FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ C 504009 B. WNG 02/06/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2600 SOUTHWEST HOLDEN **NAVOS** SEATTLE, WA 98126 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) A 000 INITIAL COMMENTS A 000 MEDICARE COMPLAINT INVESTIGATION The Washington State Department of Health (DOH) in accordance with Medicare Conditions of Participation set forth in 42 CFR Part 482, conducted this complaint investigation. Onsite dates: 02/06/18 Intake number: 78553 The Investigation was conducted by: Tyler Henning, ScM, MHS, PHA Cathy Strauss, BSN, RN DOH Staff found the facility NOT IN COMPLIANCE with the following Conditions of Participation: 42 CFR 482.11 Compliance with Federal, State, and Local Laws 42 CFR 482.12 Governing Body A 020 **COMPLIANCE WITH LAWS** A 020 CFR(s): 482.11 Compliance with Federal, State and Local Laws This CONDITION is not met as evidenced by: Based on observation, interview, and document review, the hospital failed to ensure independent compliance with federal regulations/conditions of participation by sharing hospital space, staff and

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

services with another licensed facility.

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

TITLE

(X6) DATE

PRINTED: 03/08/2018

PRINTED: 03/08/2018 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING ____

			1				
		504009	B. WING			١	C 2/06/2018
NAME OF P	PROVIDER OR SUPPLIER			260	REET ADDRESS, CITY, STATE, ZIP CODE 00 SOUTHWEST HOLDEN ATTLE, WA 98126	1	210012010
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A 020	oversight can lead to defice the licensed entity for come regulations and put particular poor quality care. Findings included:	to provide independent dependence on another apliance with federal tients at risk to receive meet applicable federal, ments by: sport services. ff. areas of the hospital.	A	020			
	legally responsible for the a hospital does not he governing body, the performance for the conduct of the hospital functions specified in the governing body This CONDITION is not a seed on observation, it review, the hospital failed compliance with federal	rsons legally responsible ospital must carry out the sis part that pertain to the sit met as evidenced by: Interview, and document ed to ensure independent regulations/conditions of hospital space, staff and	AO	943			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1`'	FIPLE CONSTRUCTION NG		(X3) DATE S COMPL	
		504009	B. WNG_			02/0) 6/2018
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 SOUTHWEST HOLDEN SEATTLE, WA 98126			
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A 043	lead to dependence o compliance with feder	I to demonstrate e, staff, and services can n another licensed entity for	AC	043			
	a. Review of the docu Amended and Restate Navos is referred to as which encompasses n that is managed by a libylaws did not express other facility types that	erning Body documents and wed the following: ment titled, "Navos Second ed Bylaws", showed that is a single "corporation" nultiple different entities board of directors. The sly mention the hospital or			·		
	operated as a single e reference to the hospit minutes dated 01/09/1 that the "E & T" beds (which is part of the res (RTF)) are located with that these beds and thas part of the same fact. 2. Review of hospital policies did not distinguishospital, other entities,	yed that Navos is largely ntity. The only direct tal was found in the 7. These minutes indicate evaluation and treatment, sidential treatment facility in the hospital, suggesting e hospital beds are treated cility. Solicies showed that the uish if they applied to the organization as a					
	Review of hospital p policies did not disting hospital, other entities,	policies showed that the uish if they applied to the or the organization as a inpatient nursing (Staff e owner of the policies					

CENTERS FOR MEDICARE & MEDICAID SERVICES

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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A 043	Continued From page	3	AC	043			
·	3. Review of the Infec showed the following:	tion Control Program					
	showed that the infect made up of "residentia Further review of the i indicates that areas w beds are treated as a	ith hospital and residential single entity for on and control, separately					
	hospital patients or selevaluation were separ-	on the survey of the standard of the standard of the standard of the standard of the survey of the s					
	services, but rather as 4. Review of the Qualit	2017 showed that cation wide. Inpatient sed by hospital patients or inpatient services.					
	a. Review of the "Quali	patient programs. The ity structure involves ous departments of the					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	į.		CONSTRUCTION	(X3) DAT	E SURVEY PLETED
		504009	B. WING			1	C /06/2018
NAME OF P	ROVIDER OR SUPPLIER			20	TREET ADDRESS, CITY, STATE, ZIP CODE 600 SOUTHWEST HOLDEN EATTLE, WA 98126	02	100/2016
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A 043	encompassing all inpa RTF). The inpatient cl quality information to t improvement committe	atient services (hospital and inical program reports	A (D43			
	lacked a Quality Direc AM, Surveyor #2 inter Administrator (Staff #2 services. The adminis	201) regarding the hospitals strator stated that all all are incorporated with the the organization as a					
	a. On 02/06/18 at 1:30 interviewed the hospita #201) regarding variou contracts. The adminis Mental Health Solution company name and an conventions are placet	al administrator (Staff s names of the facility on strator stated that Navos s was the technical by other naming holders for this name.					
	between Navos Mental Farestart", signed 12/1 Farestart provides 100 Navos Mental Health S c. On 12/06/17 at 12:00 observed a food service hospital and RTF patiel	8/17, showed that funches and dinners to colutions. DPM, Surveyor #2 at the facility. The					

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	1	(X3) DATE SURVEY COMPLETED
		504009	B. WING			C
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 SOUTHWEST HOLDEN SEATTLE, WA 98126		02/06/2018
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	d. Review of the docur Agreement," between Navos Mental Health is janitorial services wou hospital location. The specifically that it appl rather the entire building. Room RTF patients were clear during the same shifts. f. Review of the docum of Agreement between Inpatient Services," sh served as the utilization review organization (Quand providers at Navos specifically addresses number for the hospital Services. g. On 02/06/18 at 2:00 the hospital administral review and quality data or for both hospital and the QIC. The administral from both facility types would need to confirm of director (Staff #202). The	ment, "Janitorial Service ABM Onsite Services and Solutions, showed that Id be provided at the document does not specify ies to the hospital, but ng. OAM, Surveyor #2 per (Staff #203) perform ns for both the hospital and aned by the same staff ment titled, "Memorandum and Qualis Health and Navos owed that Qualis Health n and quality control IO) for hospital patients s. The agreement the medicare provider I portion of Navos Inpatient I RTF patients was sent to rator thought that data was went to the QIC, but with the former quality The former quality director all that the data from the sent to the QIC. contracts for external	A	043		

