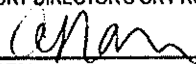
State of Washington

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013299 | A. BUILDING: ______<br>B. WING ______ | C<br>03/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WELLFOUND BEHAVIORAL HEALTH HOSPITAL | 3402 S 19TH ST<br>TACOMA, WA 98405 |

| (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 | INITIAL COMMENTS<br><br>.<br><br>STATE COMPLAINT INVESTIGATION<br><br>The Washington State Department of Health (DOH), in accordance with Washington Administrative Code (WAC), 246-322 Private Psychiatric and Alcoholism Hospital, conducted this complaint investigation.<br><br>On site dates: 02/09/23 and 02/14/23<br>Exit date: 03/17/23<br><br>Case number: 2023-1229<br><br>Intake number: 128408<br><br>This investigation was conducted by Investigator #1<br><br>There were violations found pertinent to this complaint. | L 000 | .<br><br>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.<br><br>2. EACH plan of correction statement must include the following:<br><br>* The regulation number and/or the tag number;<br>* HOW the deficiency will be corrected;<br>* WHO is responsible for making the correction;<br>* WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and<br>* WHEN the correction will be completed.<br><br>3. Your PLAN OF CORRECTION must be returned within 10 calendar days from the date you receive the Statement of Deficiencies. The Plan of Correction is due on 04/13/23.<br><br>4. Sign and return the Statement of Deficiencies via email as directed in the cover letter. | |
| L 340 | 322-035.1H PROCEDURES-BEHAVIOR<br><br>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: | L 340 | | |



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

TITLE

(X6) DATE 4/13/23

State of Washington

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013299 | A. BUILDING: ______ B. WING ______ | C 03/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WELLFOUND BEHAVIORAL HEALTH HOSPITAL | 3402 S 19TH ST TACOMA, WA 98405 |

| (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 340 | Continued From page 1 | L 340 | | |

(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 observation, interview, and review of hospital documents, the hospital failed to develop and implement policies and procedures to manage assaultive, out of control behavior, including sexual assault, aggression, and victimization, that identified patients at increased safety risk, initiated enhanced precautions, and implemented interventions to prevent incidents of sexual assault, aggression, or victimization as demonstrated by 5 of 5 records reviewed (Patient #1501, #1502, #1053, #1504, and #1505).

Failure to ensure that the hospital developed and implemented policies and procedures to guide staff in the management and prevention of incidents of sexual aggression, assault, and victimization places the patients at increased risk for physical and psychological harm.

Findings included:

1. Document review of the hospital's policy and procedure titled, "Sexual Safety Precautions Protocol," policy number 11783191, last reviewed 05/22, showed the following:

a. Patient will be assessed upon admission, and after any incident of sexually lewd, acting out, or sexually aggressive behavior using the sexual safety flowsheet which includes Sexually

State of Washington

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013299 | A. BUILDING: ______ B. WING ______ | C 03/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WELLFOUND BEHAVIORAL HEALTH HOSPITAL | 3402 S 19TH ST TACOMA, WA 98405 |

| (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 340 | Continued From page 2<br><br>Inappropriate Behavior (SIB) Risk Assessment and the Sexual Victimization Precautions (SVP) Assessment.<br><br>b. Sexual Victimization Precautions definition - This patient may have been a victim of rape, molestation, sexual slavery, or cognitive function may place them at risk for sexual manipulation or aggression. Interventions include:<br><br>i. Patient will have an SVP designation.<br><br>ii. Registered Nurse (RN) will assess for appropriate roommate.<br><br>c. Sexually Inappropriate Behavior (SIB) definition - This patient has a psychiatric diagnosis that may lend to sexually proactive behavior. Patient may have a history of sexual aggression or sexual predator designation. The patient may have a history of incarceration for sexually aggressive behavior, or the patient presents in a sexually aggressive manner towards others. Interventions include:<br><br>i. The RN or provider may select the most appropriate observation level depending on the patient's risk level - No observation, Line of sight while out of room, or 1:1 within arm reach of staff.<br><br>ii. The RN will notify the provider of the need for SIB precautions.<br><br>iii. Notify staff regarding the instituting of precautions and outline what is required for the patient.<br><br>iv. The nursing care plan and the multidisciplinary treatment plan will be updated regarding the patient's precautions and reason for the | L 340 | | |

