

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013319	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2019
NAME OF PROVIDER OR SUPPLIER SOUTH SOUND BEHAVIORAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 605 WOODLAND SQUARE LOOP SE LACEY, WA 98503		
(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	<p>INITIAL COMMENTS</p> <p>INITIAL STATE LICENSING SURVEY</p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 Private Psychiatric and Alcoholism Hospitals conducted this health and safety survey.</p> <p>Onsite dates: 06/24/19 to 06/26/19</p> <p>Examination number: 2019-626</p> <p>The survey was conducted by:</p> <p>Surveyor #3 Surveyor #6</p> <p>The Washington Fire Protection Bureau conducted the fire life safety inspection.</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following:</p> <p>The regulation number and/or the tag number;</p> <p>HOW the deficiency will be corrected;</p> <p>WHO is responsible for making the correction;</p> <p>WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and</p> <p>WHEN the correction will be completed.</p> <p>3. Your PLANS OF CORRECTION must be returned within 10 days from the date you receive the Statement of Deficiencies. Your Plans of Correction must be postmarked by 07/15/19.</p> <p>4. Return the ORIGINAL REPORT with the required signatures.</p>	
L 210	<p>322-030.3A BACKGROUND-STAFF</p> <p>WAC 246-322-030 Criminal history, disclosure, and background inquiries. (3) The licensee or license applicant shall: (a) Require a Washington state patrol criminal history background inquiry, as specified in RCW 43.43.842 (1), from the Washington state patrol</p>	L 210		

State Form 2567

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

 MDPHD/CBD

TITLE

(X6) DATE

7/8/19

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L 210	<p>Continued From page 1</p> <p>or the department of social and health services for each: (i) Staff person, student, and any other individual currently associated with the hospital having direct contact with vulnerable adults, when engaged on or since July 22, 1989; (ii) Prospective staff person, student, and individual applying for association with the hospital prior to allowing the individual direct contact with vulnerable adults, except as allowed by subsection (4) of this section; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview and credentialing file review, the hospital failed to obtain a disclosure statement and Washington state patrol criminal history background inquiry as defined in RCW 43.43.834 for each prospective employee associated with the hospital having direct contact with vulnerable adults for 3 of 6 physician credentialing files reviewed (Staff #601, Staff #602, and Staff #603).</p> <p>Failure to perform an appropriate background inquiry pursuant to RCW 43.43.834 Child and Adult Abuse Information Act, puts patients at risk of abuse from improperly screened staff and contractors.</p> <p>Reference: RCW 43.43.834 Background checks by business, organization, or insurance company-Limitations-Civil liability.</p> <p>(1) A business or organization shall not make an inquiry to the Washington state patrol under RCW 43.43.832 or an equivalent inquiry to a federal law enforcement agency unless the business or</p>	L 210		

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L 210	<p>Continued From page 2</p> <p>organization has notified the applicant who may be offered a position as an employee or volunteer, that an inquiry may be made.</p> <p>(2) A business or organization shall require each applicant to disclose to the business or organization whether the applicant:</p> <p>(a) Has been convicted of a crime;</p> <p>(b) Has had findings made against him or her in any civil adjudicative proceeding as defined in RCW 43.43.830; or</p> <p>(c) Has both a conviction under (a) of this subsection and findings made against him or her under (b) of this subsection.</p> <p>(3) The business or organization shall pay such reasonable fee for the records check as the state patrol may require under RCW 43.43.838.</p> <p>(4) The business or organization shall notify the applicant of the state patrol's response within ten days after receipt by the business or organization. The employer shall provide a copy of the response to the applicant and shall notify the applicant of such availability.</p> <p>Findings included:</p> <p>1. Surveyor #6 reviewed 6 credentialing files of the hospital's staff physicians. The review showed:</p> <p>a. Staff #601, Staff #602, and Staff #603 credentialing files did not contain a disclosure statement that contained any of the elements described by RCW 43.43.834</p>	L 210		
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L 210	Continued From page 3 b. Staff #601, Staff #602, and Staff #603 credentialing files did not contain a Washington state patrol criminal history background inquiry. 2. On 06/26/19 at 11:30 AM, Surveyor #6 interviewed the Administrative Manager of Credentialing (Staff #605) about the process of credentialing the hospital's medical staff. Staff #605 stated that all hospital staff should have criminal background inquiries completed during the hiring process. 3. On 06/26/19 at 3:00 PM, Staff #605 provided copies of the Washington state patrol criminal history background inquiry reports for the 3 physicians (Staff #601, Staff #602, and Staff #603) who did not have a criminal background inquiry completed at the time of the review.	L 210		
L 325	322-035.1E POLICIES-ABUSE PROTECTION 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: (e) Protecting against abuse and neglect and reporting suspected incidents according to the provisions of chapters 71.05, 71.34, 74.34 and 26.44 RCW; This Washington Administrative Code is not met as evidenced by: Based on document review and interview, the hospital failed to establish a written policy and procedure that completely addressed child abuse and neglect to include reporting of suspected	L 325		