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	FIPLE CONSTRUCTION NG		SURVEY PLETED
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NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 2600 SOUTHWEST HOLDEN SEATTLE, WA 98126	CODE	
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	services were review signed to provide services or Navos Me which includes both to 6. Review of hospital Nursing Care, Treatm #3023513 Approved 6 structure of the staffin patient care units, each have licensed and de Treatment beds and lithospital beds. Service units. Nursing care, a acute inpatient psychito all patients 24 hours a. 12/6/17 at 10:30 All the staffing plan with the #801. The Charge Nutrained the same and patients. b. Interview with Med confirmed that the staff RTF patients and treat RTF patients and treat c. Chief Nursing Office above findings. 7. Hospital policy titled and Patient Placement Reviewed 10/16 states an "E" [Residential Trest found during admiss Medicare or a private in the staff signed to the staff signed	abCorp), and dietician ed. All of the contracts were vices for Navos Inpatient ental Health Solutions, ne hospital and the RTF. policy titled "Provision of eent, and Services" Policy 04/16; regarding the g states; "There are two ch with 35 beds. Both units signated Evaluation and censed and designated es are identical on both is part of the hospital's atric services, is available is a day, 7 days a week" If, Surveyor #8 reviewed the Charge Nurse Staff rese stated that the staff are can work with all the Nurse, Staff #806, if work with hospital and it them the same. If, Staff #802 confirmed the "Pre-Admission Screening t," Policy #3023511, g, "If a patient is admitted to eatment Facility] (RTF) bed	A	043		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		504009	B. WING				C /06/2018
NAME OF P	ROVIDER OR SUPPLIER			2	TREET ADDRESS, CITY, STATE, ZIP CODE 600 SOUTHWEST HOLDEN BEATTLE, WA 98126	02	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
A 043	have Medicare or Privadmission process habe transferred to an "I one is available. Polic Inpatient Bed placement stated "if funding is urplaced into an E bed would be submitted if bed according to their a. On 2/6/18 at 11:15 interviewed the Charge the process of patient (H) service to the RTF Nurse explained that enotice of the patients to The Charge Nurse Stawith this Surveyor. The Patient Admit / Dischato 10/14/17 identified Patito discharge from H bed	"E" (RTF) bed is found to vate Insurance after the is startedthe patient will H" bed (Hospital) bed when by titled "Patient Accessent" Approved 11/1/17 aknown, the patient will be while funding is investigated entified, a bed transfer a patient is in an incorrect funding source." AM, Surveyor #8 be Nurse, Staff #801, about a transfers from the Hospital (E) service. The Charge beach day he receives a hat need to be transfered and ff #801, shared the notice be document titled "UR rige Request" dated tient #801 with instruction and status and Admit to E ing Source" was noted as comments was	A	043			
	Revenue Cycle (Staff	process with the Director of #805). The Director related transfers are driven solely					
	8. On 02/06/18 at 9:30 the bed transfer for Pa	AM, Surveyor #8 reviewed tient #801.					
	a. The discharged med	lical record showed an					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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504000	06/2018
NAME OF PROVIDER OR SUPPLIER NAVOS STREET ADDRESS, CITY, STATE, ZIP CODE 2600 SOUTHWEST HOLDEN SEATTLE, WA 98126	00/2010
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X6) COMPLETION DATE
A 043 Continued From page 8 order (dated 11/21/17) for the Hospital bed transfer to a "RTF" bed. Further assessment of the record revealed the following: i. No documentation in the medical record to indicate need or purpose to move the patient from a Hospital bed to Residential Treatment bed. ii. There were no discharge notes or discharge instructions indicating that the patient had been discharged from one facility and admitted to the other facility. iii. There was no physician discharge summary for the patient's hospital stay. iv. There was no physician admit note or history and phsylical, and there was no nursing admission assessment for the RTF admission/transfer. v. There was no informed consent obtained for treatment in the RTF facility. vi. There was no evidence the patient was informed of their rights upon admission to the RTF program. b. At the time of review, Chrage Nurse (Staff #801) confirmed the findings and that no new consents are signed for care and treatment in the transferred facility. 9. Review of the medical record for Patients #802, #803, #904, and #806 revealed the following:	

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AND PLAN OF CORRECTION INFORTIFICATION NUMBER:		ULTIPLE CONSTRUCTION DING			(X3) DATE SURVEY COMPLETED		
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PREFIX (EAC	H DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
indicating to bed status RTF patier documents from the R (Patients # b. There was admit to R There was hospital se c. The med separate from the trans 10. Review #801, #802 following: a. Three of that transfer discharge s following the b. The Nurs discharge s patient has facility.	ence or suphe need to (Patients # at status. Nation indicator and adress no conservices for Polication admonthe other are signification admonther are signification administration administr	porting documentation discharge from hospital 802 and #806) and admit to lo evidence or supporting ting the need to discharge nit to hospital bed status 604). ent for treatment signed on or Patients #802 and #806. It signed on admit to the ratients #803 and #804. Ininistration record was not er licensed facility. It was findings and that no led for care and treatment ty. It is were Hospital Patients RTF facility. There were no oresent in the chart	A	043			

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING _ C 504009 B. WNG_ 02/06/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2600 SOUTHWEST HOLDEN **NAVOS** SEATTLE, WA 98126 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY** A 043 Continued From page 10 A 043 their care ... request or refuse care, have a right to a psychosocial and medical evaluation within 24 hours of admission to determine whether continued detention in the facility is necessary, have all information complied, obtained or maintained in the course of receiving treatment kept confidential ..." 12. On 02/06/18 at 10:30 AM, Surveyor #8 reviewed the transfer process for Patient #801 in the medical record with the RN Nurse Manager Staff #801. The Manager shared that the managers receive notification of insurance/funding changes and they begin the process of transferring a patient from a hospital bed to an RTF bed, or from an RTF to a hospital bed. They start with getting a doctor's order and then seeing if there is an open bed, make the changes in the electronic medical record and then move the patient. RN #801 confirmed that there is no conversation to inform the patient, there is no "discharge" paperwork tor the patient and or their family. RN #801 reported that the patient is only aware of room change. 13. Review of the medical records for patients #802, #803, #804, and #806, did not show evidence that the document titled "An Important Message From Medicare About Your Right" was present for both admission and/or discharge. ITEM #2 - Shared Staff 1. On 02/06/18 at 9:00 AM, Surveyor #2 interviewed the Hospital Administrator (Staff