State of Washington

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013299 | A. BUILDING: ______ B. WING ______ | C 03/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WELLFOUND BEHAVIORAL HEALTH HOSPITAL | 3402 S 19TH ST TACOMA, WA 98405 |

| (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 340 | Continued From page 3 | L 340 | | |

precaution.

v. Only a licensed independent provider (LIP) can discontinue the SIB precautions.

Document review of the hospital's policy and procedure titled, "Reporting of Sexual Contact to Law Enforcement," policy number 12295417, last reviewed 10/22, showed the following:

a. All patients reporting attempted or actual sexual contact will be taken seriously and supported.

b. The patient will immediately be separated from the perpetrator and placed on safety precautions (sexual).

2. Review of the hospital's incident reports, and patient medical records found that on 01/23/23, the psychiatric provider (Staff #1504) met with Patient #1501 to perform the daily patient assessment. Patient #1501 was a 31-year-old male, who was admitted involuntarily on 01/03/23 for grave disability, inability to care for self, and catatonia (sluggish movements, not talking). Patient #1501 reported to the provider that his bedtime medication makes him sleep hard. Patient #1501 reported that when he woke up, he could taste blood in his mouth, and was experiencing rectal pain. Patient #1501 told the provider that he questioned his roommate, Patient #1502, asking if he had assaulted him while he was sleeping. Patient #1502 admitted that he had raped Patient #1501 while he was sleeping. Patient #1502 was a 21-year-old male, who was admitted on 01/04/23 for grave disability and danger to self and others.

Patient #1501

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013299 | A. BUILDING: ________ B. WING ________ | C 03/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WELLFOUND BEHAVIORAL HEALTH HOSPITAL | 3402 S 19TH ST TACOMA, WA 98405 |

| (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 340 | Continued From page 4<br><br>3. The Investigator's review of Patient #1501's medical record showed the following:<br><br>a. Review of the provider's orders (between 01/19/23 to 01/25/23) showed that the providers failed to initiate an order for Sexual Victimization Precautions (SVP) after the incident on 01/23/23.<br><br>b. On the psychiatric provider's progress note dated 01/24/23, the provider documented that the patient was placed on 1:1 observation for one day to ensure patient safety.<br><br>c. Review of the nursing progress notes (between 01/19/23 to 01/25/23) showed that nursing staff failed to initiate an order for Sexual Victimization Precautions (SVP) or communicate with the provider regarding the need for enhanced safety precautions.<br><br>d. Review of the daily nursing progress notes (between 01/23/23 to 01/25/23) showed that nursing staff failed to assign staff to monitor the patient after the reported incident, review the reason for any enhanced monitoring, or set expectations and interventions for staff ensuring patient safety.<br><br>e. Review of the observation rounding forms (between 01/23/23 to 01/25/23) showed that staff documented daily that the Patient was on observations every 15 minutes and elopement precautions. Staff failed to document that the Patient was on 1:1 observation or that any enhanced safety precautions were added after the incident on 01/23/23.<br><br>Patient #1502 | L 340 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013299 | A. BUILDING: ______ B. WING ______ | C 03/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WELLFOUND BEHAVIORAL HEALTH HOSPITAL | 3402 S 19TH ST TACOMA, WA 98405 |