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L 325	<p>Continued From page 4</p> <p>incidents.</p> <p>Failure to have a written policy and procedure for reporting abuse and neglect risks unreported or delayed investigations.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Document review of the hospital's policy and procedure, "Abuse Reporting," no policy number, effective 04/19, showed that the staff should report allegations of child abuse or neglect by using the 24 hour Child Abuse Hot Line at 1-800-252-287. The review showed that this phone number is the State of Illinois child abuse and neglect phone number. The document also contained several hand written changes correcting printed instruction directing staff to call the nearest reporting suspected child abuse/neglect office of the Georgia Department of Children and Family Services. 2. On 06/25/19 between 8:00 AM and 12:00 PM, Surveyor #3 interviewed the Senior Vice President of Clinical Services (Staff #301) about the hospital's policy for child abuse and neglect. Staff #301 acknowledged the hand written changes but was unaware that the phone number provided under hospital staff procedures was the incorrect phone number and stated she would have it corrected. 	L 325		
L 410	<p>322-035.1V POLICIES-FOOD SERVICE</p> <p>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</p>	L 410		

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L 410	<p>Continued From page 5</p> <p>services provided: (v) Food service consistent with chapter 246-215 WAC and WAC 246-322-230. This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation and document review, the hospital failed to implement policies and procedures consistent with the Washington State Retail Food Code (Chapter 246-215 WAC) for Employee Health- Reportable History of Illness.</p> <p>Failure to follow food safety standards of reporting food employee exposure to a confirmed disease outbreak places patients at risk from food borne illness.</p> <p>Findings included:</p> <p>1. Document review of the hospital's policy titled, "South Sound Behavioral Hospital (SSBH) Infection Control Program - Department Specific Procedures," issued 05/19, showed that the Director of Personnel and the Director of Food Services are responsible to ensure health policies must be in compliance with federal, state, and local laws.</p> <p>Document review of the hospital's policy titled, "SSBH Infection Control Program - Employee Health Program", issued 05/19, showed that employees are to report exposure to an infectious disease. The policy did not contain actions that employees exposed to a confirmed disease outbreak should take or actions to take upon exposure to household members where food is prepared in a setting where there is a confirmed food borne illness outbreak.</p> <p>2. On 06/24/19 at 3:10 PM, Surveyor #6</p>	L 410		