#201) regarding the organization of the hospital. The administrator stated that both facility types

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PRINTED: 03/08/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING_ С 504009 B. WNG 02/06/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2600 SOUTHWEST HOLDEN **NAVOS** SEATTLE, WA 98126 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) A 043 Continued From page 11 A 043 (The hospital and RTF) operate under a single "umbrella", with all functions and staffing carried out by Navos as a single entity. This includes facilities and administrative staff. 2. Review of the Medical Staff showed the following: a. Review of the document titled, "Organized Medical Staff Bylaws," revised 05/12, showed that the organized medical staff were appointed to the inpatient or outpatient services departments of Navos. b. Review of the document titled, "Navos Organized Medical Staff Privileging Application." showed that providers were privileged for the inpatient or outpatient setting. Neither the minimal criteria nor the core privileges distinguish between the hospital and RTF inpatient settings, but treat both facilities as a single entity. c. On 02/06/18 at 1:30 PM, surveyor #2 interviewed the Hospital Administrator (Staff #201) regarding credentialing of medical staff at the hospital. The administrator stated that medical staff are credentialed as either inpatient or outpatient staff, rather than credentialed for the hospital or RTF. 3. Review of the pharmaceutical services organizational chart showed that Navos operates a single pharmaceutical services staff that reports to the Clinical Chief Officer (Staff #205).

following:

4. Review of various job descriptions showed the

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING С 504009 B. WING 02/06/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2600 SOUTHWEST HOLDEN **NAVOS** SEATTLE, WA 98126 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE **DEFICIENCY**) A 043 Continued From page 12 A 043 a. Review of the position description for the hospital administrator showed that the administrator was responsible for the operation of Inpatient Services, which includes both the hospital and RTF facilities. b. Review of the position description for the inpatient quality manager showed that the manager oversaw the quality program for all inpatient services. Per the position description this program encompasses regulations that apply to both the hospital and RTF licensures. c. Review of the position description for the director of care management and court services showed that the director reports to the inpatient hospital administrator, which would oversee both the hospital and RTF. d. Review of the position description for the director of pharmacy showed that the director reports to the chief of inpatient services, who would oversee both the hospital and the RTF. 5. On 12/06/17 Surveyor #8 observed the 8:00 AM medication pass on the 3rd floor. Interview with the Medication Nurse (Staff #806) showed that she does not know which patient is a Hospital patient and which patient is an RTF patient, and they are treated the same. 6. Review of hospital policy titled "Provision of Nursing Care, Treatment, and Services" Policy #3023513 Approved 04/16; regarding the structure of the staffing, states, "There are two patient care units, each with 35 beds. Both units have licensed and designated Evaluation and Treatment beds [RTF beds] and licensed and

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		504009	B. WNG_				C 06/2018	
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 2600 SOUTHWEST HOLDEN SEATTLE, WA 98126	CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD B HE APPROPRIA		(X5) COMPLETION DATE	
A 043	designated Hospital b	e 13 eds. Services are identical	AC	043				
	regarding nurse staffind The Nurse Manager's staff oriented to work are not oriented to a his separate RTF program. ITEM #3 - Shared Span 1. Review of the follow how the hospital and in (RTF) began to share a. In a letter sent to the Department of Health Navos requested to inhospital license and Refloor. Prior to the requirement of th	e Manager (Staff #801) ing for the hospital patients. itated that they have one with all the patients. Staff inospital program and a in; it is one in the same. ace ving documents showed residential treatment facility facility space: e Washington State (DOH), dated 04/21/06, itegrate beds from their ITF license onto the same uest, both facility types were oors with separate staff. re and Medicaid Services proposal on 04/12/06. The coartment of Health (DOH)						
	requested an additional hospital and RTF beds hospital and RTF roon throughout each floor.	er, dated 04/23/07, Navos al reorganization of the b. Under the new proposal, as would be interspersed was on file from CMS or						
	DOH.	STATE ONLY					;	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CON	STRUCTION		SURVEY PLETED
		504009	B. WNG				C
NAME OF P	ROVIDER OR SUPPLIER			2600 S	T ADDRESS, CITY, STATE, ZIP CODE OUTHWEST HOLDEN FLE, WA 98126	02	/06/2018
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·	e. In a final letter, dai was increasing the n the maximum allower and rearranging hosp f. No approval letter of DOH. 2. Review of the floor Hospital Building" she hospital and RTF she space on the second buildings. Shared spand dining areas, pharmedicine administration treatments rooms, barecreational areas. Proceedings of the properties outlined in the hospital and configure of the hospital	ted 12/29/10, Navos stated it umber of hospital beds to d under the state license bital and RTF rooms again. I plans for the "Inpatient owed that both the Navos ared much of the same and third floors of the ace included food service armaceutical services and on areas, patient exam and thing facilities, and ratient rooms were also but each floor and not e rooms were not laid out ned above. 10:00 AM to 1:00 PM, he second and third floors of rmed that the hospital and the same spaces for recreation, patient care, ervices and had rooms but both floors.	A	043			

Navos

Plan of Correction for State/CMS Licensing Survey 12/6/17-12/7/17 & 2/6/17 **Revised 7/2/18**

Tag Number A020	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction
4020	Finding COMPLIANCE WITH LAWS CFR(s): 482.11	Terry McInerney Hospital Administrator	9/1/18
	Compliance with Federal, State and Local Laws This CONDITION is not met as evidenced by: A 020		
	Based on observation, interview, and document review, the hospital failed to ensure independent compliance with federal regulations/conditions of participation by sharing hospital space, staff and services with another licensed facility. Failure by the hospital to provide independent oversight can lead to dependence on another licensed entity for compliance with federal regulations and put patients at risk to receive poor quality care. Findings included: The hospital failed to meet applicable federal, state and local requirements by: Sharing numerous support services. Sharing of hospital staff. Sharing of clinical care areas of the hospital. Cross Reference Tag A 043		
	Corrective Action: All changes in programing and patient care in the hospital will be planned and researched to ensure compliance with all regulatory agencies. To ensure compliance no change will be implemented until the planning process is completed and approved by the Quality Manager and Hospital Administration. All information and communication received or sent during the process will be filed and stored in the Quality department.		
.043	GOVERNING BODY CFR(s): 482.12		
	There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body This CONDITION is not met as evidenced by: A 043		
. 0	Based on observation, interview, and document review, the hospital failed to ensure independent For Received: 7/2/16 Approved to CMC an 7/5/16		