| (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 340 | Continued From page 5<br><br>4. The Investigator's review of Patient #1502's medical record showed the following:<br><br>a. On the Psychiatric Provider Progress Note dated 01/05/23, the provider documented that Patient #1502 reported that he had dropped out of school about a year ago due to an accusation that he had raped another student. The Patient stated that he had an overactive libido and can't seem to stop it sometimes. On Psychiatric Provider Progress Notes dated 01/09/23 and 01/10/23, the Patient continued to be verbally hypersexual and exhibited sexually inappropriate behavior. The providers failed to initiate SIB precautions.<br><br>b. Review of the provider's orders (between 01/19/23 to 01/25/23) showed that the providers failed to initiate an order for Sexually Inappropriate Behavior (SIB) after the incident on 01/23/23.<br><br>c. Review of the nursing progress notes (between 01/19/23 to 01/25/23) showed that nursing staff failed to initiate an order for SIB or communicate with the provider regarding the need for enhanced safety precautions.<br><br>d. Review of the observation rounding forms (between 01/23/23 to 01/25/23) showed the following:<br><br>i. 01/23/23 - No Precautions noted. No Level of Observation noted.<br><br>ii. 01/24/23 - 7:30 AM to 7:29 PM Suicide Precautions noted. 1:1 Observation noted.<br><br>iii. 01/24/23 - 7:30 PM to 07:29 AM (01/25/23) Suicide Precautions noted. 1:1 Observation | L 340 | | |

State of Washington

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013299 | A. BUILDING: ______ B. WING ______ | C 03/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WELLFOUND BEHAVIORAL HEALTH HOSPITAL | 3402 S 19TH ST TACOMA, WA 98405 |

| (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 340 | Continued From page 6<br><br>noted.<br><br>iv. The observations rounding forms failed to reflect the required enhanced safety precautions for the Patient's sexual assault incident on 01/23/23.<br><br>5. The Investigator's review of the medical records for Patients #1501 and #1502 found that staff failed to implement enhanced safety precautions when appropriate. Nursing staff failed to contact the provider to request an order for the initiation of the precautions, as directed by hospital policy. Additionally, nursing staff failed to document communications initiated between shifts and/or disciplines noting any changes in precautions and levels of observations.<br><br>Patient #1505<br><br>6. Review of Patient #1505 showed similar inconsistencies in the care of patient's identified to be at a greater risk for sexually inappropriate behavior incidents. Patient #1505 was a 37-year-old male, admitted involuntarily on 02/02/23, with a psychiatric diagnosis of Schizophrenia. Review of the medical record showed the following:<br><br>a. Review of the provider's orders between 02/02/23 to 02/10/23, found that the providers failed to initiate an order for SIB. On 02/05/23, the provider changed the Patient's level of observation from every 15 minutes to line of sight (LOS) while awake, however no order for enhanced SIB precautions was initiated.<br><br>b. On the nursing daily progress notes between 02/05/23 to 02/10/23, nursing staff documented that Patient #1505 exhibited poor boundaries and | L 340 | | |

State of Washington

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013299 | A. BUILDING: ______ B. WING ______ | C 03/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WELLFOUND BEHAVIORAL HEALTH HOSPITAL | 3402 S 19TH ST TACOMA, WA 98405 |

| (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 340 | Continued From page 7 | L 340 | | |

sexually inappropriate behaviors. Nursing staff failed to initiate an order for SIB or communicate with the provider regarding the need for enhanced safety precautions.

c. Review of the observation rounding forms between 02/02/23 to 02/10/23, showed that Patient #1505 was on Assault Precautions from 02/04/23 until discharge on 02/10/23. On 02/07/23, staff documented that the Patient was also on SIB precautions.

d. Review of the Patient's Master Treatment Plan, dated 02/02/23, found that the Patient was on SIB precautions and Assault precautions. The weekly Treatment Plan update, dated 02/08/23, also noted that the Patient was on SIB and Assault precautions.

e. Review of the Flowsheets found that nursing staff documented SIB precautions for 8 of 26 shifts. For the 26 shifts that failed to document SIB precautions, staff either left the precautions blank, or documented Assault precautions or Suicide precautions.

f. On the Nurse Report for Patient #1505, dated 02/09/23, nursing staff documented that the Patient remained on 1:1 monitoring for poor boundaries. Nursing staff failed to document that the Patient was on SIB precautions.