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L 410	Continued From page 6 interviewed the hospital's Registered Dietitian (RD) (Staff #607) about the Food Services Program. Surveyor #6 asked Staff #607 if the Food Services Program had specific employee health/illness policy requirements. Staff #607 stated that she did not know of specific health/illness policies for Food Services staff. Reference: Washington State Retail Food Code, WAC 246-215-02205(2)	L 410		
L 530	322-050.4 WORK REFERENCES WAC 246-322-050 Staff. The licensee shall: (4) Verify work references prior to hiring staff; This Washington Administrative Code is not met as evidenced by: Based on document review and interview, the hospital failed to provide evidence that work references were verified prior to hiring staff for 2 of 6 medical staff credentialing files reviewed (Staff #608 and Staff #609). Failure to verify work references prior to hiring staff puts patients at risk of harm from staff who lack competency or training. Findings included: 1. On 06/26/19 between 9:10 AM and 11:05 AM, Surveyor #6 reviewed 6 personnel files of credentialed staff. Reference request forms for 2 of the medical staff (Staff #608 and Staff #609) were for another hospital, and dated August & September 2018 (3 of 3 reference requests each).	L 530		

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L 530	Continued From page 7 2. At the time of the review, Surveyor #6 asked the Human Resources Director (Staff #606) about the reference checks for Staff #608 and Staff #609. Staff #606 stated that the Sound Sound Behavioral Hospital (SSBH) and the other hospital were owned by the same entity, and that SSBH did have its own forms at the time Staff #608 and Staff #609 were hired.	L 530		
L 540	322-050.5B CURRENT 1ST AID CARD WAC 246-322-050 Staff. The licensee shall: (5) Assure all patient-care staff including those transporting patients and supervising patient activities, except licensed staff whose professional training exceeds first-responder training, have within thirty days of employment: (b) Current first-aid cards from instructors certified as in (a) of this subsection; This Washington Administrative Code is not met as evidenced by: Based on document review and interview, the hospital failed to provide evidence of current first aid training for patient care staff in 3 of 11 personnel files reviewed (Staff #607, Staff #610, and Staff #611). Failure to ensure patient care staff are adequately trained to provide immediate first aid in cases of illness or injury puts patients at risk of harm from staff who lack competency. Findings included: 1. On 06/26/19 between 9:10 AM and 11:05 AM,	L 540		

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L 540	Continued From page 8 Surveyor #6 reviewed 11 personnel files. The review showed that the Registered Dietitian (Staff #607), the Recreational Therapist (Staff #610), and the Occupational Therapist (Staff #611) did not have evidence of current first aid training. 2. At the time of the review, Surveyor #6 asked the Human Resources Director (Staff #606) about the hospital's requirement for first aid training. Staff #606 stated that all patient care staff are required to have first aid training and that it would be provided by certified trainers immediately.	L 540		
L 865	322-140.1F WINDOW AREA WAC 246-322-140 Patient living areas. The licensee shall: (1) Provide patient sleeping rooms with: (f) A clear window area on an outside wall equal to or greater than one-tenth the floor area with a minimum of ten square feet; This Washington Administrative Code is not met as evidenced by: Based on observation and interview, the hospital failed to provide each patient room with a clear window area on an outside wall that is greater than or equal to ten square feet (sf). Failure to provide adequate clear window area on an outside wall can decrease patient well-being and impede patient progress resulting in increased length of hospitalization. Findings included: 1. On 06/24/19 between 9:00 AM and 9:40 AM, Surveyor #6, the Vice-President of Facilities	L 865		

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L 865	<p>Continued From page 9</p> <p>Management (Staff #612), and the Chief Executive Officer (Staff #608) toured the first floor of the hospital. Surveyor #6 observed that the exterior windows in the patient rooms were each frosted on the lower portion.</p> <p>2. On 06/26/19 at 2:30 PM, Surveyor #6 and Staff #612 toured the 5 patient rooms on the first floor of the hospital. Staff #612 used a tape measure to determine the dimensions of each window. The windows were frosted on the lower portion blocking outdoor views. Each room's windows had the following dimensions:</p> <p>Patient room A122 - a single window: 5.4 sf clear window area (16.5 sf - full window; 11.1 sf - frosted);</p> <p>Patient rooms A123, A124, A125, and A126: 6.3 sf clear window area (20.9 sf - full window; 14 sf - frosted).</p> <p>(Patient rooms A123 and A124 each had 2 equal size windows.)</p> <p>3. On 06/24/19 at 9:15 AM, Surveyor #6 asked Staff #612 about the frosted glass on the patient room windows. Staff #612 stated that the frosted coating was applied to ensure personal privacy and security for patients from viewing by people outside of the building. He stated that the coating is removable.</p>	L 865		
L 970	<p>322-150.2C SECLUSION RM-SPACE</p> <p>WAC 246-322-150 Clinical facilities. The licensee shall provide: (2) One or more seclusion rooms, with or without an exterior window, intended</p>	L 970		

