

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 012792	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/15/2019
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NAME OF PROVIDER OR SUPPLIER FAIRFAX BEHAVIORAL HEALTH MONROE	STREET ADDRESS, CITY, STATE, ZIP CODE 14701 179TH AVE SE MONROE, WA 98272
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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
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 246-322 Private Psychiatric and Alcoholism Hospitals conducted this health and safety investigation as a result of a Medicare Complaint Investigation (Intake # 94978) involving the hospital's parent organization.</p> <p>Onsite dates: 11/15/19</p> <p>Case number: 2019-17675</p> <p>Intake number: 95402</p> <p>The investigation was conducted by:</p> <p>Investigator #3 Investigator #10</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 PLANS OF CORRECTION must be returned within 10 calendar days from the date you receive the Statement of Deficiencies. Your Plans of Correction must be received electronically by December 30, 2019.</p> <p>4. Return the REPORT with the required signatures.</p>	
L1165	<p>322-180.2 EMERGENCY SUPPLIES</p> <p>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.</p> <p>This Washington Administrative Code is not met</p>	L1165		

State Form 2567
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *R. E. ...* TITLE *1/3/20 Group Director* DATE

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L1165	<p>Continued From page 1</p> <p>as evidenced by:</p> <p>Based on observation, interview, and record review, the hospital failed to address previously cited deficiencies from a Medicare Complaint Investigation related to code blue response and emergency equipment availability during critical medical emergencies.</p> <p>Failure to provide emergency medical equipment and supplies places patients at risk of inadequate resuscitation efforts that could lead to injury or death.</p> <p>Reference: WAC 246-322-180 2(d) Patient Safety and Seclusion Care. 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.</p> <p>Findings included:</p> <p>1. Document review of the hospital's policy and procedure titled, "Code Blue," Policy #1000.13, revised 06/19, showed that staff are to respond to the location with backboard, oxygen and code blue bag from each unit and the automated external defibrillator (AED).</p> <p>a. The code blue bag inventory includes:</p> <ul style="list-style-type: none"> - Bandages and dressings. - Airway management supplies: a CPR mask, ambu bag (a self-refilling bag-valve-mask unit, used for artificial respiration), plastic bite stick (used during seizures), nasal cannula and mask 	L1165		

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L1165	<p>Continued From page 2</p> <p>with tubing (for oxygen delivery).</p> <p>- EMS supplies (sting swabs, alcohol prep pads, eyewash solution, ice packs, antimicrobial hand wipes, instant glucose, antibiotic ointment, iodine prep pads, etc.).</p> <p>-Intravenous therapy supplies (intravenous (IV) catheter, IV start kit, IV administration set, etc.).</p> <p>-Documentation: Code Blue Record, Code Blue Debriefing, Code Blue Bag Inventory.</p> <p>b. The review showed the code blue bag inventory list did not include airways as required by Washington State law.</p> <p>2. A review of a hospital document titled, "Instructions for Emergency Medical Equipment Daily (EME) Checklist - Unit based," no date, showed actions staff will perform when checking the code blue bag. Those actions include looking for a red tear away lock. Annotating the expiration date on the back of the lock onto the EME checklist. If the lock is not present or the expiration date has passed, staff will inventory the bag using the inventory provided inside the bag. Staff will notify the house charge or nurse manager of replacement items needed.</p> <p>3. On 11/15/19 at 11:35 AM, during a tour of the inpatient unit on the Monroe campus, Investigator #3 and a registered nurse (Staff #301) inspected the code blue bag and associated emergency medical equipment. The investigator observed the code blue bag was not secured with the red tear away lock. Inspection of the code blue bag showed there were no airways in the code blue bag as required by Washington law.</p>	L1165		

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L1165	<p>Continued From page 3</p> <p>4. A review of the emergency medical equipment daily checklist logs showed the tear away lock and expiration date for the code blue bag was missing for 5 of 30 days in September 2019, for 23 of 31 days in October 2019, and for 14 of 14 days in November 2019.</p> <p>5. On 11/15/19 at 1:35 PM, Investigator #3 interviewed a registered nurse (Staff #301) about checking of the code blue bag. Staff #301 stated the night shift personnel check the code blue bag and emergency medical equipment daily. She was not aware that the code blue bag required a red tear away lock to indicate the bag's contents are present.</p> <p>6. On 11/15/19 at 2:30 PM, Investigator #3 interviewed the hospital educator (Staff #302) about the code blue inventory list. Staff #302 stated she was unaware that airways were a required part of the emergency supplies. She did not know why the code blue bag was not secured with a red tear away lock as required by policy.</p> <p>7. On 11/15/19, Investigator #10 reviewed the medical record of Patient #1003 who died during a Code Blue (emergency resuscitation) on 09/24/19. Review of the Code Blue form showed that no airway was applied and was marked "not applicable" with no assisted ventilation attempted. Subsequent review of the Code Blue by the hospital showed the emergency medical equipment brought to the code blue event included the code blue bag, the automated external defibrillator, oxygen and suction. The backboard was unavailable on the unit and was locked in the supervisor's office.</p>	L1165		