compliance with federal regulations/conditions of participation by sharing hospital space, staff and services with another licensed entity. Failure by the hospital to demonstrate individuality with space, staff, and services can lead to dependence on another licensed entity for compliance with federal regulations. Findings included:		
ITEM #1 - Shared Services		
Finding 1 1. Review of the Governing Body documents and meeting minutes showed the following:	Terry McInerney Hospital Administrator	9/1/18
a. Review of the document titled, "Navos Second Amended and Restated Bylaws", showed that Navos is referred to as a single "corporation" which encompasses multiple different entities that is managed by a board of directors. The bylaws did not expressly mention the hospital or other facility types that are overseen by the Governing body.		-
b. Review of the Governing Body meeting minutes for 2017 showed that Navos is largely operated as a single entity. The only direct reference to the hospital was found in the minutes dated 01/09/17. These minutes indicate that the "E & T" beds (evaluation and treatment, which is part of the residential treatment facility (RTF) are located within the hospital, suggesting that these beds and the hospital beds are treated as part of the same facility.		
Corrective Action 1: 1 (a) (b) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Expected completion by 9/1/18. All future references to the inpatient setting will be specific to hospital only.		
Finding 2 2. Review of hospital policies showed that the policies did not distinguish if they applied to the hospital, other entities, or the organization as a whole. The director of inpatient nursing (Staff#201) was listed as the owner of the policies dealing with direct patient care.	Terry McInerney Hospital Administrator	9/15/18
Corrective Action 2: A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, the existing RTF patients will be discharged and immediately readmitted to the hospital. Expected completion by 9/1/18 Once the use of the beds is approved all policies will be updated by 9/15/18 to specifically address the hospital program. All new policies written that effect the hospital will be specific to the hospital only.		

	inding 3 Review of the Infection Control Program showed the following:	Terry McInerney	9/1/18
m th	Review of the 2016-2017 infection control plan showed that the infection control committee was ade up of "residential and hospital" nurses. Further review of the infection control plan indicates at areas with hospital and residential beds are treated as a single entity for surveillance, revention and control, separately from outpatient settings.	Hospital Administrator	
no Se	Review of the infection control program evaluation for 2015-2016 and goals for 2016-2017 did of show any distinct review of the hospital patients or services. Data in the evaluation were eparated by floor rather than facility type, indicating that surveillance of the hospital and RTF ervices is combined.		
Oi	Review of the infection control program meeting minutes from 2017 showed that meetings were ganization wide. Inpatient issues are not delineated by hospital patients or services, but rather sinpatient services.		
3(C W su ha di be	a)(b) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. ertificate of need approval documentation was received on 5/15/18. On 6/15/18 an application as submitted for construction review process. On 6/14/18 an application and payment was abmitted for the existing 40 beds and additional 30 hospital beds. Once the construction review as been completed, approval received and beds licensed, the existing RTF patients will be scharged and immediately readmitted to the hospital. Expected completion by 9/1/18. Once eds are approved and licensed the 2018-2019 infection control plan and surveillance will be becifically address the hospital separately from other Navos programs expected completion by 1/18.	·	
C w si ha	c) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. ertificate of need approval documentation was received on 5/15/18. On 6/15/18 an application as submitted for construction review process. On 6/14/18 an application and payment was abmitted for the existing 40 beds and additional 30 hospital beds. Once the construction review as been completed, approval received and beds licensed, the hospital will be discussed as a nigle entity from the outpatient residential this will be reflected in the meeting minutes along with the ames of hospital representation. Expected completion 9/1/18.		
4.	nding 4 Review of the Quality Assurance and Performance Improvement Program showed the llowing:	Terry McInerney Hospital Administrator	9/1/18
tn pr	Review of the "Quality Improvement Program" showed that the quality program is divided into ree distinct groups: outpatient programs; children's programs; inpatient programs. The inpatient ogram quality structure involves membership from various departments of the hospital, all of hich are indicated as encompassing all inpatient services (hospital and RTF). The inpatient		

clinical program reports quality information to the overall quality improvement committee. The quality plan does not specifically address the hospital as a single entity.		
b. At the time of this investigation, the hospital lacked a Quality Director. On 02/06/18 at 9:00AM, Surveyor #2 interviewed the Hospital Administrator (Staff #201) regarding the hospitals services. The administrator stated that all functions of the hospital are incorporated with the RTF, and overseen by the organization as a single, inpatient entity.		
Corrective Action 4: 4(a)(b). A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once beds are approved the hospital will be discussed as a single entity consisting of 70 licensed psychiatric hospital beds. Expected completion 9/1/18. The hospital Quality manager position has been filled and will be responsible for reporting specifically on the hospital effective 9/1/18.		
Finding 5 5. Review of services provided under contract showed the following:	Terry McInerney Hospital Administrator	9/15/18
a. On 02/06/18 at 1:30 PM, Surveyor #2 interviewed the hospital administrator (Staff #201) regarding various names of the facility on contracts. The administrator stated that Navos Mental Health Solutions was the technical company name and any other naming conventions are placeholders for this name.		
b. Review of the document "Service Agreement between Navos Mental Health Solutions and Farestart", signed 12/18/17, showed that Farestart provides 100 lunches and dinners to Navos Mental Health Solutions.		
c. On 12/06/17 at 12:00 PM, Surveyor #2 observed a food service at the facility. The hospital and RTF patients were served at the same time, by the same staff, and in the same dining area.		
d. Review of the document, "Janitorial Service Agreement," between ABM Onsite Services and Navos Mental Health Solutions, showed that janitorial services would be provided at the hospital location. The document does not specify specifically that it applies to the hospital, but rather the entire building.		
e. On 12/07/17 at 8:50 AM, Surveyor #2 observed a housekeeper (Staff #203) performs room cleanings. Rooms for both the hospital and RTF patients were cleaned by the same staff during the same shifts		
f. Review of the document titled, "Memorandum of Agreement between Qualis Health and Navos Inpatient Services," showed that Qualis Health served as the utilization and quality control review		<u>.</u>