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L 970	<p>Continued From page 10</p> <p>for short-term occupancy, with: (c) A minimum of eighty square feet of floor space, exclusive of fixed equipment, with a minimum room dimension of eight feet;</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation and interview, the hospital failed to provide seclusion rooms with the minimum space requirements as described by the 2014 Facilities Guidelines Institute (FGI) and approved by Department of Health Construction Review Services.</p> <p>Failure to provide adequate space in seclusion rooms puts patients at risk for substandard care.</p> <p>Reference: Guidelines for Design and Construction of Hospitals and Outpatient Facilities, 2014 Facilities Guidelines Institute; FGI 2.5-2.2.4.3 Seclusion Room(s) Space Requirements. Seclusion rooms shall have a minimum clear floor area of 60 square feet, with a minimum wall length of 7 feet, and a maximum wall length of 11 feet.</p> <p>Findings included:</p> <p>1. On 06/25/19 at 2:00 PM, Surveyor #6, the Vice-President of Facilities Management (Staff #612), the Chief Medical Officer (Staff #608), and the Facilities Manager (Staff #613) inspected the hospital's 5 seclusion rooms. Each of the rooms had a patient bed secured to the floor in the center of the room. Staff #612 used a tape measure to determine the dimensions of the wall lengths. The observation showed that Seclusion Room A 146 (first floor) walls are 6.8 feet in length, providing 46 square feet floor area.</p>	L 970		

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L 970	Continued From page 11 2. At the time of the observation, Surveyor #6 interviewed Staff #612 about the minimum requirements for floor space of seclusion rooms. Staff #612 stated that the bed could be removed to provide additional floor space.	L 970		
L1165	322-180.2 EMERGENCY SUPPLIES WAC 246-322-180 Patient Safety and Seclusion Care. (2) The licensee shall provide adequate emergency supplies and equipment, including airways, bag resuscitators, intravenous fluids, oxygen, sterile supplies, and other equipment identified in the policies and procedures, easily accessible to patient-care staff. This Washington Administrative Code is not met as evidenced by: Based on observation, document review, and interview, the hospital failed to have all the required emergency supplies available for patient care for 1 of 1 patient care units reviewed. Failure to have the required emergency supplies available risks delayed patient care and treatment. Findings included: 1. Document review of the hospital's daily log for emergency cart inventory checks showed a list of the cart's contents by drawer. The inventory list did not include airways. 2. On 06/24/19 at 8:50 AM during a tour of the	L1165		

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L1165	<p>Continued From page 12</p> <p>second floor A module clinical unit, Surveyor #3 inspected the emergency cart. The surveyor observed there were no airways within the emergency cart.</p> <p>3. On 06/26/19 between 10:00 AM and 11:00 AM, Surveyor #3 interviewed the Senior Vice President for Clinical Services (Staff #301) about the second floor emergency cart. Staff #301 reviewed the inventory list and confirmed that airways were not part of the inventory list. A re-inspection of the emergency cart by Staff #301 confirmed the surveyor's observation of the missing airways. Staff #301 stated that the hospital would be purchasing oral airways today for inclusion in their emergency cart.</p>	L1165		
L1565	<p>322-240.4A LAUNDRY-WATER TEMPERATURE</p> <p>WAC 246-322-240 Laundry. The licensee shall provide: (4) When laundry is washed on the premises: (a) An adequate water supply and a minimum water temperature of 140 F in washing machines; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation and interview, the hospital failed to ensure the water supply used for on-site patient laundry services reaches a minimum temperature of 140 degrees Fahrenheit.</p> <p>Failure to use adequate wash temperatures places patients at risk of illness due to insufficient reduction of microbial contamination in patient laundry.</p> <p>Findings included:</p>	L1565		