Fairfax Behavioral Health - Monroe
 Plan of Correction for Complaint – Due 12/30/19

Plan of Correction Received
 01/03/2020

Plan of Correction Approved
 01/14/2020
 P. Parlet
 rw

Regulation Number	Deficiency	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	How Monitored to Prevent Recurrence & Target for Compliance	Action Level Indicating Need for Change of POC
L 1165	<p>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.</p>	<p>The leadership team met to review the findings from this survey. The Code Blue policy, PC 1000.13 was reviewed with no revisions required at this time.</p> <p>A supply of Oral Airways were immediately added to the Code Blue Bag by the ADON.</p> <p>All nurses were trained to the use of Oral Airways during emergency responses to maintain or open a patient's airway. Competency was assessed through return demonstration. Training also included documenting the use of Oral Airways on the Code Blue Flow Sheet.</p> <p>The Code Blue Bag inventory was revised by the ADON to include Oral Airways.</p> <p>All nurses were retrained to the revised Code Blue Bag Inventory, specifically the addition of the Oral Airways to the form. Competency was assessed through a post-test and signed attestation verifying their understanding and commitment to following the policy and procedure.</p> <p>All nurses were retrained to completion of the Emergency Medical Equipment Daily (EME) Checklist. Focus of the training will include:</p> <ul style="list-style-type: none"> Documenting the presence of the red tear-away tag on the Code Blue Bag 	Chief Nursing Officer	<p>11/15/19</p> <p>1/16/20</p> <p>12/31/19</p> <p>1/16/20</p> <p>1/16/20</p>	<p>The Chief Nursing Officer and/or designee are attending all Code Blue events to confirm that all emergency equipment including Oral Airways and Backboards are present. All deficiencies will be immediately corrected to include staff retraining and disciplinary action as needed.</p> <p>100% of Code Blue events and Code Blue drill documentation will be audited by the Chief Nursing Officer or designee to ensure documentation of the use of Oral Airways. All deficiencies will be immediately corrected to include staff retraining and disciplinary action as needed.</p> <p>In addition to nightly audits by unit Charge Nurses, all Code Blue Bags will be audited weekly by</p>	< 90%

Fairfax Behavioral Health - Monroe
Plan of Correction for Complaint – Due 12/30/19

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		<ul style="list-style-type: none"> • Inventorying the Code Blue Bag if the red tear-away tag is not present or the expiration date has passed • Notifying the House Charge or Nurse manager if replacement items are missing • Missing items will be replaced by the ADON and a new red tear-away tag will be placed on the Code Blue Bag 			<p>the Chief Nursing Officer and/or designee to ensure the presence of the red tear-away tag. The Emergency Medical Equipment Daily Checklist will be audited daily by the House Charge to ensure the presence of the red tear-away tag is documented by unit Charge Nurses. Emergency Medical Equipment Daily Checklists at Monroe and Everett locations will be sent electronically to the House Charge daily. The Emergency Medical Equipment Daily Checklist will be audited weekly by the Chief Nursing Officer and/or designee to ensure the presence of the red-tear away tag is documented. All deficiencies will be immediately corrected to include staff retraining and disciplinary action as needed.</p>	

Fairfax Behavioral Health - Monroe
Plan of Correction for Complaint – Due 12/30/19

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					<p>Aggregated data will be reported to the Quality Council, Medical Executive Committee and the Governing Board monthly.</p> <p>Target for compliance is 90%</p>	

By submitting this Plan of Correction, the Fairfax Behavioral Health does not agree that the facts alleged are true or admit that it violated the rules. Fairfax Behavioral Health submits this Plan of Correction to document the actions it has taken to address the citations.



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

January 15, 2020

Ms. Rebecca Shauinger, CEO
Fairfax Monroe Behavioral Hospital
14701 179th Ave SE
Monroe, WA 98272

Dear Ms. Shauinger,

Investigators from the Washington State Department of Health conducted a state complaint investigation at Fairfax Monroe Behavioral Hospital on November 15, 2019. Hospital staff members developed a plan of correction to correct deficiencies cited during this survey. This plan of correction was approved on January 14, 2020.

A Progress Report is due on or before February 17, 2020 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 send this progress report electronically to me at the following email address:
paul.kondrat@doh.wa.gov

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

Sincerely,

A handwritten signature in black ink that reads "Paul M. Kondrat".

Paul Kondrat, RN, MN, MHA
Survey Team Leader