State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF CORRECTION (DENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION			
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	(DOH) in accordance Administrative Code Private Psychiatric a Regulations conduct investigation. Onsite date: 09/16/2 Administrative review Case number: 2020- 2020-12729 Intake number: 1041 The investigation was Surveyor #27347 &	te Department of Health e with Washington (WAC), Chapter 246-322 nd Alcoholism Hospital ed this health and safety 0 v dates: 09/18/20 -12867; 2020-12735; 128; 104410; 104403 as conducted by:		1. A written PLAN OF CORF required for each deficiency Statement of Deficiencies. 2. EACH plan of corrections must include the following: * The regulation number and number; * HOW the deficiency will be to what will be done to prevent the correction; * WHAT will be done to preven the continued compliance; and the white the correction will a source within 10 calendar date you receive the Statem Deficiencies. PLAN OF COINTECT DUE: OCTOBER 15, 2020 4. The Administrator or Repsignature is required on the the original.	listed on the statement d/or the tag e corrected; aking the vent will monitor for the completed. TION must be days from the nent of RRECTION	
				Return the original report required signatures.	with the	
L 350	322-035.1J POLICII	ES-INFECTION CONTROL	L 350			
	as evidenced by: Based on interview	licensee shall nent the following procedures chapter and i) Infection				

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	registere faceniese	er fit and seal between a e and the face) for all direct				
	care employees and/	or housekeeping staff that				
	may have to clean th	e rooms of patient's with				
	infectious respiratory	illness for 6 of 6 personnel				
	files reviewed (Staff	#1, #2, #4, #5, #7 & #8).				
	Failure to have fit tes	iting for employees				
	completed before har	ving to care for a patient a				
	with respiratory illnes	ss puts staff and patients at			Ì	
	risk for the spread of	respiratory borne illnesses.				
	Findings included:					
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	1. Document review	of the hospital policy titled "				
	Limiting Tranmission	During Community	***			
	Outbreak of Coronav	virus (Covid-19)", approved				
Į	03/20 and review the	e "Infection Control				
	Inservice", approved	03/20 policy showed that all				
	direct care staff were	e to be fit tested yearly and on				
	hire should they have any type infectious re	e to care for a patient with				
	any type mechous re	copitatory introde.				
	2 On 09/16/20 at 12	2:20 PM, Investigator #1 and			Anna de de	
	#2 interviewed the Ir	nfection Control Nurse (Staff				
	#1). The infection co	ontrol nurse stated that fit				
	testing had not been	n done for direct care staff and			Į	
Į	housekeepers that n	nay have to enter patient			Demonstration	
	rooms with a respira	itory illness.				
		on mit ititi			ļ	
	3. On 09/16/20 at 2:	00 PM, Investigator #1 and				
	#2 verified the above	e findings with the Chief				
	Nursing Officer (Stat	II #ZJ.				
		NO INCCCT CONTROL	L 560			
L 560	322-050.6D TRAINI	NG-INFECT CONTROL	2.000			
	WAC 246-322-050 S	Staff The licensee				
	shall: (6) Provide an	ad document		**************************************		
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State Form 2567 STATE FORM

State of Washington				1	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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for all staff, includinfection control; This Washington as evidenced by: Based on intervie hospital failed to received regarding respiratory illness. Failure to docume manner put paties from staff that is Findings include: 1. Review of emplies, #7, & #8 diding training. There we shift reports that to staff about Coattended the shift daily notes. 2. On 09/16/20 all #2 interviewed the staff and the staff could attest whether on Covid-19 and has staff member has were not allowed stated that she we training for staff.	Administrative Code is not met aw and document review, the document the training that staffing Covid-19 (virus that causes is). The training in a systematic review and adequately trained. The process of Covid-19 as documentation in the daily the infection control nurse talked wid 19 precautions. The staff that the report was documented in the training training to the infection Control Nurse (Staffing Control nurse stated that if was done daily for Covid-19. If a denter the hospital staff had to the intermination of the intermi				

State Form 2567

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	as evidenced by: Based on interview hospital failed to en	licensee shall ent the following procedures chapter and i) Infection					
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State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
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	respirator's faceniece	and the face) for all direct				
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	Failure to have fit test					
		ving to care for a patient a				
	with respiratory illnes	s puts staff and patients at				
	risk for the spread of	respiratory borne illnesses.				
	Findings included:					
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	#2 interviewed the Int #1). The infection cortesting had not been	20 PM, Investigator #1 and fection Control Nurse (Staff ntrol nurse stated that fit done for direct care staff and ay have to enter patient ory illness.				
	3. On 09/16/20 at 2:0 #2 verified the above Nursing Officer (Staff	0 PM, Investigator #1 and findings with the Chief #2).				
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	WAC 246-322-050 S shall: (6) Provide and orientation and appro	l document				

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-	3. On 09/16/20 at 2:00	is not finished yet. DPM, Investigator #1 and findings with the Chief				

State Form 2567

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XNM811

1/12/20 approled progress report Describbanette Ral Arlest - #27347

South Sound Behavioral Hospital Plan of Correction for State Licensing or Medicare Hospital/Critical Access Hospital Survey 9/16/2020 to 9/18/2020

Tag Number	How Corrected	Date Completed	Results of Monitoring
L 350	Fit Testing Complete fit testing of N95 respirators for all staff who have contact with patients and housekeeping staff. To be completed by vendor, Northwest Response, on dates of services 10/19, 10/21, and 10/32 of 2020. Schedule return of Northwest Response for fit testing of new employees every two weeks during New Employee Orientation beginning the week of 10/29/2020 or as orientation schedule requires.	10/23/2020 and ongoing.	100% of all staff were completed by Northwest Response on service dates. SSBH due to concern of future scheduling conflicts, had the Infection Control officer and two other selected employees additionally were trained to complete the fit test for future employees. This was completed on 12/18/2020. The company used was Forensic Analytical Consulting Services (FACS). The training was completed for ongoing compliance.
L 560	Training and Documentation: Documentation of staff training related to COVID-19 is completed for each staff member who have direct patient care and/or housekeeping responsibilities.	10/23/2020 and ongoing	100% of all SSBH employees have completed the training. 100% of all New Employees during orientation complete the COVID-19 training and is placed into the employees HR file and maintained by human resources.



01/12/21

Tamra McClurken
Performance Improvement and Risk Manager
South Sound Behavioral Hospital
605 Woodland Square Loop SE
Lacey, WA 98503

Re: Complaint #2020-12867; 2020-12735; 2020-12735

Dear Ms. McClurken:

Investigators from the Washington State Department of Health conducted a state hospital licensing complaint investigation at South Sound Behavioral Hospital on 09/17/20 to 09/18/20. Hospital staff members developed a plan of correction to correct deficiencies cited during this investigation. This plan of correction was approved on 10/09/20.

Hospital staff members sent a Progress Report dated 01/12/21 that indicates all deficiencies have been corrected. The Department of Health accepts South Sound Behavioral Hospital'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,

/s/Deborah Barrette

Deborah Barrette, RN Nurse Investigator Health Systems Quality Assurance Deborah.Barrette@doh.wa.gov/360-236-4696