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L1565	<p>Continued From page 13</p> <p>1. Document review of the owner's manual for GE Washer models GNW128P/GNW128S showed that the water is delivered from the household water heater which should be set at 120 - 150 degrees Fahrenheit.</p> <p>2. On 06/24/19 between 9:00 AM and 9:40 AM, Surveyor #6, the Vice-President of Facilities Management (Staff #612), and the Chief Executive Officer (Staff #608) toured the first floor of the hospital. Surveyor #6 observed a domestic model GE stacking washer/dryer unit (no model numbers visible). Staff #612 stated that there were identical washer/dryer units on each floor. Surveyor #6 asked Staff #612 whether the units had heat boosters to raise the water temperature. Staff #612 stated that he did not know.</p> <p>3. On 06/24/19 at 9:40 AM, Surveyor #6 used an instant read thermometer to assess the temperature of hot water at the service sink in Soiled Utility room A120. The temperature held steady at 115 degrees Fahrenheit after 90 seconds.</p> <p>4. On 06/25/19 at 2:20 PM, Surveyor #6, Staff #612, and the Facilities Manager (Staff #613) inspected the utility service areas. The observation showed 3 100-gallon water heaters. Staff #613 stated that the 3 water heaters provided all of the hot water to the building and that the hospital maintained the daily water temperature below 120 degrees Fahrenheit.</p>	L1565		

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013319	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2019
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NAME OF PROVIDER OR SUPPLIER SOUTH SOUND BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 605 WOODLAND SQUARE LOOP SE LACEY, WA 98503
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(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
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S 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Fire and Life Safety initial licensure survey conducted at the South Sound Behavioral Health on June 24, 2019 by a representative of the Washington State Patrol, Fire Protection Bureau. The survey was conducted in concert with the Washington State Department of Health.</p> <p>The facility will be licensed for 108 beds. The existing section of the 2012 Life Safety Code.</p> <p>The facility is a Type II construction with exits to grade. The facility is protected by a Type 13 fire sprinkler system throughout and an automatic fire alarm system with corridor smoke detection. All exits are to grade with paved exit discharges to the public way.</p> <p>The facility is in substantial compliance with the 2012 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.</p> <p>The surveyor was:</p> <p>Ken Dellsite Deputy State Fire Marshal</p>	S 000		
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State Form 2567

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

TITLE

(X6) DATE

STATE FORM

6899

5J7P21

If continuation sheet 1 of 1

[Signature] MDPHO / CEO

7/8/19

POC received 07/08/19
 POC Approved 07/11/19
 Paul [Signature]

