	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		SURVEY PLETED
		013299	B, WING			/03/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
VELLFOU	IND BEHAVIORAL HEAL	TH HOSPITAL 3402 S 1 TACOM	9TH ST A, WA 98405			
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L 000	INITIAL COMMENTS	;	L 000			
	(DOH) in accordance Administrative Code Private Psychlatric ar	e Department of Health with Washington (WAC), Chapter 246-322 nd Alcoholism Hospital		 A written PLAN OF CORRECT required for each deficiency lists Statement of Deficiencies. EACH plan of correction state must include the following: The regulation number and/or 	ed on the ement	
	safety investigation. Onsite dates: 12/02/2 Case number: 2020 Intake numbers: 1067	15734 789		number; * HOW the deficiency will be con * WHO is responsible for making correction; * WHAT will be done to prevent reoccurrence and how you will r continued compliance; and	g the nonitor for	
	The investigation was Investigator #27347 There were violations complaint.	s conducted by: s found pertinent to this		 WHEN the correction will be constructed as your PLAN OF CORRECTION returned within 10 calendar days date you receive the Statement Deficiencies. PLAN OF CORREDUE: DECEMBER 27, 2020 The Administrator or Represe signature is required on the first the original. Return the original report with required signatures. 	N must be s from the of CTION entative's page of	
		Dicies and icensee shall int the following rocedures napter and I Providing are and	L 315			
		nd document review the ement their policies and				

State Form 2567

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

TITLE

(X8) DATE

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	r of deficiencies DF correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		013299	B. WING		12	C 2/03/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
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L 315	Continued From pag	e 1	L 315			
	admission history an	e patients received their d physical within 24 hours of patient records reviewed				
		he admission history and nanner puts patients at risk dical needs.				
	Findings included:					
	Regulations of the M reviewed 03/19, show	wed that patients were to physical examination within				
	2. Review of Patient that:	#7's medical record showed				
		mitted to the hospital on t's history and physical was s of 12/03/20.				
	Interviewed the Direc	:30 PM, the investigator ctor of Quality (Staff #1). Staff information.				
L 420	322-040.1 ADMIN-A	DOPT POLICIES	L 420			
	WAC 246-322-040 G Administration. The shall: (1) Adopt writh concerning the purpor maintenance of the h safety, care and treat patients; This Washington Adr as evidenced by:	governing body en policies oses, operation and ospital, and the				

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STATEMENT	Vashington of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING: B. WING		СОМ	E SURVEY PLETED
		013299			12	/03/2020
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	hospital failed to have be followed for patien admission and then it by another provider for reviewed (Patient #1) Failure to have a poli puts patients at risk of hospital when the hosp patient's needs. Findings included: 1. Review of the hosp Admission Criteria an	nd document review, the e a policy and procedure to its initially declined for ater admitted to the hospital or 1 of 7 patient records). cy and procedure in place of being admitted to the spital cannot safely meet the pital policy titled "Patient of Intake and Inpatient", wed the exclusion criteria for				
	patient conditions the for admission. The po- patients with medical pre-admission assess policy did not clearly ensure the patient red review prior to accept	hospital could not accept blicy stated that some conditions found during the sment to the hospital. The state the steps to be taken to ceived an adequate medical				
	that: a) Patient #1 was adr 11/28/20. The patient	nitted to the hospital on was 440 lbs. The hospital ents over 350 lbs were to be				
	medical record as to the professionals involved	mation in the patient's the process and the medical d in determining if the be met in the hospital.				
		0 AM, the investigator ed Clinical Social Worker				