7. Investigator #1's review of the medical records for Patient #1503 and #1504, found evidence of similar documentation inconsistencies and failure to initiate enhanced safety precautions:

a. Additional incongruent documentation was noted for Patient #1503's level of observation. On the Nurse Report for 02/09/23, nursing staff

State of Washington

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013299 | A. BUILDING: ______ B. WING ______ | C 03/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WELLFOUND BEHAVIORAL HEALTH HOSPITAL | 3402 S 19TH ST TACOMA, WA 98405 |

| (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 340 | Continued From page 8<br>documented that Patient #1503 was on LOS observations and did not document any enhanced safety precautions. On the observation rounding form, dated 02/09/23, staff documented that the Patient was on 1:1 observations and Assault precautions.<br><br>b. On the Nurse Report for Patient #1504 dated 02/09/23, nursing staff documented that the Patient was on Visual Check for Continuous 1:1, however in the Summary, staff documented that the Patient remains on LOS for patient safety. No enhanced safety precautions are noted on the Nurse Report. On the observation rounding form dated 02/09/23, staff documented that the Patient was on LOS and Suicide Precautions.<br><br>8. On 02/09/23 at 9:15 AM, during an interview with Investigator #1, the Chief Nursing Officer (CNO) (Staff #1501) stated that currently the hospital only had one patient on SIB precautions, and no patients on Sexual Victimization (SVP) precautions. Staff #1501 reported that the one patient on SIB precautions was Patient #1505, who was identified by a female peer for inappropriate behavior and the Patient was immediately put on SIB precautions. The CNO reported that nurses can initiate the precautions, then the providers put an order in for the enhanced precautions. Staff #1501 stated that the precautions will be noted on the Nurses Report, the Provider's orders, and the observations rounding forms. Staff #1501 verified that there were inconsistencies in the documentation of safety precautions and rounding forms. The CNO noted that often the hospital's electronic health record (EPIC) is a barrier to conflicting information found in the medical records. | L 340 | | |

State of Washington

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013299 | A. BUILDING: ______ B. WING ______ | C 03/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WELLFOUND BEHAVIORAL HEALTH HOSPITAL | 3402 S 19TH ST TACOMA, WA 98405 |

| (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 340 | Continued From page 9<br><br>9. On 02/14/23 at 9:05 AM, during an interview with Investigator #1, Registered Nurse (RN) (Staff #1505) stated that he was currently the charge nurse for Compass Unit. The census for the unit was 20 patients and two of the patients were on 1:1 observation. Staff #1505 noted that none of the patients were currently on enhanced precautions based on the white board on the unit. When the Investigator asked the RN to verify that none of the patients currently on the unit had any precautions, such as suicide, assault, fall, SIB or SVP precautions. Staff #1505 reviewed the unit's shift report with the Investigator and verified that none of the patients, including the two patients on 1:1 observation had precautions. Staff #1505 stated that the precautions and observations area communicated during shift report, including why a patient is on a 1:1. The investigator asked the RN if any of the patients were displaying sexually inappropriate behavior. Staff #1505 confirmed that one of the patients currently on 1:1 observation was displaying sexually inappropriate behavior and should be on SIB precautions and the provider notified for an order. Staff #1505 was not familiar with the hospital's policy for precautions or observations.<br><br>10. On 02/14/23 at 12:00 PM, during an interview with Investigator #1, the Nurse Manager (Staff #1506) stated that New Employee Education (NEO) does not include training on assessment of risk and enhanced safety precautions, this is covered during clinical training with all the nurses and mental health technicians (MHT). Staff #1506 stated that nurses can write orders adding enhanced safety precautions, this is a nursing intervention.<br><br>11. On 03/17/23 at 1:05 PM, during an interview with Investigator #1, Registered Nurse (RN) (Staff | L 340 | | |