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 organization (QIO) for hospital patients and providers at Navos. The agreement specifically addresses the medicare provider number for the hospital portion of Navos Inpatient Services.		
g. On 02/06/18 at 2:00 PM, Surveyor #2 asked the hospital administrator (Staff #201) if utilization review and quality data for only hospital patients or for both hospital and RTF patients was sent to the QIC. The administrator thought that data from both facility types was went to the QIC, but would need to confirm with the former quality director (Staff #202). The former quality director confirmed via phone call that the data from the hospital and RTF was sent to the QIC.		
h. Additional external contracts for external staffing (Emerald City Medical Staffing), laboratory services (LabCorp), and dietician services were reviewed. All of the contracts were signed to provide services for Navos Inpatient Services or Navos Mental Health Solutions, which includes both the hospital and the RTF.	-	
Corrective Action 5: 5(a)(b)(c)(d)(e)(h)) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the hospital beds are approved for use contracts will be reviewed and updated as needed by 9/15/18. 5(f)(g) Any reporting to Qualis prior to the RTF beds being changed to hospital be will separated. Effective 9/1/18 all data reporting to the Qualis will only include hospital information.		
Finding 6 6. Review of hospital policy titled "Provision of Nursing Care, Treatment, and Services" Policy #3023513 Approved 04/16; regarding the structure of the staffing states; "There are two patient care units, each with 35 beds. Both units have licensed and designated Evaluation and Treatment beds and licensed and designated Hospital beds. Services are identical on both units. Nursing care, as part of the hospital's acute inpatient psychiatric services, is available to all patients 24 hours a day, 7 days a week"	Terry McInerney Hospital Administrator	9/1/18
a. 12/6/17 at 10:30 AM, Surveyor #8 reviewed the staffing plan with the Charge Nurse Staff #801. The Charge Nurse stated that the staff are trained the same and can work with all the patients.		
b. Interview with Med Nurse, Staff #806, confirmed that the staff work with hospital and RTF patients and treat them the same.		
c. Chief Nursing Officer, Staff #802 confirmed the above findings.		
Corrective Action 6: 6 (a)(b)(c)) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was		,

submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, the existing RTF patients will be discharged and immediately readmitted to the hospital. Expected completion by 9/1/18.		
Finding 7 7. Hospital policy titled "Pre-Admission Screening and Patient Placement," Policy #3023511, Reviewed 10/16 states, "If a patient is admitted to an "E" [Residential Treatment Facility] (RTF) bed is found during admission process to have Medicare or a private insurance, the patient will be transferred to an "H" [Hospital] bedIf a patient admitted to an "E" (RTF) bed is found to have Medicare or Private Insurance after the admission process has startedthe patient will be transferred to an "H" bed (Hospital) bed when one is available. Policy titled "Patient Access-Inpatient Bed placement" Approved 11/1/17 stated "if funding is unknown, the patient will be placed into an E bed while funding is investigatedonce coverage is identified, a bed transfer would be submitted if a patient is in an incorrect bed according to their funding source."	Terry McInerney Hospital Administrator	4/21/18
a. On 2/6/18 at 11:15 AM, Surveyor #8 interviewed the Charge Nurse, Staff #801, about the process of patient transfers from the Hospital (H) service to the RTF (E) service. The Charge Nurse explained that each day he receives a notice of the patients that need to be transferred. The Charge Nurse Staff #801, shared the notice with this Surveyor. The document titled "UR Patient Admit / Discharge Request" dated 10/14/17 identified Patient #801 with instruction to discharge from H bed status and Admit to E bed status, the "Funding Source" was noted as "Medicare" and under comments was "Decertified from Medicare" and "Must Move ASAP"		
b. On 02/06/18 at 10:00 AM, Surveyor #8 reviewed the transfer process with the Director of Revenue Cycle (Staff #805). The Director related that hospital and RTF transfers are driven solely by the patient's funding source.		
Corrective Action 7: 7(a)(b) All patients that are admitted will remain in the bed that they were admitted to regardless of funding source. Transfers will only be done for therapeutic reasons. When a therapeutic transfer to another bed is required a complete discharge and readmission will occur. The nurse manager will monitor 100% of all transfers for compliance.		
Finding 8 8. On 02/06/18 at 9:30 AM, Surveyor #8 reviewed the bed transfer for Patient #801. a. The discharged medical record showed an order (dated 11/21/17) for the Hospital bed transfer to a "RTF" bed. Further assessment of the record revealed the following: i. No documentation in the medical record to indicate need or purpose to move the patient from a Hospital bed to Residential Treatment bed. ii. There were no discharge notes or discharge instructions indicating that the patient had been discharged from one facility and admitted to the other facility. iii. There was no physician discharge summary for the patient's hospital stay. iv. There was no physician admit note or history and phsyical, and there was no nursing admission assessment for the RTF admission/transfer.	Terry McInerney Hospital Administrator	04/21/18

v. There was no informed consent obtained for treatment in the RTF facility. vi. There was no evidence the patient was informed of their rights upon admission to the RTF program.		-
b. At the time of review, Charge Nurse (Staff#801) confirmed the findings and that no new consents are signed for care and treatment in the transferred facility.		
Corrective Action 8: 8(a i-vi)(b) All patient movement between beds will be a complete discharge and admission including the reason for transfer, discharge summary, new assessments, patient rights, and consents. The nurse managers will monitor 100% of the patient discharge/readmissions until the beds are converted to hospital for compliance.		
Finding 9		
9. Review of the medical record for Patients #802, #803, #804, and #806 revealed the following:	Terry McInerney	4/21/18
a. No evidence or supporting documentation indicating the need to discharge from hospital bed status (Patients #802 and #806) and admit to RTF patient status. No evidence or supporting documentation indicating the need to discharge from the RTF and admit to hospital bed status (Patients #803 and #804).	Hospital Administrator	
b. There was no consent for treatment signed on admit to RTF facility for Patients #802 and #806. There was no consent signed on admit to the hospital services for Patients #803 and #804.		
c. The medication administration record was not separate from the other licensed facility.	• •	
d. At the time of interview, the Nurse Manager (Staff #801) confirmed these findings and that no new consents are signed for care and treatment in the transferred facility.		
Corrective Action 9:		
9 (a) All movement of patients between beds will have supporting documentation of the need to transfer. Nurse managers will audit 100% of transfers for compliance. 9 (b)(c) All movement of patients between beds will have new consents for care and treatment signed. Nurse managers will audit 100% of transfers for compliance. 9 (d) All movement of patients between beds will have a separate medication administration record for each stay. Nurse managers will audit 100% of transfers for compliance.		
Finding 10 10. Review of the medical record for Patients #801, #802, #803, #804, and #806 revealed the following:	Terry McInerney Hospital Administrator	4/21/18
a. Three of the 5 charts were Hospital Patients that transferred to the RTF facility. There were no discharge summaries present in the chart following the hospital discharge.		

