #7 observed a Registered Nurse (Staff #701) wearing her personal glasses with add-on side shields for eye protection.</p> <p>5. Document review of the hospital policy and procedure titled, "Masks and Face Protection, "number IC.E.142, last reviewed 01/18, showed that whenever a mask is required, eye protection is required. Masks in combination with eye protection devices such as goggles, chin-length face shields, or glasses with solid eye shields should be worn whenever splashes, droplets, or other body liquids may be generated and eye, nose, or mouth contamination can be reasonably anticipated. The policy included a description which stated that prescription glasses may be used as protective eyewear as long as they are equipped with solid side shields that are permanently affixed or of the "add on" type which is not congruent with current CDC recommendations.</p>	L 720		
L 725	322-100.1H INFECT CONTROL-EMPLOYEE WAC 246-322-100 Infection Control.	L 725	322-100.1H Infection Control- Employee	

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L 725	<p>Continued From page 8</p> <p>The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (h) Coordinating employee activities to control exposure and transmission of infections to or from employees and others performing patient services; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation, interview, and document review, the hospital failed to ensure that staff were properly fit tested for hospital issued N95 respirators.</p> <p>Failure to comply with policies and procedure to prevent transmission of infections puts patients, staff, and visitors at risk from communicable diseases.</p> <p>Findings included:</p> <ol style="list-style-type: none"> Document review of the hospital policy and procedure titled, "Respiratory Protection Program," number IC-033, approved 11/20/20, showed that fit testing is required for employees wearing a N95 respirator for protection from exposure to infectious airborne particulates. Employees who are required to wear a particulate respirator will be fit tested prior to being allowed to wear any respirator with a tight-fitting face piece. Employees will be fit tested with the make, model, and size of respirator that they will wear. On 12/16/20 at 10:25 AM, Investigator #3 interviewed a substance use disorder professional (Staff #303) about the hospital policy for mask usage. Staff #303 stated that staff are required to wear a mask and eye protection 	L 725	<p>Continued from page 8</p> <p>Who: Chief Nursing Officer</p> <p>What: A schedule for fit testing of N95 masks was created and all staff on the unit is being fit tested for N95 mask per schedule. FIT testing was also added to the new employee and annual employee trainings. The COVID-19/EOC/Infection Control committee implemented a COVID-19 Response Team to ensure only staff that were FIT Tested with N95 in accordance with Hospital Policy can provide care for patients that were suspected or confirmed to have COVID-19. Priority for FIT Testing was given to all providers, social workers, therapists, housekeeping and core-nursing staff that are assigned to the unit with suspected or confirmed COVID-19 case. The Hospital has placed a signage at all entry points of the unit that has a suspected/confirmed patient with COVID-19 that states "Please Wear your N95 Beyond This Point". CNO and Infection Control nurse are checking the schedule each shift for the unit with suspected case to ensure that staff entering the unit are FIT Tested prior to entering the unit.</p> <p>When: A schedule for fit testing of N95 masks was created on: The COVID-19/EOC/Infection Control committee implemented a COVID-19 Response Team on:</p> <p>Evaluation Method: staff FIT testing Data is being reported to weekly Infection Control and Environment of Care Meetings. FIT testing data will be reported to monthly Quality and Medical Executive Committee Meetings and Governing Body quarterly for three consecutive months until 95% compliance is achieved and sustained.</p>	<p>12/2/2020</p> <p>01/04/2021</p> <p>02/29/2021 and ongoing</p>
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L 725	Continued From page 9 whenever interacting with patients. He stated he uses a N95 mask with a face shield when conducting group therapy sessions. Staff #303 acknowledged that the hospital provided him with N95 masks, which he stored in his desk when not in use. The investigator asked Staff #303 if he had been fit-tested for the mask he had been given. He confirmed that he had not been fit-tested. 3. On 12/16/20 at 10:50 AM, Investigator #3 and the Director of Risk Management (Staff #301) observed a Mental Health Technician (Staff #304) wearing an N95 mask and goggles in the public hallway while on a hospital tour. The investigator asked Staff #301 if they had been fit-tested for the N95 mask they were wearing. Staff #301 stated she had not yet been fit tested for the mask she were wearing. 4. On 12/16/20 at 1:15 AM, Investigator #3 interviewed a Registered Nurse (Staff #305) about screening of patients for COVID symptoms prior to being admitted to the hospital and how staff are protected from potential exposure . Staff #305 stated that staff wear paper masks and that she was also given an N95 mask by the hospital. She stated that she had not yet been fit tested for the N95 mask that she had.	L 725		
L1005	322-160.1A TOILET ROOM-PRIVACY WAC 246-322-160 Bathrooms, Toilet Rooms and Handwashing Sinks. The licensee shall provide: (1) One toilet, handwashing sink and bathing fixture for each six patients, or fraction thereof, on each patient-occupied floor of the	L1005	322-160.1A Toilet Room- Privacy Who: Chief Executive Officer	

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L1005	<p>Continued From page 10</p> <p>hospital, with: (a) Provisions for privacy during toileting, bathing, showering, and dressing; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation and interview, the hospital failed to ensure their was one shower for every 6 patients as required by WAC 246-322-160.</p> <p>Failure to provide adequate shower facilities decreases the use of needed hygiene and increases the risk of negative patient outcomes.</p> <p>Findings Included:</p> <p>1. On 12/16/20, between 9:00 AM and 12:00 PM, Investigator #2 and Investigator #8 toured six different units at the hospital with the Facility Manager (Staff #801). The tour included inspecting the number of available showers for the hospital stated patient capacity. The observation showed the following:</p> <p>a. Unit 4 West had a capacity of 24 inpatients and a current census of 19 patients. The unit has a total of 2 shower facilities, for a total of 1 shower per 12 patient capacity.</p> <p>b. Unit 2 West had a capacity of 24 inpatients and a current census of 23 patients. The unit has a total of 3 shower facilities for a total of 1 shower per 8 patient capacity.</p> <p>c. Unit 3 South had a capacity of 24 inpatients and a current census of 23 patients. The unit has a total of 2 shower facilities for a total of 1 shower per 12 patient capacity.</p> <p>2. At the time of each unit observation, the Facility</p>	L1005	<p>Continued from page 10</p> <p>What: Chief Executive Officer contacted ALPA Construction for increasing the number of shower facilities and showers to meet Washington Department of Health Administrative Code. ALPA Construction tour showed that some of the showers on Unit 2 West and 3 South were closed for a small remodel being done in house during the survey, while on 4 West the five showers required waterline repair.</p> <p>When: ALPA Construction completed site tour with hospital Environment of Care Director and Hospital Executive Leadership for all units including Unit 4 West, 2 West and 3 South on:</p> <p>ALPA construction took measurements of units and shower facilities on each unit for their design team:</p> <p>Evaluation Method: Updates of hospital shower facilities and showers is being provided to monthly Quality and Medical Executive Committee and Quarterly Governing Body. Director of Risk will provide updates of hospital shower facilities and showers to Washington Department of Health in 60 and 90 days and/or until Hospital is fully in compliance with Washington Administrative Code.</p>	<p>01/13/2021</p> <p>01/13/2021</p> <p>03/30/2021</p>

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60429197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/17/2020
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NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168
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L1005	<p>Continued From page 11</p> <p>Manager (Staff #801) confirmed the availability of showers and patient capacity on each unit with the investigators.</p> <p>3. On 12/16/20 at 9:40 AM, Patient #201 who was located on 4 West stated to Investigator #2 that the unit did not have enough showers like other units in the hospital.</p>	L1005		