State of Washington

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013299 | A. BUILDING: ______<br>B. WING ______ | C<br>03/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WELLFOUND BEHAVIORAL HEALTH HOSPITAL | 3402 S 19TH ST<br>TACOMA, WA 98405 |

| (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 340 | Continued From page 10<br>#1507) stated that if a patient was exhibiting suicidal or sexually inappropriate behaviors, the nurse would add the precautions to the Nurse Report. Staff #1507 stated that if observations, such as 1:1 or LOS were not there, then a provider order would need to be initiated, and she was unsure how the observation rounding form was updated. The Investigator asked Staff #1507 about the inconsistent documentation of the precautions on the patients Flowsheets (EPIC). The RN stated that she was instructed not to touch the precautions in the Flowsheets. Staff #1507 stated that changes to the patients care, including precautions and observations is communicated between staff at shift report.<br><br>12. On 03/17/23 at 1:30 PM, during an interview with Investigator #1, Registered Nurse (RN) (Staff #1507) stated that if a patient's behavior is extremely inappropriate, the nurse would notify the provider, who would initiate an order for SIB. If the patient's behavior continues to escalate, the provider may increase the level of observation from every 15 minutes to 1:1. Precautions are documented in the Flowsheet (EPIC) and are updated/verified every shift. Additionally, enhanced precautions or observations are communicated during and throughout the shift. Staff #1507 stated that the electronic health system EPIC has barriers to complete documentation, such as missing tabs and a jumbled and disorganized flowsheet and may be the cause of inconsistent documentation.<br><br>. | L 340 | | |
| L 355 | 322-035.1K POLICIES-STAFF ACTIONS<br><br>WAC 246-322-035 Policies and | L 355 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013299 | A. BUILDING: ___ B. WING ___ | C 03/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WELLFOUND BEHAVIORAL HEALTH HOSPITAL | 3402 S 19TH ST TACOMA, WA 98405 |

| (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 355 | Continued From page 11<br><br>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;<br>This Washington Administrative Code is not met as evidenced by:<br>.<br><br>Based on interview, record review, and review of hospital policies and procedures, the hospital failed to develop and implement policies and procedures to guide staff to take appropriate action when responding to incidents of sexual assaults and/or allegation, as demonstrated by 2 of 2 records reviewed (Patient #1501 and #1502).<br><br>Failure to ensure that hospital staff are provided a clear, consistent protocol when responding to incidents of sexual assaults/allegations, including notifications, assessments, and interventions may create barriers or delays for needed interventions, place patients at risk for serious harm, and violate the patient's rights.<br><br>Findings included:<br><br>1. Document review of the hospital's policy and procedure titled, "Allegations of Abuse or Neglect of Patients by other Patients, Employees, Contractors, Agency or Travelers Policy," policy | L 355 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013299 | A. BUILDING: ____ B. WING ____ | C 03/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WELLFOUND BEHAVIORAL HEALTH HOSPITAL | 3402 S 19TH ST TACOMA, WA 98405 |

| (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 355 | Continued From page 12<br>number 11279941, last reviewed 03/22, showed the following:<br><br>a. This policy establishes the Wellfound Behavioral Health Hospital's policy and procedure for investigation of patient abuse and neglect.<br><br>b. All patients have the right to be free from abuse or neglect as well as the fear of being abused or neglected.<br><br>c. All incidents or suspected incidents of patient abuse, neglect, or mistreatment are to be immediately reported to the supervisor on duty.<br><br>d. The policy outlines the process and steps to ensure patients are protected when a staff member has been accused of abuse or neglect. Initial Response Investigation Procedures include:<br><br>i. Report to Department Leadership. Department Leader will immediately begin the investigation.<br><br>ii. Ensure physical and emotional safety of patient, in partnership with Social Work or other resources.<br><br>iii. Secure any evidence needed, until it can be forwarded to the investigator.<br><br>iv. Identify potential witnesses and ask them to write statements of their recollection of events.<br><br>v. Use internal incident reporting system.<br><br>vi. Internal notifications: House Supervisor, and appropriate leadership.<br><br>vii. If the accused is an employee, place them on | L 355 | | |