b. The Nurse Manager (Staff #801) confirmed discharge summaries are done after the hospital patient has been discharged from the RTF facility.		
Corrective Action 10: 10(a)(b) All movement of patients between beds will have a discharge summary completed at the time of the transfer. Nurse Managers will audit 100% of all transfers for compliance.		
Finding 11 11. The facility's "Patient Rights and Responsibilities" dated 04/28/16 stated the patient may make informed decisions regarding their care request or refuse care, have a right to a psychosocial and medical evaluation within 24 hours of admission to determine whether continued detention in the facility is necessary, have all information complied, obtained or maintained in the course of receiving treatment kept confidential"	Terry McInerney Hospital Administrator	4/21/18
Corrective Action: 11. All movement of patients between beds will have a psychosocial and medical evaluation done at the time of transfer. Nurse Managers will audit 100% of all transfers for compliance.		
Finding 12 12. On 02/06/18 at 10:30 AM, Surveyor #8 reviewed the transfer process for Patient #801 in the medical record with the RN Nurse Manager Staff #801. The Manager shared that the managers receive notification of insurance/funding changes and they begin the process of transferring a patient from a hospital bed to an RTF bed, or from an RTF to a hospital bed. They start with getting a doctor's order and then seeing if there is an open bed, make the changes in the electronic medical record and then move the patient. RN #801 confirmed that there is no conversation to inform the patient, there is no "discharge" paperwork tor the patient and or their family. RN #801 reported that the patient is only aware of room change.	Terry McInerney Hospital Administrator	4/21/18
Corrective Action 12: 12. All patient that are moved between beds will be informed of the reason and receive all discharge paperwork.		
Finding 13 13. Review of the medical records for patients#802, #803, #804, and #806, did not show evidence that the document titled "An Important Message From Medicare About Your Right" was present for both admission and/or discharge.	Terry McInerney Hospital Administrator	4/21/18
Corrective Action 13: 13. All patients that are moved between beds will be given a new document titled "An Important Message From Medicare About Your Right" at the time of transfer. Nurse Managers will audit 100% of all transfers for compliance.		
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ITEM #2 - Shared Staff		
Finding 1 1. On 02/06/18 at 9:00 AM, Surveyor #2 interviewed the Hospital Administrator (Staff #201) regarding the organization of the hospital. The administrator stated that both facility types (The hospital and RTF) operate under a single "umbrella", with all functions and staffing carried out by Navos as a single entity. This includes facilities and administrative staff.	Terry McInerney Hospital Administrator	9/1/18
Corrective Action 1: 1. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, the existing RTF patients will be discharged and immediately readmitted to the hospital. Expected completion by 9/1/18 at that time the staff will not be shared between programs.		·
Finding 2 2. Review of the Medical Staff showed the following:	Torne Malnamas	
a. Review of the document titled, "Organized Medical Staff Bylaws," revised 05/12, showed that the organized medical staff were appointed to the inpatient or outpatient services departments of Navos.	Terry McInerney Hospital Administrator	9/1/18
b. Review of the document titled, "Navos Organized Medical Staff Privileging Application," showed that providers were privileged for the inpatient or outpatient setting. Neither the minimal criteria nor the core privileges distinguish between the hospital and RTF inpatient settings, but treat both facilities as a single entity.		
c. On 02/06/18 at 1:30 PM, surveyor #2 interviewed the Hospital Administrator (Staff #201) regarding credentialing of medical staff at the hospital. The administrator stated that medical staff are credentialed as either inpatient or outpatient staff, rather than credentialed for the hospital or RTF.		
Corrective Action 2: 2 (a)(b)(c) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds the reference to inpatient will only encompass hospital beds expected completion by 9/1/18		
Finding 3 3. Review of the pharmaceutical services organizational chart showed that Navos operates a single pharmaceutical services staff that reports to the Clinical Chief Officer (Staff #205).	Terry McInerney Hospital Administrator	9/1/18

Corrective Action 3: 3. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received an 5/45/49.		
of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed the pharmacy will only be servicing hospital patients expected completion 9/1/18		
Finding 4		
4. Review of various job descriptions showed the following:	Terry Mcinerney	9/1/18
a: Review of the position description for the hospital administrator showed that the administrator was responsible for the operation of Inpatient Services, which includes both the hospital and RTF facilities.	Hospital Administrator	
b. Review of the position description for the inpatient quality manager showed that the manager oversaw the quality program for all inpatient services. Per the position description this program encompasses regulations that apply to both the hospital and RTF licensures.		
c. Review of the position description for the director of care management and court services showed that the director reports to the inpatient hospital administrator, which would oversee both the hospital and RTF.		
d. Review of the position description for the director of pharmacy showed that the director reports to the chief of inpatient services, who would oversee both the hospital and the RTF.		
Corrective Action 4:		
4. (a)(b)(c)(d) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and		
payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed all staff including administration will only be providing or overseeing hospital services expected completion 9/1/18.		
Finding 5		
5. On 12/06/17 Surveyor #8 observed the 8:00 AM medication pass on the 3rd floor. Interview with the Medication Nurse (Staff #806) showed that she does not know which patient is a Hospital patient and which patient is an RTF patient, and they are treated the same.	Terry McInerney Hospital Administrator	9/1/18
Corrective Action 5:		
5. (a)(b)(c)(d) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital peds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and		

	payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed all staff including administration will only be providing or overseeing hospital services expected completion 9/1/18. Finding 6 6. Review of hospital policy titled "Provision of Nursing Care, Treatment, and Services" Policy #3023513 Approved 04/16; regarding the structure of the staffing, states, "There are two patient care units, each with 35 beds. Both units have licensed and designated Evaluation and Treatment beds [RTF beds] and licensed and designated Hospital beds. Services are identical on both	Terry McInerney Hospital Administrator	9/1/18
	Corrective Action 6: 5. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed the policy will be revised and updated to reflect the changes in bed status expected completion by 9/1/18.		
r	Finding 7 7. On 02/06/18 at 9:30 AM, Surveyor #8 interviewed the Nurse Manager (Staff #801) regarding nurse staffing for the hospital patients. The Nurse Manager stated that they have one staff oriented to work with all the patients. Staff are not oriented to a hospital program and a separate RTF program; it is one in the same.	Terry McInerney Hospital Administrator	9/1/18
of state of the contract of th	Corrective Action: A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was ubmitted for construction review process. On 6/14/18 an application and payment was submitted or the existing 40 beds and additional 30 hospital beds. Once the construction review has been ompleted, approval received and beds licensed, staff will be providing care to hospital patients nly. No new training required current orientation is based on hospital standards expected ompletion 9/1/18.		
1	ΓΕΜ #3 - Shared Space		
1 (l a	inding 1 Review of the following documents showed how the hospital and residential treatment facility RTF) began to share facility space: In a letter sent to the Washington State Department of Health (DOH), dated 04/21/06, Navos equested to integrate beds from their hospital license and RTF license onto the same floor. Prior	Terry McInerney Hospital Administrator	9/1/18

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to the request, both facility types were housed on separate floors with separate staff. b. Centers for Medicare and Medicaid Services (CMS) approved the proposal on 04/12/06. The Washington State Department of Health (DOH) approved the proposal on 05/01/07. c. In a subsequent letter, dated 04/23/07, Navos requested an additional reorganization of the hospital and RTF beds. Under the new proposal, hospital and RTF rooms would be interspersed throughout each floor. d. No approval letter was on file from CMS or DOH. e. In a final letter, dated 12/29/10, Navos stated it was increasing the number of hospital beds to the maximum allowed under the state license and rearranging hospital and RTF rooms again. f. No approval letter was on file from CMS or DOH.		
Corrective Action 1: 1. A request for a certificate of need will be submitted at least 60 days prior to any future movement or changes in beds status or location that will be effective for a period in excess of 6 months per (WAC) 246-310-020 (1)(c). All changes in programing and patient care in the hospital will be planned and researched to ensure compliance with all regulatory agencies. To ensure compliance no changes will be implemented until the planning process is completed and approved by the Quality Manager and Hospital Administration. All information and communication received or sent during the process will be filed and stored in the Quality department.		
Finding 2 2. Review of the floor plans for the "Inpatient Hospital Building" showed that both the Navos hospital and RTF shared much of the same space on the second and third floors of the buildings. Shared space included food service and dining areas, pharmaceutical services and medicine administration areas, patient exam and treatments rooms, bathing facilities, and recreational areas. Patient rooms were also interspersed throughout each floor and not divided into units. The rooms were not laid out per the requests outlined above.	Terry McInerney Hospital Administrator	9/1/18
Corrective Action 2: 2. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, each patient care unit will have 35 licensed hospital beds eliminating the shared space expected completion 9/1/18.		
Finding 3 3. On 12/06/17 from 10:00 AM to 1:00 PM, Surveyor #2 toured the second and third floors of the hospital and confirmed that the hospital and RTF licenses shared the same spaces for bathing, food service, recreation, patient care, and pharmaceutical services and had rooms interspersed throughout both floors.	Terry McInerney Hospital Administrator	9/1/18
Corrective Action 3: 3. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted		

for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, each patient care unit will have 35 licensed hospital beds eliminating the shared space expected completion 9/1/18.		
Finding 4 4. On 02/06/18 at 9:00 AM, Surveyor #2 interviewed the hospital administrator (Staff #201) regarding the floor plan requests sent to DOH. The administrator stated that the facility was unable to locate documentation approving the changes to the floor plans from CMS or DOH.	Terry McInerney hospital Administrator	9/1/18
Corrective Action 4: 4. All changes in programing and patient care in the hospital will be planned and researched to ensure compliance with all regulatory agencies. To ensure compliance no change will be implemented until the planning process is completed and approved by the Quality Manager and Hospital Administration. All information and communication received or sent during the process will be filed and stored in the Quality department.		

Navos

Plan of Correction for State/CMS Licensing Survey 12/6/17-12/7/17 & 2/6/17 **Revised 7/2/18**

Tag	How the Deficiency Will Be Corrected	Responsible	Estimated Date of
Number		Individual(s)	Correction
A020	Finding COMPLIANCE WITH LAWS CFR(s): 482.11 Compliance with Federal, State and Local Laws This CONDITION is not met as evidenced by: A 020	Terry McInerney Hospital Administrator	9/1/18
	Based on observation, interview, and document review, the hospital failed to ensure independent compliance with federal regulations/conditions of participation by sharing hospital space, staff and services with another licensed facility. Failure by the hospital to provide independent oversight can lead to dependence on another licensed entity for compliance with federal regulations and put patients at risk to receive poor quality care. Findings included: The hospital failed to meet applicable federal, state and local requirements by: Sharing numerous support services. Sharing of hospital staff. Sharing of clinical care areas of the hospital. Cross Reference Tag A 043		
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	Based on observation, interview, and document review, the hospital failed to ensure independent		