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CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			Pleted
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Continued From page	e 3	L 420			
(LICSW) (Staff #2). S unsure of who was re- in-depth clinical revier question about wheth for admission to the h- on several occasions admission for medical only to be admitted by 4. On 12/02/20 at 11: interviewed a Physicia Staff #5 stated if a pa by one medical provide ask another medical provide ask another medical provide ask another medical provide ask another medical provider ast of the the the first provider as to wh admission initially. 5. On 12/02/20 at 1:11 interviewed the Chief (Staff #10). Staff #10 would review patients another medical provider patient's needs could medical provider did r provider that declined 6. On 12/03/20 at 12: nterviewed the Direct	 taff #2 stated that they were esponsible for the more ws when there was a ter a patient was appropriate toospital. Staff #2 stated that a patient would be denied I reasons by one provider y another medical provider. 00 AM, the investigator an Assistant (PA) (Staff #5). Use the administration would be orivider to review the patient stated that the reviewing tot always consult with the y the patient was denied 7 PM, the investigator Executive Officer (CEO) stated that administration with ider to determine if the be met. The reviewing tot always consult with the tert admission originally. 30, the investigator for Of Quality (Staff #1). 				
<pre>(uicfcac vistairfa situation of a situatio of a situation of a situation of</pre>	Continued From page (LICSW) (Staff #2). S insure of who was re- n-depth clinical revie question about wheth for admission to the h- on several occasions admission for medical only to be admitted by 4. On 12/02/20 at 11: nterviewed a Physici Staff #5 stated if a pa- poyone medical provide ask another medical provide ask another medical provider ask another did a inst provider as to whad mission initially. 5. On 12/02/20 at 1:1 nterviewed the Chief Staff #10), Staff #10 yould review patients another medical provider did r provider that declined 5. On 12/03/20 at 12 nterviewed the Direct	REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 (LICSW) (Staff #2). Staff #2 stated that they were insure of who was responsible for the more n-depth clinical reviews when there was a question about whether a patient was appropriate or admission to the hospital. Staff #2 stated that on several occasions a patient would be denied admission for medical reasons by one provider only to be admitted by another medical provider. 4. On 12/02/20 at 11:00 AM, the investigator interviewed a Physician Assistant (PA) (Staff #5). Staff #5 stated if a patient was denied admission by one medical provider the administration would ask another medical provider to review the patient information. Staff #5 stated that the reviewing medical provider did not always consult with the irst provider as to why the patient was denied admission initially. 5. On 12/02/20 at 1:17 PM, the investigator interviewed the Chief Executive Officer (CEO) Staff #10). Staff #10 stated that administration would review patients declined for admission with another medical provider to determine if the patient's needs could be met. The reviewing medical provider did not always consult with the patient's needs could be met. The reviewing medical provider did not always consult with the patient's needs could be met. The reviewing medical provider did not always consult with the patient's needs could be met. The reviewing medical provider did not always consult with the provider that declined the admission originally. 5. On 12/03/20 at 12:30, the investigator herviewed the Director Of Quality (Staff #1). Staff #1 verified the above information.	Continued From page 3 (LICSW) (Staff #2). Staff #2 stated that they were unsure of who was responsible for the more n-depth clinical reviews when there was a question about whether a patient was appropriate for admission to the hospital. Staff #2 stated that on several occasions a patient would be denied admission for medical reasons by one provider only to be admitted by another medical provider. 4. On 12/02/20 at 11:00 AM, the investigator interviewed a Physician Assistant (PA) (Staff #5). 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Continued From page 3 LLCSW) (Staff #2). Staff #2 stated that they were insure of who was responsible for the more n-depth clinical reviews when there was a question about whether a patient was appropriate or admission to the hospital. Staff #2 stated that on several occasions a patient would be denied admission for medical reasons by one provider only to be admitted by another medical provider. 4. On 12/02/20 at 11:00 AM, the investigator nterviewed a Physician Assistant (PA) (Staff #5). Staff #5 stated if a patient was denied admission by one medical provider the administration would ask another medical provider to review the patient nformation. Staff #5 stated that the reviewing medical provider did not always consult with the irst provider as to why the patient was denied admission initially. 5. On 12/02/20 at 1:17 PM, the investigator nterviewed the Chief Executive Officer (CEO) Staff #10). Staff #10 stated that administration would review patients declined for admission with another medical provider to determine if the patient's needs could be met. The reviewing nedical provider did not always consult with the provider that declined the admission originally. 5. On 12/03/20 at 12:30, the investigator neterviewed the Director Of Quality (Staff #1).

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Wellfound Behavioral Health Hospital Plan of Correction for State Licensing (or Medicare Hospital/Critical Access Hospital Survey 12/2/2020 & 12/3/20