State of Washington

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013299 | A. BUILDING: ______ B. WING ______ | C 03/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WELLFOUND BEHAVIORAL HEALTH HOSPITAL | 3402 S 19TH ST TACOMA, WA 98405 |

| (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 355 | Continued From page 13<br>administrative leave pending investigation.<br><br>viii. If the accused is a contractor, agency, or traveler, inform the accused that they will not be permitted to provide services during the investigation.<br><br>ix. Notify the patient's attending physician.<br><br>x. The involved staff member will document in the medical record, describing general information, and immediate steps to ensure patient safety.<br><br>xi. If circumstances involve allegation of sexual abuse, sexual boundaries, or if sexual abuse is suspected, the patient will be transferred to the nearest emergency department for a sexual assault examination.<br><br>xii. Attending provider will provide medical care as necessary and make needed changes to the treatment plan.<br><br>Document review of the hospital's policy and procedure titled, "Sexual Safety Precautions Protocol Policy," policy number 11783191, last reviewed 05/22, showed the following:<br><br>a. Any incident of sexual interaction between patients is to be reported to the house supervisor who is to notify the manager, or leader on call if after hours.<br><br>b. All incidents of sexual interactions between patients are to have an incident report completed.<br><br>c. Any incident of non-consensual sexual interaction per the patient report is to follow the policy "Reporting of Sexual Contact to Law Enforcement." | L 355 | | |

State of Washington

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013299 | A. BUILDING: ______ B. WING ______ | C 03/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WELLFOUND BEHAVIORAL HEALTH HOSPITAL | 3402 S 19TH ST TACOMA, WA 98405 |

| (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 355 | Continued From page 14<br><br>2. Review of the hospital's policies and procedures found that the policies did not provide staff with clear, step by step, comprehensive guidelines for responding to incidents of sexual assault or sexual allegations, whether staff was responding to an incident between patients, staff to patient, or patient to staff.<br><br>3. Review of the hospital's incident reports, and patient medical records found that on 01/23/23 Patient #1501, a 31-year-old male, reported to the provider that his bedtime medication makes him sleep hard. Patient #1501 reported that when he woke up, he could taste blood in his mouth, and was experiencing rectal pain. Patient #1501 questioned his roommate, Patient #1502, asking if he had assaulted him while he was sleeping. Patient #1502, a 21-year-old male admitted that he had raped Patient #1501 while he was sleeping. Review of the patient's medical records showed the following:<br><br>a. Review of Patient #1501's medical record between 01/23/23 to 01/27/23, found that staff failed to initiate an order to place the Patient on Sexual Victimization Precautions (SVP) after the alleged incident of sexual assault on 01/23/23. Review of the Patients observation rounding forms found that staff failed to add SVP precautions.<br><br>b. The Investigator's review of Patient #1501's medical record found that nursing staff failed to document an assessment after the incident. On the Nursing Clinical Notes on 01/23/23 at 11:53 PM, nursing staff documented that the patient complained of abdominal pain and dizziness, which was treated with ibuprofen. Nursing staff failed to document the reported incident of sexual | L 355 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013299 | A. BUILDING: ____ B. WING ____ | C 03/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WELLFOUND BEHAVIORAL HEALTH HOSPITAL | 3402 S 19TH ST TACOMA, WA 98405 |

| (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 355 | Continued From page 15<br>assault, reported on 01/23/23 at 9:00 AM.<br><br>c. On the weekly Treatment Plan Update, dated 01/25/23, staff failed to add SVP precautions to Patient #1501's treatment plan. The Patient's treatment plan was not updated to include a behavioral plan for the sexual assault incident.<br><br>d. After the incident, Patient #1502 was transferred to a different unit on 01/24/23.<br><br>e. On the Clinical Provider Notes dated 01/24/23, the provider documented that Patient #1502 reported that the "exchange of sexual favors" has been going on from the beginning. The Patient reported that he had a history of sexual assault and was kicked out of school after allegedly raping his ex-girlfriend.<br><br>f. Review of Patient #1502's medical record between 01/23/23 to 02/08/23, found that staff failed to initiate an order to place the Patient on Sexually Inappropriate Behavior (SIB) after the alleged incident of sexual assault on 01/23/23.<br><br>4. On 02/09/23 at 9:30 AM, during an interview with Investigator #1, the Chief Nursing Officer (Staff #1501) stated that for the incident that occurred on 01/23/23 between Patient #1501 and #1502, or any incident of sexual assault, the staff should initiate a treatment plan/behavioral plan. Staff #1501 was not sure why either Patient was not put on enhanced safety precautions after the incident. When asked by this Investigator what was the process or protocol for staff when responding to incidents of sexual assault or allegations of sexual assault, Staff #1501 stated that the first step is to notify a leader. The Investigator asked how will the leaders know what steps to take after notification, noting that the | L 355 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013299 | A. BUILDING: ______ B. WING ______ | C 03/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WELLFOUND BEHAVIORAL HEALTH HOSPITAL | 3402 S 19TH ST TACOMA, WA 98405 |

