State of V	Vashington	FV		001000	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		DATE SURVEY COMPLETED
	Y A	013299	B. WNG		06/03/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	NTE, ZIP CODE	N · Y
WELLFOU	IND BEHAVIORAL HEAL	TH HOSPITAL TACOMA	TH ST , WA 98405		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC 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	INITIAL COMMENTS		L 000		
1	STATE COMPLAINT			A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.	
	(DOH) in accordance Administrative Code (	(WAC), Chapter 246-322 ad Alcoholism Hospital,	- ;	EACH plan of correction statement must include the following:  The regulation number and/or the tag	
	Onsite dates: 06/02/2	0-06/03/20		number;  HOW the deficiency will be corrected;	
	Case number: 2020-7	7271			
† †	Intake number: 10082	25		WHO is responsible for making the correction;	
	The investigation was Investigator #5 Investigator #6	s conducted by:		WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and  WHEN the correction will be completed.	
	There were violations complaints.	found pertinent to these		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 07/12/20.	
	, -			Return the ORIGINAL REPORT via email with the required signatures.	
L 315	322-035.1C POLICIE	S-TREATMENT	L315		
	WAC 246-322-035 Porcedures. (1) The I develop and impleme written policies and promistent with this classification provided; (c)	icensee shall ent the following rocedures hapter and			
	or arranging for the c				

State Form 2567

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

TITLE

(X6) DATE

7-12-2020

STATE FORM

6599

If continuation sheet 1 of 7

State of Washington (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ C 013299 06/03/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3402 S 19TH ST **WELLFOUND BEHAVIORAL HEALTH HOSPITAL** TACOMA, WA 98405 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) L 315 L 315 Continued From page 1 treatment of patients; This Washington Administrative Code is not met as evidenced by: Based on interview, document review, and review of hospital policy and procedures, the hospital failed to implement policies for assessing and reassessing patients who are victims of physical assault while hospitalized for 1 of 2 assaultive patient incidents reviewed. Failure to assess and reassess patients following a physical assault can lead to patient harm and death. Findings included: 1. Document review of the hospital's policy and procedure titled, "Patient Assessment and Reassessment-Inpatient," policy number 7808121, revised 10/19 showed that nursing staff will document a physical and psychiatric assessment every shift and as needed and additional information for an "event" will be documented in the Nursing Note section of the patient medical record. Document review of the hospital's policy and procedure titled, "Record Completion, Retention, Destruction," policy number 7804408, revised 10/19 showed that the purpose of the medical record is to serve as a basis for planning patient care, for continuity of care, and to furnish documentary evidence of the course of the patient's medical evaluation, treatment, and change in condition during the hospital stay. The medical record must include any findings of assessments and reassessments, any diagnosis, or conditions established during the patient's

State Form 2567

State of Waahington (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_ C 06/03/2020 B. WING 013299 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3402 S 19TH ST WELLFOUND BEHAVIORAL HEALTH HOSPITAL TACOMA, WA 98405 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID **LEACH CORRECTIVE ACTION SHOULD BE** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) L 315 L 315 Continued From page 2 course of care, treatment, and services, and any observations relevant to care, treatment and services. 2. On 06/02/20 from 9:00 AM until 3:00 PM during interviews with hospital staff, Staff #502, Staff #503, Staff #504, Staff #505, Staff #506, and Staff #507stated that Patient #501 had physically assaulted Patient #502. 3. On 06/03/20 at 4:10 PM, Investigator #5 and the Chief Nursing Officer (Staff #501) reviewed the medical records for Patient #501 and #502. The review showed the following: a. On 05/14/20 at 7:20 AM, a nursing note stated that while trying to move Patient #501 to a seclusion room, Patient #501 "attacked another patient, dragging the patient to the ground." b. On 05/14/20 at 1:13 PM, a provider note stated that Patient #501 had "attacked another patient, dragging that patient to the ground." c. During review of the medical record for Patient #502, Investigator #5 found no evidence that staff completed or documented an assessment or reassessment of the patient for injury or change in condition after the assault. 4. At the time of the observation, Staff #501 confirmed the finding and stated that staff should have documented an assessment of the patient after the incident. L 340 322-035.1H PROCEDURES-BEHAVIOR L 340 WAC 246-322-035 Policies and