of	0		()	
Est Date Correction	12/18/20	12/21/20	To be	completed by 12/31/20 or employee's first shift back after holiday break
Responsible Individual(s)	Dir Quality and Dir Clinical Programs	Dir Quality, Dir Clinical Programs, Interim Chief Medical Officer	Dir Clinical Programs,	Interim Chief Medical Officer
Monitoring procedure; larget for Compliance	Reviewed three policy's 1. Patient Admission Criteria Intake and Inpatient 2. Processing of Patients Accepted for Direct Admission 3. Disposition Planning from Intake and Assessment Department	Created new policy specific to Administrative Review Process. Outlines review process steps when initial response was to decline. Covering review process, reason for review, documentation of patient case, provider final	decision maker, chart documentation, and data outcomes. To share new Administrative	Review Process Policy with intake staff and psychiatric providers. Signed acknowledgement regarding process procedure update.
Will be corrected WA	L 240 accord: 1 ADMIN-ADOPT POLICIES WAC 246-322-040 Governing Body and Administration. The governing body shaft (1) Adopt written policies concerning the purposes, operation and maintenance of the hospital, and the safety, care and treatment of patients: This Wasshington Administrative Code. Is not met as evidenced by:			
How the Deficiency Will be Corrected CMS	A 049 MEDICAL STAFF - ACCOUNTABILITY CFR(s): 482.12(a)(5) The governing body must] ensure that the medical staff is accountable to the governing body for the quality of care provided to patients. This STANDARD is not met as evidenced by: Based on interview and document review, the hospital failed to have a policy and procedure to be followed for patients initially declined for admission and then later admitted to the hospital reviewed (Patient #1). Failure to have a policy and procedure in place puts patients at risk of being admitted to the hospital when the hospital cannot safely meet the patient's needs.	 Review of the hospital policy titled "Patient Admission Criteria and Intake and Inpatient", reviewed 09/20, showed the exclusion criteria for patient conditions the hospital could not accept for admission. The policy stated that some patients with medical conditions found during the pre-admission assessment to the hospital. The policy did not clearly state the steps to be taken to ensure the patient received an adequate medical review prior to acceptance for admission. 	 Review of Patient #1's medical record showed that: a) Patient #1 was admitted to the hospital on 11/28/20. The patient was 440 lbs. The hospital policy stated that patients over 350 lbs were to be excluded for admission. 	 b) There was no information in the patient's medical record as to the process and the medical professionals involved in determining if the patient's needs could be met in the hospital. 3. On 12/02/20 at 9:30 AM, the investigator interviewed a Licensed Clinical Social Worker

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interviewed a Physician Assistant (PA) (Staff #5) 4. On 12/02/20 at 11:00 AM, the investigator

ask another medical provider to review the patient by one medical provider the administration would Staff #5 stated if a patient was denied admission medical provider did not always consult with the first provider as to why the patient was denied information. Staff #5 stated that the reviewing admission initially.

would review patients declined for admission with medical provider did not always consult with the Staff #10). Staff #10 stated that administration provider that declined the admission originally. interviewed the Chief Executive Officer (CEO) another medical provider to determine if the patient's needs could be met. The reviewing 5. On 12/02/20 at 1:17 PM, the investigator

interviewed the Director Of Quality (Staff #1). 6. On 12/03/20 at 12:30, the investigator Staff #1 verified the above information.

Based on Interview and document review, the hospital failed to make a policy and procedure 1 be followed for patients (initially declined for accusation accusation for the laster admitted to the hospital provider for 1 of 7 patient records reviewed (Patient #1).

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nospital falled to have a policy and procedure to be followed for patients initially declined for americation and then lists admitted to the hospital or americat neuroscents of a of a neuron records			
oj anoval providentari). Refered (Patientari).	Complete weekly tracers for	Intake Director	2/15/21
Failure to have a policy and procedure in place buts patients at risk of being admitted to the hospital when the hospital cannot safely meet the patient's needs.	direct admitted patient chart documentation elements per Administrative Review Process		
ភាពជាពួន (nduted:	policy for at least 30% admissions for first 90 davs or		
1. Review of the hospital policy titled "Patient Admission Cotesta and Intake and Inpatient", Teviewed D9/20, showed the exclusion criteria for	until 95% compliance with complete documentation.		
patient conditions the hospital could not accept for admission. The policy started that some softents with medical conditions found during the ore-admission assessment to the hospital. The	Ongoing monitoring will be monthly for 3 months, quarterly		
posicy did not clearly state the steps to be taken to ensure the patient received an adequate medical review prior to acceptance for admission.	urer carter.		
2. ನಿತಿಗಡಿಳ ಹೆ Paten(#1's medical record showed ಬರ್ಮ			
a) Patient #1 was admitted to the hospital on 11:22/20. The patient was 440 25. The hospital policy stated that patients over 350 lbs were to be excluded for admission.			
o) There was no information in the patient's medical record as to the process and the medical provessionals invoked in determining if the patient's needs could be met in the hospital.			
3. On 12/12/12) at 9:30 AM, the investigator Interviewed a Libersed Citnical Social Worker			

Attachment C2

	(LICSW) (Staf) #2). Staf) #2 stated that they were unsure of who was responsible for the more. In doorth otherst methods when the otherst	
	ur-uepur duritical invite when are was a question about whether a patient was appropriate for admission to the hospital. Staf #2 stated that on several occasions a patient would be denied	
	aumssion so medical reasons by one provider. Only id de admitted by another medical provider.	
<u>4 E 2 8</u>	4. On 1210/20 at 11:00 AM, the investigator Intervewed a Physician Assistant (PA) (Staff #5). Staff #5 stated if a patient was denied admission by one medical provider the administration would	· }
	ask another medical provider to review the patient information. Staff #5 started that the reviewing medical provider did not always consult with the first provider as to why the patient was denied	
	admission initially. 5. On 12/12/20 at 1:17 PM, the investigator interviewed the Chief Executive Officer (CEO) (Stard #10), Starf #10 stated that administration	
	would review patients declined for admission with another medical provider to determine if the patient's needs could be met. The reviewing medical provider did not always consult with the provider that declined the admission originally.	· · · · · · · · · · · · · · · · · · ·
<u>به ټ</u> ر ۲	6. On 12:03:20 at 12:30, the Investigator Interviewed the Eirector Of Quality (Staff #1), Staff #1 verified the above Information.	
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Page 3 of 5