| (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 355 | Continued From page 16 | L 355 | | |

current policies and procedures do not provide staff with a comprehensive process or checklist. Staff #1501 verified that the policies reviewed did not provide direction for nursing staff or leadership. Staff #1501 reviewed the hospital's policy data base but was unable to locate additional policies.

5. On 02/09/23 at 2:30 PM, during an interview with Investigator #1, the Chief Clinical Officer (Staff #1503) stated that she reached out to local LE and reported the incident. Staff #1503 was unsure if either Patient was placed on enhanced safety precautions, or what interventions were implemented to ensure patient safety and prevent further incidents. Staff #1503 stated that her team doesn't share everything with her, only things that raise to a certain level.

6. On 02/09/23 at 3:00 PM, during an interview with Investigator #1, the Psychiatric Provider (Staff #1504) stated that after learning of the sexual assault on 01/23/23, she discussed the incident with her peers, to ensure that she followed the correct protocol. After she confirmed the protocol, she began the investigation and met with both patients. Staff #1504 initiated an order to move Patient #1502 to another unit and contacted the provider to advise them about the recent incident. Staff #1504 did not know if either Patient was placed on enhanced safety precautions. Additionally, Staff #1504 verified that nursing staff failed to document an assessment, or summary of the event after the incident occurred. Staff #1504 stated that she was not sure what hospital policies address the protocol for staff when there is a report of a sexual assault or sexual allegation.

7. On 03/17/23 at 1:00 PM, during an interview

State of Washington

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 013299 | A. BUILDING: ______ B. WING ______ | C 03/17/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WELLFOUND BEHAVIORAL HEALTH HOSPITAL | 3402 S 19TH ST TACOMA, WA 98405 |

| (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 355 | Continued From page 17<br><br>with Investigator #1, Registered Nurse (Staff #1507) stated that when responding to incidents of sexual assault/allegations, she uses her nursing intuition. First making sure that the patient is safe, and then notifying the Administrator on Call or House Supervisor. Staff #1507 stated that she did not believe there was a check list for incidents of sexual assault or sexual allegations, like there is for incidents of seclusion and restraint. | L 355 | | |

POC Revision rec'd 05/12/23
POC Approved 06/08/23
Mary Drew MSN, RN
DOH

**Wellfound Behavioral Health Hospital**
**Plan of Correction for**
**State Licensing Investigation**
**Case #2023-1229**
**On-Site: 02/09/23 and 02/14/23 Exit 03/17/23**

| Tag Number | How the Deficiency Will Be Corrected | Responsible Individual(s) | Estimated Date of Correction | Monitoring procedure; Target for Compliance |
|---|---|---|---|---|
| L 340 | The Assault Precautions policy, the Sexual Victimization Precautions policy, and the Sexually Inappropriate Behavior policy are being re-developed. These policies will be replaced with step-by-step procedures that include:<br>1) Completion of the initial assessment/flowsheet at intake for assaultive behavior, sexual victimization, and sexually inappropriate behavior<br>2) A list of steps to take if a patient answers YES to a question on any of these assessments/flowsheets<br>3) A list of steps to take should an assault or sexual assault take place once the patient is on the unit<br>4) The step-by-step procedures will also indicate when re-completion of the initial assessments/flowsheets may be needed (ie: after an incident, when new concerns are presented, etc.)<br>5) The step-by-step procedures will include sharing of this information in shift change and treatment team and updating rounding sheets<br>6) The step-by-step procedures will include documenting if an action is not taken with the clinical reasoning<br>7) The step-by-step procedures include that the Provider is responsible for initiating precaution orders. A smart phrase will pull precaution orders into a report for nursing. This information will be used for flowsheets and observation forms. | Shikha Gapsch, Chief Quality Officer | 04/19/2023 | All reported assaults (physical or sexual) will be reviewed to ensure the procedure was followed and documentation exists when specific steps were not taken.<br><br>This will be monitored until 8 weeks of consecutive compliance is met at ≥95%. |
| L340 | All direct care staff (RNs, MHTs, Providers, SWers, Group Therapists, and CCs) will be trained on these procedures as they onboard. All current direct care still will also be trained on these procedures. | Paul Bridgeman, Education and Training Specialist | 05/16/2023 | This will be monitored with weekly report outs to supervisors to ensure all staff have completed the training by 5/16/2023. |
| L340 | The electronic health record (EHR) will have a standardized shift change report developed to include automatically identifying patients on any observation level and on any precautions to ensure this information is shared in shift change and treatment teams. | Alexis Johnson, Chief Nursing Officer | 06/16/2023 (later date requested due to | This will be monitored by leadership review of shift change reports until 8 weeks of consecutive compliance is met at ≥95%. |

