

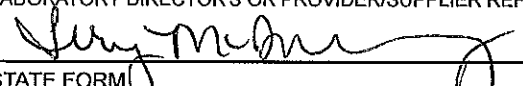
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/21/2016
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NAME OF PROVIDER OR SUPPLIER NAVOS	STREET ADDRESS, CITY, STATE, ZIP CODE 2600 SOUTHWEST HOLDEN SEATTLE, WA 98126
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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 LICENSING SURVEY</p> <p>This state licensing survey was conducted at Navos on 1/19/2016-1/21/2016 by Cathy Strauss, RN, BSN and Alex Giel, REHS. The Washington Fire Protection Bureau conducted the fire life safety survey on 1/19/2016.</p> <p>ASE #CFDD11</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.</p> <p>3. Your PLAN OF CORRECTION must be returned within 10 business days from the date you receive the Statement of Deficiencies. Your Plan of Correction is due on the 2/17/16.</p> <p>4. Return the original report with the required signatures to:</p> <p>Alex Giel, REHS Public Health Advisor 3 Office of Investigations and Inspections P.O. Box 47874 Olympia, WA 98504-7874</p>	
L 375	<p>322-035.1o POLICIES-HOUSEKEEPING</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: (o) Maintenance</p>	L 375	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">FEB 19 2016</p> <p style="text-align: center;">DEPARTMENT OF HEALTH Office of Investigation and Inspection</p>	

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Hospital Administrator	(X6) DATE 2/17/16
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STATE FORM

021199

CFDD11

If continuation sheet 1 of 9

Plan of Correction Rec 2/19/2016 cc

Approved

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L 375	<p>Continued From Page 1</p> <p>and housekeeping functions, including schedules; This RULE: is not met as evidenced by: Based on observation, review of hospital's policies and procedures, the hospital failed to develop policy and procedures to include infection control practices for environmental services.</p> <p>Findings:</p> <p>1. Per review of policy and procedure titled "Housekeeping Supervision/Contract Oversight", effective 3/18/2011, under the heading "Inpatient Services" paragraph B(1) states, "The Housekeeping Supervisor does routine Infection Control Inspection walkthroughs of each floor to identify Infection Control problems." Under this policy, there are no procedures that identify infection control practices.</p> <p>2. On 1/19/2016, between 10:30 AM and 12:00 PM, Surveyor #2 observed housekeeping staff (Staff Member #8 and #9) cleaning patient rooms, room 311,312,313, and 314. During the observation surveyor #2 noticed a pattern. The housekeepers did not disinfect any of the high touch surface areas, (door knobs, chair arms and bathroom entry curtains). When asked to see a policy, the surveyor was given the policy mentioned above in addition to a "Task List" which did not include disinfecting high touched surface areas.</p>	L 375		
L 520	<p>322-050.2 JOB DESCRIPTIONS</p> <p>WAC 246-322-050 Staff. The licensee shall: (2) Develop and maintain a written job description for the administrator and each staff position;</p>	L 520		

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L 520	Continued From Page 2 This RULE: is not met as evidenced by: Based on observation, review of hospital staff members personnel files and interview, the hospital failed to ensure patient care staff training and responsibilities were reflected in hospital staff job descriptions for 1 of 6 personnel files reviewed (Staff Member #7). Findings: 1. On 1/20/2016 at 7:30 AM, Surveyor #1 observed a Licensed Practical Nurse (Staff Member #7) pass medications to several patients on the second floor of the hospital. 2. On 1/20/2016 at 2:00 PM, Surveyor #1 and the hospital's human resource manager (Staff Member #5) reviewed staff personnel files. Review of Staff Member #7 personnel file revealed a job description for licensed practical nurse dated 8/30/2009. The out of date job description did not include details or major responsibilities for delivering psychotropic medications to inpatients. 3. On 1/20/2016 at 2:30 PM, on interview Surveyor #1 and the hospitals human resource manager (Staff Member #5) confirmed the job description for the licensed practical nurse was out of date.	L 520		
L 535	322-050.5A CURRENT CPR CARDS 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	L 535		

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L 535	Continued From Page 3 within thirty days of employment: (a) Current cardiopulmonary resuscitation cards from instructors certified by the American Red Cross, American Heart Association, United States Bureau of Mines, or Washington state department of labor and industries; This RULE: is not met as evidenced by: 0535 CPR Card Based on observation, personnel record review, and interview, the hospital failed to provide evidence of current cardiopulmonary resuscitation cards (CPR) for hospital staff in 1 of 6 personnel files reviewed (Staff Member #4). Findings: 1. On 1/20/2016 at 2:30 PM, Surveyor #1 and hospital's human resources manager (Staff member #5) reviewed personnel files for 6 hospital staff and found the following: a. The 3rd floor Inpatient Nurse Manager's (Staff Member #4) CPR card expired on 10/2015.	L 535			
L 780	322-120.1 SAFE ENVIRONMENT WAC 246-322-120 Physical Environment. The licensee shall: (1) Provide a safe and clean environment for patients, staff and visitors; This RULE: is not met as evidenced by: Based on observation, and documentation the hospital failed to provide cleanable surfaces and failed to ensure patient care units were thoroughly cleaned and free of dirt and debris. Findings:	L 780			