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12/21/20		12/21/20	12/21/20	2/15/21
Dir Quality		Dir Quality & HIM Manager	HIM Manager	HIM Manager
Re-reviewed current	prospective and retrospective H&P audit process.	Met to develop timeline criteria for completion admission H&P within 24 hours for inpatient admitted patients. Walk-in vs direct admission	Daily H&P completion audits for admissions prior day. For any H&Ps close to the 24-hour mark, communication will be sent via EMR to the admitting provider	and CMO as appropriate to ensure completion time is met. Enter tracer capturing H&P completed within 24 hours of admission for at least 30% of admissions for first 90 days or until 95% compliance with complete documentation. Ongoing monitoring will be monthly for 3 months, quarterly thereafter.
L 315	5 322-035.1C POLICIES-TREATMENT	WAC 246-322-035 Policies and Procedures. (1) The locateee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (c) Providing	or amanying for the care and treatment of pattents; This Washington Administrative Code is not met as evidenced by. Based on interview and document review the hospital falled to implement their policies and	procedures to ensure patients received their admission history and physical within 24 hours of admission for 1 of 7 patient records reviewed (Patient #7). Failure to complete the admission history and physical in a timely manner puts patients at risk for having unmet medical needs.
A 358	MEDICAL STAFF RESPONSIBILITIES - H&P CFR(s): 482.22(c)(5)(1)	[The bylaws must:] Include a requirement that (i) A medical history and physical examination be completed and documented for each patient no more than 30 days before or 24 hours after	admission or registration, but prior to surgery or a procedure requiring anesthesia services, and except as provided under paragraph (c)(5)(iii) of this section. The medical history and physical examination must be completed and documented by a physician (as defined in section 1861(r) of the Act), an oral and maxillofacial surgeon, or other qualified individual in accordance with State	law and hospital policy. This STANDARD is not met as evidenced by: Based on interview and document review the hospital failed to implement their policies and procedures to ensure patients received their admission history and physical within 24 hours of admission for 1 of 7 patient records reviewed (Patient #7). Failure to complete the admission history and physical in a timely manner puts patients at risk for having unmet medical needs.

Page 4 of 5

Attachment C2

Attachment C2

Findings included:	កាលនិតច្ចច ភេទបន់ខេត	
 Review of the hospital policy titled "Rules and Regulations of the Medical Staff Bylaws", reviewed 03/19, showed that patients were to receive a history and physical examination within 24 hours of admission. 	 Review of the hospital policy titled "Rules and Regulators of the Medical Staff Bylaws", reviewed D3/19, showed that patients were to receive a bistory and physical examination within 24 hours of admission. 	
Review of Patient #T's medical record showed that:	2. Rever of Patent 275 medical record showed that that	/
 a) Patient #1 was admitted to the hospital on 12/01/20. The patient's history and physical was still not completed as of 12/03/20. 	aj Pakent#1 was admited to the hospitat to 12161/20. The pabents history and physical was still not completed as of 12163/20.	
 On 12/03/20 at 12:30 PM, the investigator interviewed the Director of Quality (Staff #1). Staff #1 verified the above information. 	3. On 120320 at 12:30 PM, the investigator interviewed the Director of Quality (Staff #1). Staff #1 vetified the above information.	

Page 5 of 5



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

12/23/20

Pamela Shotts, RN Director of Quality Wellfound Behavioral Health Hospital 3402 South 19th Street Tacoma, WA 98405

RE: 2020-15734/106789

Dear Ms. Shotts:

An investigator from the Washington State Department of Health conducted a complaint investigation at Wellfound Behavioral Hospital on 12/03/20. Hospital staff members developed a plan of correction to correct deficiencies cited following this investigation. This plan of correction was approved on 12/23/20.

A Progress Report will be required for this investigation and is due 03/21/21.

The Department of Health accepts Wellfound Behavioral Health Hospital attestation that it will correct all deficiencies cited at Chapter 246-322 WAC. I sincerely appreciate your cooperation and hard work during the investigation process.

Sincerely,

/s/Deborah Barrette

Deborah Barrette, RN Deborah.barrette@doh.wa.gov Department of Health Health Systems Quality Assurance PO Box 47874 Olympia, WA 98504