| | | | | |
|---|---|---|---|---|
| | | | need for Information Technology to create this in EHR) | Leaders will be reviewing 5 shift change reports a week to cross check that information on observation levels are being shared. |
| L340 | The step-by-step procedures will be available to all staff on the internal Policy software. | Shikha Gapsch, Chief Quality Officer | 04/19/2023 | All reported assaults (physical or sexual) will be reviewed to ensure the procedure was followed and documentation exists when specific steps were not taken (to include the flowsheets, nursing reports, and observation forms).<br><br>This will be monitored until 8 weeks of consecutive compliance is met at ≥95%. |
| L355 | The Assault Precautions policy, the Sexual Victimization Precautions policy, and the Sexually Inappropriate Behavior policy are being re-developed. These policies will be replaced with step-by-step procedures that include:<br>1) Completion of the initial assessment/flowsheet at intake for assaultive behavior, sexual victimization, and sexually inappropriate behavior<br>2) A list of steps to take if a patient answers YES to a question on any of these assessments/flowsheets<br>3) A list of steps to take should an assault or sexual assault take place once the patient is on the unit<br>4) The step-by-step procedures will also indicate when re-completion of the initial assessments/flowsheets may be needed (ie: after an incident, when new concerns are presented, etc.)<br>5) The step-by-step procedures will include sharing of this information in shift change and treatment team and updating rounding sheets<br>6) The step-by-step procedures will include documenting if an action is not taken with the clinical reasoning | Shikha Gapsch, Chief Quality Officer | 04/19/2023 | All reported assaults (physical or sexual) will be reviewed to ensure the procedure was followed and documentation exists when specific steps were not taken (the review will completed by comparing the chart to the step-by-step procedures provided to staff to follow).<br><br>This will be monitored until 8 weeks of consecutive compliance is met at ≥95%. |
| L355 | The step-by-step procedures will be available to all staff on the internal Policy software. There will also be flip charts of the step-by-step procedures available for staff on the units in paper format. | Shikha Gapsch, Chief Quality Officer | 04/19/2023 | Same as above |

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

July 31, 2023

Angie Naylor
Chief Executive Officer
Wellfound Behavioral Health Hospital
3402 South 19th Street
Tacoma, WA 98405

**Re: Complaint #128408/Case #2023-1229**

Dear Ms. Naylor

I conducted a state hospital licensing complaint investigation at Wellfound Behavioral Health Hospital on 02/09/23, 02/14/23, and 03/17/23. Hospital staff members developed a plan of correction to correct deficiencies cited during this investigation. This plan of correction was approved on 06/08/23.

Hospital staff members sent a Progress Report dated 07/27/23 that indicates all deficiencies have been corrected. The Department of Health accepts Wellfound Behavioral Health Hospital's attestation that it will correct all deficiencies cited at Chapter 246-322 WAC regulations.

We sincerely appreciate your cooperation and hard work during the investigation process.

Sincerely,

Mary New

Mary New, MSN, BSN, RN
Nurse Investigator