State Form 2567

State of Washington

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED ·
					С	
		013299	B. WNG		06/0	3/2020
NAME OF P	ROVIDER OR SUPPLIER		PRESS, CITY, STA	TE, ZIP CODE		•
WELLFOL	IND BEHAVIORAL HEAL	TH HOSPITAL 3402 S 191				
		TACOMA,	WA 98405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	88	(X5) COMPLETE DATE
L 340	Continued From page	e 3	L 340			
	, -					
	Procedures. (1) The I					
	develop and impleme					
	written policies and p		İ			
	consistent with this cl	•				
	services provided: (h)	-				
	assaultive, self-destru					
	out-of-control behavio	- ·				
	(i) Immediate actions					
	(ii) Use of seclusion a					
	consistent with WAC					
	other applicable state					
	(iii) Documenting in the	he clinical				
	record;					
		ninistrative Code is not met				
	as evidenced by:					
		locument review, and review				
		procedures showed that the				
	hospital failed to impl	lement its Code Gray Policy.				
	Failure to implement	documentation and				
		ital's Code Gray Policy limits				
		collect accurate data,	ĺ			
		atterns, and implement				
	process improvemen	· · · · · · · · · · · · · · · · · · ·				
	1					
	Findings included:					
	1. Document review	of the hospital's policy titled,			j	
		policy number 7808170,				
	revised 10/19 showe					
		a are tonorring.				
	-A Debrief/Huddle for	rm will be completed in a				
		Code Gray team and will be				
		artment supervisor. It will be	1			
		Harm Huddle Discussions,			ì	
		ittee meetings, and/or for				
	supplemental injury in					
	i	= 211241141141	-			
	-The Debrief/Huddle	form may be reviewed by			ì	
	regulatory agencies.	,				

State Form 2567 STATE FORM

State of \	<u> Vashington</u>		· 1		LV3 DATE BUDGOV
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
v					C
		013299	B. WING		06/03/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE	
•		3402 S 1	9TH ST		
WELLFOU	IND BEHAVIORAL HEAL	TACOM/	A, WA 98405		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
L 340	Continued From page	e <b>4</b>	L 340		
	-The team leader will Report.	complete an Incident			
	which will include the	te a Security Case Report, escalation level, the nd the staff's response to the			
	record will be docum	se, the patient's medical ented with the appropriate the incident, by the medical			
	the Chief Nursing Off Incident Report Log. asked to review the C event involving Patie incident included an	10 PM, Investigator #5 and ficer reviewed the hospital's At this time, Surveyor #5 Code Gray Debrief for the nt #501 on 05/14/20. The assault on another patient, not provided with the debrief or any others.			
	During the investigati was discovered:	ion process, the following			
	a. Security did not co Reports.	implete Code Gray Case			
	b. Code Gray data w	as not collected or analyzed.			
÷		f and Huddle sheets were viewed by the Hospital's			
	consulted with the Se Services team and ve that because the volu	finding, the Staff #501 ecurity and Environmental erified the finding, She stated ume of Code Grays called in uld not be a feasible policy to			

FORM APPROVED State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ C 8. WNG 013299 06/03/2020 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3402 S 19TH ST **WELLFOUND BEHAVIORAL HEALTH HOSPITAL** TACOMA, WA 98405 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) L 340 L340 Continued From page 5 implement. L 355 322-035,1K POLICIES-STAFF ACTIONS WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (k) Staff actions upon: (i) Patient elopement; (ii) A serious change in a patient's condition, and immediately notifying family according to chapters 71.05 and 71,34 RCW; (iii) Accidents or incidents potentially harmful or injurious to patients, and documentation in the clinical record; (iv) Patient death; This Washington Administrative Code is not met as evidenced by: Based on interview, document review, and review of hospital policy and procedure, the hospital failed to ensure that staff reported patient safety events for 1 of 2 patient safety events reviewed (Patient #502). Failure to report and investigate patient safety incidents limits the hospital's ability to analyze accurate data, implement performance improvement activities, and can result in an unsafe healthcare environment.

State Form 2567

Findings included:

1 Document review of the hospital's policy and procedure titled, "Critical Event Management and

State of \	Vashington					
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SU COMPLET	
			A. BUILDING.			
		013299	B. WING		06/03	/2020
WILLS 05.5			DDRESS, CITY, ST	777. 710.0005	1	
NAME OF P	ROVIDER OR SUPPLIER	3402 S 1		NE. ZIP CODE		
WELLFOL	IND BEHAVIORAL HEAL	TH HOSPITAL	, WA 98405		·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	(X5) COMPLETE DATE
L 355	Continued From page	: 6	L 355			
	Disclosure." policy nu	mber 7808463, revised				
		tical events or occurrences				
		causing, or having the				
		ious patient harm. If an				
		aff will take actions to correct the situation and				
		njury, notify their supervisor				
		and initiate a paper incident				
		rm should be completed				
	within 12 hours of dis-	covering the event.				
	Document review of the	he hospital's policy and		3		
		dent Reporting Guidelines				
		nce and Critical Events,"				
		23, revised 10/19, showed				
	•	re created for any event or			ĺ	
		usual or inconsistent with				
	routine care of a patie operations of the orga					
	completed by the pers					
		s the event and should be			Į	
	•	ours of discovering the				
	occurrence or event.					
	2. On 06/03/20 at 3:30	OPM, Investigator #5 and				
	~	cer (Staff #501) reviewed				
		report log. Surveyor #5			1	
	found no evidence the	at staff completed an assault of Patient #502			1	
	perpetrated by Patien					
	F					
į		nding, Staff #501 verified				
ļ	that staff had not repo					
İ	incident report for ass	aultive event.			-	
`						
ļ						
					-	