South Sound Behavioral Hospital						
Licensing Survey Performance Improvement Plan						
07/18/2019						
Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	What will be done to prevent reoccurrence and monitor for continued compliance	Target for Compliance	Target date for compliance	
L-210	Washington state disclosure statement and Washington state patrol criminal background have been obtained for the previously-credentialed radiologists reading the reports from a distance. Background checks were completed prior to the completion of the survey.	Administrative Manager	The process will be changed to include those professionals with no direct patient contact (including radiologist reading x-ray reports and cardiologist reading ECG from a remote site) will be required to have the disclosure statement and WA state patrol background check.	100% compliance of credentialing files will contain disclosure statements and WA State background checks as required by RCW 43.43.842 at the time the clinician is presented to the Credentialing Committee at SSBH.	07/08/2019	
L-325	Policy for Abuse Reporting has been updated with the correct number for reporting child abuse/neglect to the WA 24 hour Child Abuse Hotline. The policy has been disseminated throughout the hospital and staff will be trained on this policy.	PI/Risk coordinator	At a minimum, annual review of Abuse Reporting will ensure that correct numbers and procedures are described in the policy.	All units will have a copy of this policy in the policy binder.	07/08/2019	
L-410	The Policy On Food Workers and Infection Control was rewritten to report actions to be taken by an employee exposure to a confirmed disease outbreak and to provide guidance for employees who share a household with someone with symptoms of a food-borne illness.	Director of Food Services	At a minimum annual review by the Director of Food Services will ensure that the correct procedures are described in the policy.	Dietary staff will have copy of this policy placed in their binder.	07/11/2019	
	The hospital infection Control Program will be updated to reflect the policy	Infection Control Nurse	At a minimum annual review by Infection Control will ensure that the correct procedures are described in the policy.	All affected staff will be trained on the revision of this policy. The policy will be played in the Infection Control binder	07/08/2019	
L-530	New references have been obtained on the correct forms for both practitioners.	Administrative Manager	All clinicians, including those transferring from another affiliated hospital, will be required to have letters of reference completed on the correct forms.	100% of all clinician's files will be complete including copies of references on SSBH letterhead when being presented to Credentialing Committee	07/08/2019	

L-540	The occupational therapist, registered dietician, and recreational therapist have been provided with first aid training.	HR Director	A tickler system for all patient care staff is developed to include current first aid card.	100% of all patient care staff requiring first aid cards will be current.	07/08/2019	
L-865	Privacy Film has been reduced on first floor patient room windows to allow a minimum of 10 square feet of clear window area.	Director of Plant operations	A minimum of monthly environmental rounds will verify the window clearance is at least 10 square feet.	100% of first floor patient bedroom windows	07/08/2019	Environmental rounds completed on 7/16/2019, 8/20/2019 and 9/17/2019 and clearance is at least 10 square feet
L-970	Seclusion room A146 on the First floor meets referenced FGI guidelines 2.5-2.2.4.3 for min 60sf and minimum dimension of 7'. We have confirmed that the actual dimensions of the Seclusion Room A146 are 8.08'x8.08' with the total floor area of 65 sf and therefore likely compliant, however, we will not use this seclusion room until this matter is resolved with the Office of Health Systems Oversight.	Director of Plant Ops (clarification)	Information only. This is being addressed separately.			resolved
L-1165	Airways of several sizes have been added to the emergency cart supplies	CNO	Monthly inspections will verify the presence of the airways in the carts.	100% of emergency carts on active units will have airways.	07/08/2019	inspections completed 7/8/2019, 8/25/2019, and 9/5/2019 on emergency carts located in A&R exam Rm, 1st floor nursing station, 2A east med room, 3A West med room were compliant with airways in carts.
L-1565	Electric Mini Booster heaters will be added to each patient laundry machines to increase temperature to 140 degrees	Plant operations director	Monthly inspections will verify temperatures to measured at 140 degrees.	Water temperature will be measurable at minimum 140 degrees on "hot" setting.	07/09/2019	inspections completed 7/18/2019, 8/20/2019, and 9/24/2019 on Unit 1A -1 machine, Unit 2A - 2 machines, Unit 2B-2 machines, Unit 3A 2 machines, Unit 3B-2 machines on 7/18/2019, 8/20/2019 and 9/24/2019 all machine were in compliance of 140 degrees or above

ON SITE
LIST
C CR
07/10/19

Progress Report received 10/3/2019
 Progress Report Approved 10/04/19
 Patient reviewed

