STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504011	A. BUILDING _____ B. WING _____	06/16/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASCADE BEHAVIORAL HOSPITAL	12844 MILITARY ROAD SOUTH TUKWILA, WA 98168

(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 ONSITE STATE COMPLAINT INVESTIGATION SURVEY This onsite state complaint investigation survey was conducted on June 28, 2016 by Mary Wood, MN, BSN, RN, in response to complaint #65784. Shell #: NNWH11	L 000	Tag L420 FINDING: Physician orders in cursive and/or partially illegible. HOW: Education of medical staff & nursing staff on the requirement to PRINT all orders LEGIBLY. This will also go out in the August all-employee newsletter and on email. WHO Chief Medical Officer for medical staff & Chief Nursing Officer for nursing staff	
L 420	322-040.1 ADMIN-ADOPT POLICIES WAC 246-322-040 Governing Body and Administration. The governing body shall: (1) Adopt written policies concerning the purposes, operation and maintenance of the hospital, and the safety, care and treatment of patients; This WAC is not met as evidenced by: Based on interview and review of medical records, it was determined that the hospital failed to adapt written policies concerning the safety of patients relative to medication orders. The hospital's failure placed 4 or 4 patients whose medical records were reviewed, at risk for incorrectly administered medications, and potentially placed all patients in the hospital at risk for incorrectly administered medications. Reference: The State of Washington Department of Health Board of Pharmacy issued a LAW CHANGE, which stated: "As of June 7, 2006, all prescriptions "must be hand printed, typewritten, or electronically generated. Cursive writing will be considered illegible pursuant to RCW 69.41.010(13) and	L 420	WHAT: Monthly monitoring of at least twenty (20) charts per month will be audited to ensure compliance that orders are PRINTED and are LEGIBLE. Individual counseling will be conducted with those who do not comply. Audits to be done by Chief Nursing Officer & Director of Quality and/or their designees. PI Director will collate data and take to Medical Executive Committee and Performance Improvement Committee. WHEN: 8/15/2016	

By signing, I understand these findings and agree to correct as noted:
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

X Michael J Hunt — CEO — 7/26/2016

approved 8/2/16
Wood MN BSN RN

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L 420	Continued From Page 1 69.41.120.... Findings include: The Director of Pharmacy and the Chief Nursing Officer were interviewed on June 28, 2016. Both stated that they were unaware of the Board of Pharmacy law change of 2006, which prohibited medication orders written in cursive. Review of the medical record for Patient #1 revealed the following examples of medication orders that were written in cursive, and/or were partially illegible: 2/20/16-"D/C [illegible] 50 [illegible] HS " 2/20/16-"[illegible]...100 mgm HS [illegible]" 2/20/16-"[ILLEGIBLE] [ILLEGIBLE] P.O. HS..." 2/21/16-"D/C [discontinue] [illegible]..." 2/21/16-"start [illegible]" 2/21/16-"zyprexa..." in cursive	L 420		

By signing, I understand these findings and agree to correct as noted: X Michael Lane 7/26/2016