

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60429197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/06/2017
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NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168
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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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L 000	<p>INITIAL COMMENTS</p> <p>STATE COMPLAINT INVESTIGATION</p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-320 WAC Hospital Licensing Regulations, conducted this health and safety complaint investigation.</p> <p>Onsite dates: 12/6/17 Examination number: 2017-14142 Intake number: 77417</p> <p>The investigation was conducted by: Surveyor #27347</p> <p>There were violations found pertinent to this complaint.</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: The regulation number and/or the tag number. HOW the deficiency will be corrected; WHO is responsible for making the correction; WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and WHEN the correction will be completed (Must be completed within 60 days of the survey exit date)</p> <p>3. Your PLANS OF CORRECTION must be returned within 10 working days from the date you receive the Statement of Deficiencies. Your plan of correction must be postmarked by December 23, 2017.</p> <p>4. Return the ORIGINAL REPORT with the required signatures. The administrator or representative's signature and date are required on the first page and initials in the lower right hand corner on the remaining pages of the report.</p>	
L 325	<p>322-035.1E POLICIES-ABUSE PROTECTION</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 services provided: (e) Protecting against abuse and neglect and reporting suspected incidents</p>	L 325		

State Form 2567

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

TITLE

(X6) DATE

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L 325	<p>Continued From page 1</p> <p>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:</p> <p>Based on interview, record review, and review of policies and procedures the hospital failed to report an incident of inappropriate physical contact to a visiting case manager (Contractor A) by a patient (Patient #1) to the local police department.</p> <p>Failure to report the incident to the police may put patients and staff at further risk for harm if safety measures are not implemented in a timely manner.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The hospital policy titled "Workplace Violence-Policy" last reviewed 1/17 read in part "Notification of law enforcement authorities when a criminal act may have occurred." 2. Review of facility incidents revealed on 10/12/17 the hospital received a call on 10/12/17 at 3:30 PM about Contractor #1 informing the hospital they had inappropriate physical contact that was initiated by Patient #1 on 10/11/17 at 12:30 PM during their visit with another patient. <p>The investigation revealed Contractor #1 had met with their patient in the patient's room when Patient #1 entered the patient's room. Contractor #1 yelled out for help and the janitor opened a room for the Contractor #1 and their patient to meet. Contractor #1 did not close the door behind them and Patient #1 pushed their way in to the meeting room.</p>	L 325		

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L 325	Continued From page 2 3. On 12/6/17 at 11:30 AM Staff A was interviewed. Staff A stated the hospital administrative staff should have notified the local police department of the incident when they became aware of it. 4. On 12/6/17 at 12:30 PM Staff B verified the above information.	L 325		
L 605	322-050.8B VOLUNTEER TRAINING WAC 246-322-050 Staff. The licensee shall: (8) When volunteer services are used within the hospital: (b) Provide and document orientation and training according to subsections (6) and (7) of this section for each volunteer; This Washington Administrative Code is not met as evidenced by: Based on interview, record review, and review of policies and procedures, the hospital failed to ensure an outside case manager (Contractor #1) was trained to the safety precautions of the hospital when they were groped by a patient (Patient #1). Failure to train outside contractors puts the contractors, staff and patients at risk for harm. Findings include: 1. The hospital policy titled "Safety Orientations for Outside Contractors", issued 8/16 read in part "Risk Manager/Plant Operations Director: Conducts a safety meeting and discusses the need to exercise extra precautions in patient care areas". "Ensures the area is safe and secure for patients and staff".	L 605		

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L 605	<p>Continued From page 3</p> <p>2. Review of facility incidents revealed on 10/12/17 the hospital received a call on 10/12/17 at 3:30 PM about Contractor #1 informing the hospital they had inappropriate physical contact that was initiated by Patient #1 on 10/11/17 at 12:30 PM during their visit with another patient.</p> <p>The investigation revealed Contractor #1 had met with their patient in the patient's room when Patient #1 entered the patient's room. Contractor #1 yelled out for help and the janitor opened a room for the Contractor #1 and their patient to meet. Contractor #1 did not close the door behind them and Patient #1 pushed their way in to the meeting room.</p> <p>3. On 12/6/17 at 11:30 AM Staff A was interviewed. Staff A stated the hospital administrative staff needed to orient all contractors to the safety measures of the hospital.</p> <p>4. On 12/6/17 at 12:30 PM Staff B verified the above information.</p>	L 605		