Emailed to the Gode Complaint Investigation 06/03/20 Case number 100825

Wellfound Behavioral Health Hospital

Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	Monitoring procedure; Target for Compliance
L000	The complaint itself was unsubstantiated			
STATE COMPLAINT INVESTIGATION				
The Washington State Department of Health	y e			
(DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322				
Private Psychiatric and Alcoholism Hospital,	* * * * * * * * * * * * * * * * * * *			
conducted this complaint investigation.				
Onsite dates: 06/02/20-06/03/20				
Case number: 2020-7271				
Intake number: 100825				
The investigation was conducted by:				
Investigator #5 Investigator #6	9			i Ser
There were violations found pertinent to these				8
complaints.				

L315					
322-035.1C POLICIES-TREATMENT					
WAC 246-322-035 Policies and					
Procedures. (1) The licensee shall					
develop and implement the following					
written policies and procedures					
consistent with this chapter and					
services provided: (c) Providing					
or arranging for the care and					
treatment of patients;					
This Washington Administrative Code is not met					
as evidenced by:					
Based on interview, document review, and review					
of hospital policy and procedures, the hospital					
failed to implement policies for assessing and					
reassessing patients who are victims of physical					
assault while hospitalized for 1 of 2 assaultive					
patient incidents reviewed.					
Failure to assess and reassess patients following					
a physical assault can lead to patient harm and					
death.	1	Paviawad natisias Datient Assessment and	Ougling	7/6/20	7/6/20
Findings included:	μ.	Reviewed policies, Patient Assessment and	Quality	7/6/20	7/6/20
Document review of the hospital's policy and procedure titled, "Patient Assessment and		Reassessment -Inpatient and Record Completion,	Dir and		
Reassessment-Inpatient," policy number		Retention, Destruction.	CNO		
7808121, revised 10/19 showed that nursing staff					
will document a physical and psychiatric					
assessment every shift and as needed and	2	Education various of policies Deticut Assessment	O and the s	7/45/20	0 (04 (00
additional information for an "event" will be	۷.	Education review of policies, Patient Assessment	Quality	7/15/20	8/01/20
documented in the Nursing Note section of the		and Reassessment-Inpatient and Record	Dir		
patient medical record.		Completion, Retention, Destruction was shared with			
Document review of the hospital's policy and		all clinical staff to include additional scenario to			
procedure titled, "Record Completion, Retention,		reinforce documentation requirementRelias			
Destruction," policy number 7804408, revised		·			
10/19 showed that the purpose of the medical		Education			
record is to serve as a basis for planning patient					
care, for continuity of care, and to furnish					
documentary evidence of the course of the					
patient's medical evaluation, treatment, and					
change in condition during the hospital stay. The medical record must include any findings of					
assessments and reassessments, any diagnosis,		•	The state of the s		
or conditions established during the patient's					
course of care, treatment, and services, and any					
observations relevant to care, treatment and					
services.					
			1		

2. On 06/02/20 from 9:00 AM until 3:00 PM during interviews with hospital staff, Staff #502, Staff #503, Staff #504, Staff #505, Staff #506, and Staff #507stated that Patient #501 had physically assaulted Patient #502.  3. On 06/03/20 at 4:10 PM, Investigator #5 and the Chief Nursing Officer (Staff #501) reviewed the medical records for Patient #501 and #502. The review showed the following:  a. On 05/14/20 at 7:20 AM, a nursing note stated that while trying to move Patient #501 to a seclusion room, Patient #501 "attacked another patient, dragging the patient to the ground."  b. On 05/14/20 at 1:13 PM, a provider notes stated that Patient #501 had "attacked another patient, dragging that patient to the ground."  c. During review of the medical record for Patient #502, Investigator #5 found no evidence that staff completed or documented an assessment or reassessment of the patient for injury or change in condition after the assault.  4. At the time of the observation, Staff #501 confirmed the finding and stated that staff should have documented an assessment of the patient after the incident.	3. Weekly audits for pt assessment related documentation in connection to patients involved with all event reports for first 90 days or until 95% compliance with complete documentation whichever is longer. Ongoing monitoring will be monthly for 3 months, quarterly thereafter	Quality Dir	8/01/20	11/01/20