South Sound Behavioral Hospital						
Licensing Survey Performance Improvement Plan						
07/18/2019						
Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	What will be done to prevent reoccurrence and monitor for continued compliance	Target for Compliance	Target date for compliance	Results of Monitoring
L210	Washington state disclosure statement and Washington state patrol criminal background have been obtained for the previously-credentialed radiologists reading the reports from a distance. Background checks were completed prior to the completion of the survey.	Administrative Manager	The process will be changed to include those professionals with no direct patient contact (including radiologist reading x-ray reports and cardiologist reading ECG from a remote site) will be required to have the disclosure statement and WA state patrol background check.	100% compliance of credentialing files will contain disclosure statements and WA State background checks as required by RCW 43.43.842 at the time the clinician is presented to the Credentialing Committee at SSBH.	07/08/2019	
L-325	Policy for Abuse reporting has been updated with the correct number for reporting child abuse/neglect to the WA 24 hour Child Abuse Hotline. The policy has been disseminated throughout the hospital and staff will be trained on this policy.	PI/Risk coordinator	At a minimum, annual review of Abuse Reporting will ensure that correct numbers and procedures are described in the policy.	All units will have a copy of this policy in the policy binder.	07/08/2019	Policy was updated with correct phone number for reporting abuse on 7/8/2019 and reviewed and approved on 7/8/2019.
L-410	The Policy On Food Workers and Infection Control was rewritten to report actions to be taken by an employee exposure to a confirmed disease outbreak.	Director of Food Services	At a minimum annual review by the Director of Food Services will ensure that the correct procedures are described in the policy.	Dietary staff will have copy of this policy placed in their binder.	07/08/2019	Policy was updated 7/8/2019 and approved 7/8/19.
	The hospital Infection Control Program will be updated to reflect the policy.	Infection Control Nurse	At a minimum annual review by Infection Control will ensure that the correct procedures are described in the policy.	All affected staff will be trained on the revision of this policy. The policy will be placed in the Infection Control binder.	07/08/2019	As of 7/8/2019 All affected staff have been trained.
L-530	New references have been obtained on the correct forms for both practitioners.	Administrative Manager	All clinicians, including those transferring from another affiliated hospital, will be required to have letters of reference completed on the correct forms.	100% of all clinician's files will be complete including copies of references on SSBH letterhead when being presented to Credentialing Committee	07/08/2019	7/8/2019 new references were obtained for both providers and are now on SSBH letterhead.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

July 15, 2019

Caroline Fisher, CEO
South Sound Behavioral Hospital
605 Woodland Square Loop SE
Lacey, WA 98503

Dear Dr. Fisher,

Surveyors from the Washington State Department of Health and the Washington State Patrol Fire Protection Bureau conducted an initial state hospital licensing survey at South Sound Behavioral Hospital on June 24-26, 2019. Hospital staff members developed a plan of correction to correct deficiencies cited during this survey. This plan of correction was approved on July 11, 2019.

A Progress Report is due on or before September 24, 2019 when all deficiencies have been corrected and monitoring for correction effectiveness has been completed. The Progress Report must address all items listed in the plan of correction, including the WAC reference numbers and letters, the actual correction completion dates, and the results of the monitoring processes identified in the Plan of Correction to verify the corrections have been effective. A sample progress report has been enclosed for reference.

Please mail this progress report to me at the following address:

Mr. Paul Kondrat, MHA, MN, RN
Department of Health, Office of Health Systems Oversight
P.O. Box 47874
Olympia, Washington 98504-7874

Please contact me if you have any questions. I may be reached at (360) 236 - 2911. I am also available by email at paul.kondrat@doh.wa.gov

Sincerely,

Paul Kondrat, MHA, MN, RN
Survey Team Leader



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

October 4, 2019

Caroline Fisher, CEO
South Sound Behavioral Hospital
605 Woodland Square Loop SE
Lacey, WA 98503

Dear Dr. Fisher,

Surveyors from the Washington State Department of Health and the Washington State Patrol Fire Protection Bureau conducted an initial state licensing survey at South Sound Behavioral Hospital on June 24-26, 2019. Hospital staff members developed a plan of correction to correct deficiencies cited during this survey. This plan of correction was approved on July 11, 2019.

Hospital staff members sent a Progress Report dated October 3, 2019 that indicates all deficiencies have been corrected. The Department of Health accepts South Sound Behavioral 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,

Paul Kondrat, MHA, MN, RN
Survey Team Leader