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L 780	Continued From Page 4 1. In review of the hospital's cleaning schedule for environmental services titled, "NAVOS M.H.S. - TASK DESCRIPTION" under subtitle, "patient rooms, group treatment, interview, exam, nurses station, and utility area," It specifies that the following tasks will be completed on a daily basis: a. Empty all waste paper and recycling receptacles, reline and wipe down if necessary b. Dust all Horizontal Surfaces and Fixtures, including desktops and window ledges c. Damp mop all hard floor surfaces, including elevators d. Remove smudges and fingerprints from glass partitions and windows e. Clean discharged rooms patient rooms as needed. Strip and make beds at this time f. Wash/Wipe down walls as needed to remove spots g. Clean chairs as needed h. Spot clean walls i. Clean and sanitize telephones daily or weekly depending on phone location 2. On 1/19/2016 between the hours of 10:30 AM and 11:30 AM observed severe dust build up in the following areas: a. intake vents on the 2nd floor bathroom, shower and laundry room b. Air conditioning vents and filters in patient room #220	L 780		

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L 780	Continued From Page 5 3. On 1/19/2016 between the hours of 10:30 AM and 3:30 PM, after a daily clean of patient's rooms, surveyor #2 observed the following: a. Room 220 food debris on the floor and backside of door b. Room 221 food debris on patient shelf and on the backside of the door c. Room 308 holes in wall in patient's bathroom d. Room 210 holes in wall in patient's bathroom e. Room 210 ceiling soiled 4. On 1/19/2016 between the hours of 1:30 PM and 3:30 PM after a discharge cleaning of a patient room #210, surveyor #2 observed the following: a. Food debris accumulation under the mattress b. Food debris accumulation between the bed frame and wall c. Mattress torn and not replaced.	L 780		
L1075	322-170.2G SIGNED ORDERS WAC 246-322-170 Patient Care Services. (2) The licensee shall provide medical supervision and treatment, transfer, and discharge planning for each patient admitted or retained, including but not limited to: (g) Current written policies and orders signed by a physician to guide the action of staff when medical	L1075		

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L1075	Continued From Page 6 emergencies or threat to life arise and a physician is not present; This RULE: is not met as evidenced by: Based on observation, interview, and medical record review, the hospital failed to ensure that Physicians orders were authenticated for 1 of 1 patient record reviewed (Patient #1). Findings: 1. The hospital policy titled "General Information and Philosophy on Clinical Records" (Rev. 12/8/2010) read in part "Procedure: II. Each patient record shall include prompt entry and filing of the following ... H. Physicians orders, verbal and telephone, that are authenticated within 48 hours of being written". 2. On 1/19/2016 at 2:15 PM, Surveyor #1 and the hospital's Inpatient Nurse Manager (Staff Member #2) assessed care to inpatients on the 2nd floor. Review of Patient #1's electronic medical record (EMR) revealed an unsigned order dated 10/30/2015 for restraint and seclusion. During chart review the nurse manager (Staff Member #2) stated that the patient was in restraints for less than 1 hour.	L1075		
L1480	322-220.3 MAINTAIN LAB WAC 246-322-220 Laboratory Services. The licensee shall: (3) Maintain each medical test site in the hospital in a safe, clean, and sanitary condition. This RULE: is not met as evidenced by: Based on observation the hospital failed to maintain sanitary conditions in the exam room where lab tests are performed.	L1480		

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L1480	Continued From Page 7 On 1/19/2016 between the hours of 1:30 PM and 3:30 PM surveyor #2 observed in the exam room garbage accumulation on the floor in a cabinet where clean and soiled sharp containers were stored.	L1480		
L1485	322-230.1 FOOD SERVICE REGS WAC 246-322-230 Food and Dietary Services. The licensee shall: (1) Comply with chapters 246-215 and 246-217 WAC, food service; This RULE: is not met as evidenced by: Based on observation the hospital staff failed to fully implement the requirements of Chapter 246-215 WAC (Washington State Retail Food Code; effective May 1, 2013). Findings: 1. On 1/19/2016 between 11:40 AM and 12:40 PM, Surveyor #2 observed sandwiches, soy milk, cut fruit and green salad on the kitchen counter at room temperature. When using time in lieu of temperature, Washington Administrative Code requires that the facility must have a policy and procedure in place to ensure that all foods are discarded when out of temperature after 4 hours. The hospital did not have a policy or procedure in place and no documentation to verify how long foods were out of temperature. Reference: WAC 246-215-03530 Temperature and time control-- Time as a public health control 3-501.19 2. On 1/20/2016 between 11:30 AM and 12:15 PM surveyor #2 observed that the facility did not have test strips to test the concentration of sanitizer	L1485		