<u></u>				_
L340 322-035.1H PROCEDURES-BEHAVIOR WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (h) Managing assaultive, self-destructive, or out-of-control behavior, including: (i) Immediate actions and conduct; (ii) Use of seclusion and restraints				
consistent with WAC 246-322-180 and other applicable state standards; (iii) Documenting in the clinical record; This Washington Administrative Code is not met as evidenced by:				
Based on interview, document review, and review of hospital policy and procedures showed that the hospital failed to implement its Code Gray Policy. Failure to implement documentation and reporting of the hospital's Code Gray Policy limits the hospitals ability to collect accurate data, identify trends and patterns, and implement				
process improvement. Findings included:  1. Document review of the hospital's policy titled, "Code Gray Policy," policy number 7808170, revised 10/19 showed the following: -A Debrief/Huddle form will be completed in a	<ul> <li>Code Gray Policy was updated 7/8/2020 to reflect department tracking of code gray episodes and implementation of electronic event reporting system.</li> </ul>	Quality Dir	7/10/20	7/10/20
timely manner by the Code Gray team and will be submitted to the department supervisor. It will be used weekly during Harm Huddle Discussions, during Safety Committee meetings, and/or for supplemental injury investigations.	Education review updated code gray policy was rolled out to all clinical staff – Relias Education	Quality Dir	7/15/20	8/01/20
-The Debrief/Huddle form may be reviewed by regulatory agencies. The team leader will complete an Incident ReportSecurity will complete a Security Case Report,	Quality department to track Code Grays. Notify quality dept via event reporting, notification, or any other specific event reporting process.	Quality Dir	6/15/20	6/15/20
which will include the escalation level, the behavior exhibited, and the staff's response to the incident.  -If it is a patient offense, the patient's medical record will be documented with the appropriate information related to the incident, by the medical	<ul> <li>Reports for event types will be pulled from new electronic event reporting system for sharing with various hospital committees such as Safety Committee etc.</li> </ul>	Quality Dir	7/10/20	7/10/20

personnel.  2. On 06/03/20 at 3:30 PM, Investigator #5 and the Chief Nursing Officer reviewed the hospital's Incident Report Log. At this time, Surveyor #5 asked to review the Code Gray Debrief for the event involving Patient #501 on 05/14/20. The incident included an assault on another patient. Investigator #5 was not provided with the debrief form for this incident or any others.  During the investigation process, the following was discovered:  a. Security did not complete Code Gray Case Reports.  b. Code Gray data was not collected or analyzed.  c. Code Gray Debrief, and Huddle sheets were not provided to or reviewed by the Hospital's Safety Committee.  3. At the time of the finding, the Staff #501 consulted with the Security and Environmental	Weekly audits for pt assessment related documentation in connection to patients involved with event reports for all events first 90 days or until 95% compliance with complete documentation whichever is longer. Ongoing monitoring will be monthly for 3 months, quarterly thereafter	Quality Dir	7/10/20	10/01/20
Services team and verified the finding. She stated that because the volume of Code Grays called in the hospital, this would not be a feasible policy to implement.				

L355 322-035.1K POLICIES-STAFF ACTIONS WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (k) Staff actions upon: (i) Patient elopement; (ii) A serious change in a patient's condition, and immediately notifying family according to chapters 71.05 and 71.34 RCW; (iii) Accidents or incidents potentially harmful or
WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (k) Staff actions upon: (i) Patient elopement; (ii) A serious change in a patient's condition, and immediately notifying family according to chapters 71.05 and 71.34 RCW; (iii) Accidents or
Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (k) Staff actions upon: (i) Patient elopement; (ii) A serious change in a patient's condition, and immediately notifying family according to chapters 71.05 and 71.34 RCW; (iii) Accidents or
develop and implement the following written policies and procedures consistent with this chapter and services provided: (k) Staff actions upon: (i) Patient elopement; (ii) A serious change in a patient's condition, and immediately notifying family according to chapters 71.05 and 71.34 RCW; (iii) Accidents or
written policies and procedures consistent with this chapter and services provided: (k) Staff actions upon: (i) Patient elopement; (ii) A serious change in a patient's condition, and immediately notifying family according to chapters 71.05 and 71.34 RCW; (iii) Accidents or
consistent with this chapter and services provided: (k) Staff actions upon: (i) Patient elopement; (ii) A serious change in a patient's condition, and immediately notifying family according to chapters 71.05 and 71.34 RCW; (iii) Accidents or
services provided: (k) Staff actions upon: (i) Patient elopement; (ii) A serious change in a patient's condition, and immediately notifying family according to chapters 71.05 and 71.34 RCW; (iii) Accidents or
upon: (i) Patient elopement; (ii) A serious change in a patient's condition, and immediately notifying family according to chapters 71.05 and 71.34 RCW; (iii) Accidents or
serious change in a patient's condition, and immediately notifying family according to chapters 71.05 and 71.34 RCW; (iii) Accidents or
condition, and immediately notifying family according to chapters 71.05 and 71.34 RCW; (iii) Accidents or
family according to chapters 71.05 and 71.34 RCW; (iii) Accidents or
71.34 RCW; (iii) Accidents or
incidents potentially harmful or
injurious to patients, and
documentation in the clinical record;
(iv) Patient death;
This Washington Administrative Code is not met
as evidenced by: L 355
L 395
Based on interview, document review, and review
of hospital policy and procedure, the hospital
failed to ensure that staff reported patient safety
events for 1 of 2 patient safety events reviewed
(Patient #502).
Failure to report and investigate patient safety
incidents limits the hospital's ability to analyze
accurate data, implement performance
improvement activities, and can result in an
unsafe healthcare environment.
Findings included:
1. Degree of the hospitally policy and
procedure titled "Critical Event Management and Chilical Event Management and Oddanty 7/10/20 7/10/20
Disclosure," policy number 7808463, revised  Incident Reporting policies were reviewed/revised to Dir
10/19 showed that critical events or occurrences include electronic event reporting system tool to
are defined as events causing, or having the improve ability to track and report incident events.
potential to cause serious patient harm. If an
event is discovered staff will take actions to
stabilize the patient, correct the situation and
prevent or minimize injury, notify their supervisor
as soon as possible, and initiate a paper incident
reporting form. The form should be completed
within 12 hours of discovering the event. of electronic event reporting system was completed Dir
Document review of the hospital's policy and week of July 6th. Informal hands on demonstration
procedure titled, "Incident Reporting Guidelines

(for Unusual Occurrence and Critical Events," policy number 7808523, revised 10/19, showed that incident reports are created for any event or occurrence that is unusual or inconsistent with routine care of a patient or routine safety	and discussion with staff regarding the tool is also taking place.			
operations of the organization. Reports are completed by the person who discovers, witnesses, or identifies the event and should be completed within 12 hours of discovering the occurrence or event.	<ul> <li>Monthly electronic event reporting to be shared with clinical leaders. Event types will be pulled so they can be shared with committee such safety</li> </ul>	Quality Dir	7/10/20	8/1/20
2. On 06/03/20 at 3:30 PM, Investigator #5 and the Chief Nursing Officer (Staff #501) reviewed the hospital's incident report log. Surveyor #5 found no evidence that staff completed an incident report for the assault of Patient #502 perpetrated by Patient #501 on 05/14/20.	committee and QAPI committees.			
3. At the time of the finding, Staff #501 verified that staff had not reported or completed an incident report for assaultive event.	<ul> <li>Monthly audits for sharing electronic event reporting with leaders and committees starting with August for 3 months or until 95% compliance with sharing monthly event reports whichever is greater.</li> </ul>	Quality Dir	8/15/20	9/15/20



## STATE OF WASHINGTON

## DEPARTMENT OF HEALTH

PO Box 47874 • Olympia, Washington 98504-7874

September 11, 2020

Matt Crockett Chief Executive Officer Wellfound Behavioral Health Hospital 3402 South 19<sup>th</sup> Street Tacoma, WA 98405

Dear Mr. Crockett,

Surveyors from the Washington State Department of Health conducted a state hospital complaint investigation at Wellfound Behavioral Health Hospital on 06/02/20-06/03/20. Hospital staff members developed a plan of correction to correct deficiencies cited during this survey. This plan of correction was approved on 07/29/20.

Hospital staff members sent a Progress Report dated 09/02/20 that indicates all deficiencies have been corrected. The Department of Health accepts Wellfound Behavioral Health Hospital's attestation to be in compliance with Chapter 246-322 WAC.

The team sincerely appreciates your cooperation and hard work during the survey process and looks forward to working with you again in the future.

Sincerely,

Kimberly Metz DNP, RN

Survey Team Leader

Department of Health HSQA

Zimberel, Mete Dru, por

PO Box 47874

Olympia, WA 98504-7874