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L1485	Continued From Page 8 solution in the dietary kitchen area. Reference: WAC 246-215-04345 Sanitizing solutions, testing devices (2009) FDA Food Code 4-302.14	L1485		

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Navos
Plan of Correction for
State Licensing
1/19/2016-1/21/2016

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FEB 19 2016

DEPARTMENT OF HEALTH
Office of Investigation and Inspection

Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	Target for Compliance	Action Level Indicating Need for Change of POC
L375	<p>1. The housekeeping policy will be updated to include specific procedures that cover infection control practices which will be used in the monthly infection control walk through.</p> <p>2. A policy will be developed that identifies the correct process for cleaning and disinfecting in the hospital environment. A check list will be made for all housekeeping duties to be completed. The housekeeping staff will be provided education on cleaning and disinfecting. The nurse managers will observe one complete room cleaning by each housekeeper post education. All education and policy updates will be completed by 3/15/16</p>	Hospital Administrator	3/15/2016		
L520	<p>1. Human resources will audit all employee files to ensure a current signed job description is completed. All new employees or employees changing positions will be required to sign a new job description. The audit will be completed by 3/15/16 and all files will have a current job description.</p>	Human Resources	3/15/2016	100%	95%
L535	<p>1. Human resources will audit all employee files to ensure all staff has current CPR/First aid cards. After the initial audits the supervisor and employee will receive reports weekly of any expiring credentials. Any staff with expired credentials will be removed from the schedule. The audit will be completed by 3/15/16</p>	Hospital Administrator	3/15/2016	100%	95%
L780	<p>1. A policy will be developed that identifies the correct process for cleaning and disinfecting in the hospital environment. A check list will be made for all housekeeping duties to be completed. The housekeeping staff will be provided education on cleaning and disinfecting. The nurse managers will observe one complete room cleaning by each housekeeper post education. All education and policy updates will be completed by 3/15/16</p> <p>2. The housekeeping staff will clean all wall vents monthly and</p>	Hospital Administrator	3/15/2016	100%	95%

Rec 2/19/16 ag

approved

	document the date cleaned and the person completing the task. The vents will be checked on the monthly walk through				
L1075	1. The medical director will re-educate the staff on the proper procedures for the need to sign Telephone/Verbal orders within a 48 hour time frame. An audit of all telephone and verbal orders by providers will be done. The audits will begin 3/1/16 and will continue until 2 consecutive months at 100% compliance is maintained.	Medical Director	3/1/2016	100%	98%
L1480	1. Lab personnel were re-educated that clean equipment cannot be stored in a dirty area. The nurse managers will monitor the area weekly for four weeks for improper storage and garbage on the floor beginning 3/1/16. The room then will be monitored monthly.	Nurse Managers	3/1/2016	100%	95%
L1485	1. The policy and procedure will be updated to standardize the amount of time that food can be out of temperature before being discarded the policy will be updated and staff educated by 3/1/16. 2. The concentration level of the kitchen sanitizing solution will be checked each time the bottle is filled. The policy will updated to reflect the new procedure and staff educated by 3/1/16	Nurse Managers	3/1/16		
S 018	1. Staff will be provided re-education that items cannot be placed over the room doors to prevent them from closing in case of a fire. The nurse managers will perform a walk-through of the units to assess compliance three times a week for four weeks beginning 3/1/16.	Nurse Managers	3/1/2016	100%	95%



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47852 • Olympia, Washington 98504-7852

May 3, 2016

Terry McInerney, RN, MN
Navos
2600 SW Holden ST.
Seattle, WA 98126

Dear Ms. McInerney,

Surveyors from the Washington State Department of Health and the Washington State Patrol Fire Protection Bureau conducted a State Hospital State licensing survey at Navos on 1/19/2016 – 1/21/2016. Hospital staff members developed a plan of correction to correct deficiencies cited during this survey. This plan of correction was approved on 2/19/2016.

Hospital staff members sent a Progress Report dated 4/22/2016 that indicates all deficiencies have been corrected. The Department of Health accepts Navos attestation to be in compliance.

If there were fire life safety deficiencies identified in your report, the Deputy Fire Marshal will perform an on-site revisit after the correction date to verify those corrections.

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,

Alex Giel, REHS
Survey Team Leader