Firel Revised POC Received: 7/2/18

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Finding 1 1. Review of the Governing Body documents and meeting minutes showed the following:	Terry McInerney Hospital Administrator	9/1/18
a. Review of the document titled, "Navos Second Amended and Restated Bylaws", showed that Navos is referred to as a single "corporation" which encompasses multiple different entities that is managed by a board of directors. The bylaws did not expressly mention the hospital or other facility types that are overseen by the Governing body.		
b. Review of the Governing Body meeting minutes for 2017 showed that Navos is largely operated as a single entity. The only direct reference to the hospital was found in the minutes dated 01/09/17. These minutes indicate that the "E & T" beds (evaluation and treatment, which is part of the residential treatment facility (RTF) are located within the hospital, suggesting that these beds and the hospital beds are treated as part of the same facility.		·
Corrective Action 1: 1 (a) (b) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Expected completion by 9/1/18. All future references to the inpatient setting will be specific to hospital only.		
Finding 2 2. Review of hospital policies showed that the policies did not distinguish if they applied to the hospital, other entities, or the organization as a whole. The director of inpatient nursing (Staff#201) was listed as the owner of the policies dealing with direct patient care.	Terry McInerney Hospital Administrator	9/15/18
Corrective Action 2: A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, the existing RTF patients will be discharged and immediately readmitted to the hospital. Expected completion by 9/1/18 Once the use of the beds is approved all policies will be updated by 9/15/18 to specifically address the hospital program. All new policies written that effect the hospital will be specific to the hospital only.	·	
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Finding 3 3. Review of the Infection Control Program showed the following: a. Review of the 2016-2017 infection control plan showed that the infection control committee was made up of "residential and hospital" nurses. Further review of the infection control plan indicates that areas with hospital and residential beds are treated as a single entity for surveillance, prevention and control, separately from outpatient settings.	Terry McInerney Hospital Administrator	9/1/18
b. Review of the infection control program evaluation for 2015-2016 and goals for 2016-2017 did not show any distinct review of the hospital patients or services. Data in the evaluation were separated by floor rather than facility type, indicating that surveillance of the hospital and RTF services is combined.		
c. Review of the infection control program meeting minutes from 2017 showed that meetings were organization wide. Inpatient issues are not delineated by hospital patients or services, but rather as inpatient services.		
Corrective Action 3: 3(a)(b) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, the existing RTF patients will be discharged and immediately readmitted to the hospital. Expected completion by 9/1/18. Once beds are approved and licensed the 2018-2019 infection control plan and surveillance will specifically address the hospital separately from other Navos programs expected completion by 9/1/18.		
3(c) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, the hospital will be discussed as a single entity from the outpatient residential this will be reflected in the meeting minutes along with names of hospital representation. Expected completion 9/1/18.		·
Finding 4 4. Review of the Quality Assurance and Performance Improvement Program showed the following:	Terry McInemey Hospital Administrator	9/1/18
 a. Review of the "Quality Improvement Program" showed that the quality program is divided into three distinct groups: outpatient programs; children's programs; inpatient programs. The inpatient program quality structure involves membership from various departments of the hospital, all of which are indicated as encompassing all inpatient services (hospital and RTF). The inpatient		

clinical program reports quality information to the overall quality improvement committee. The quality plan does not specifically address the hospital as a single entity. b. At the time of this investigation, the hospital lacked a Quality Director. On 02/06/18 at 9:00AM, Surveyor #2 interviewed the Hospital Administrator (Staff #201) regarding the hospitals services. The administrator stated that all functions of the hospital are incorporated with the RTF, and overseen by the organization as a single, inpatient entity. Corrective Action 4: 4(a)(b). A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once beds are approved the hospital will be discussed as a single entity consisting of 70 licensed psychiatric hospital beds. Expected completion 9/1/18. The hospital Quality manager position has been filled and will be responsible for reporting specifically on the hospital effective 9/1/18. Findina 5 Terry McInerney 9/15/18 5. Review of services provided under contract showed the following: Hospital Administrator a. On 02/06/18 at 1:30 PM, Surveyor #2 interviewed the hospital administrator (Staff #201) regarding various names of the facility on contracts. The administrator stated that Navos Mental Health Solutions was the technical company name and any other naming conventions are placeholders for this name. b. Review of the document "Service Agreement between Navos Mental Health Solutions and Farestart", signed 12/18/17, showed that Farestart provides 100 lunches and dinners to Navos Mental Health Solutions. c. On 12/06/17 at 12:00 PM, Surveyor #2 observed a food service at the facility. The hospital and RTF patients were served at the same time, by the same staff, and in the same dining area. d. Review of the document, "Janitorial Service Agreement," between ABM Onsite Services and Navos Mental Health Solutions, showed that janitorial services would be provided at the hospital location. The document does not specify specifically that it applies to the hospital, but rather the entire building. e. On 12/07/17 at 8:50 AM, Surveyor #2 observed a housekeeper (Staff #203) performs room cleanings. Rooms for both the hospital and RTF patients were cleaned by the same staff during

f. Review of the document titled, "Memorandum of Agreement between Qualis Health and Navos Inpatient Services," showed that Qualis Health served as the utilization and quality control review

the same shifts

organization (QIO) for hospital patients and providers at Navos. The agreement specifically addresses the medicare provider number for the hospital portion of Navos Inpatient Services.	,	
g. On 02/06/18 at 2:00 PM, Surveyor #2 asked the hospital administrator (Staff #201) if utilization review and quality data for only hospital patients or for both hospital and RTF patients was sent to the QIC. The administrator thought that data from both facility types was went to the QIC, but would need to confirm with the former quality director (Staff #202). The former quality director confirmed via phone call that the data from the hospital and RTF was sent to the QIC.		
h. Additional external contracts for external staffing (Emerald City Medical Staffing), laboratory services (LabCorp), and dietician services were reviewed. All of the contracts were signed to provide services for Navos Inpatient Services or Navos Mental Health Solutions, which includes both the hospital and the RTF.		
Corrective Action 5: 5(a)(b)(c)(d)(e)(h)) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the hospital beds are approved for use contracts will be reviewed and updated as needed by 9/15/18. 5(f)(g) Any reporting to Qualis prior to the RTF beds being changed to hospital be will separated. Effective 9/1/18 all data reporting to the Qualis will only include hospital information.		
Finding 6 6. Review of hospital policy titled "Provision of Nursing Care, Treatment, and Services" Policy #3023513 Approved 04/16; regarding the structure of the staffing states; "There are two patient care units, each with 35 beds. Both units have licensed and designated Evaluation and Treatment beds and licensed and designated Hospital beds. Services are identical on both units. Nursing care, as part of the hospital's acute inpatient psychiatric services, is available to all patients 24 hours a day, 7 days a week"	Terry McInerney Hospital Administrator	9/1/18
a. 12/6/17 at 10:30 AM, Surveyor #8 reviewed the staffing plan with the Charge Nurse Staff #801. The Charge Nurse stated that the staff are trained the same and can work with all the patients.		
b. Interview with Med Nurse, Staff #806, confirmed that the staff work with hospital and RTF patients and treat them the same.		
c. Chief Nursing Officer, Staff #802 confirmed the above findings.		
Corrective Action 6: 6 (a)(b)(c)) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was		,

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submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, the existing RTF patients will be discharged and immediately readmitted to the hospital. Expected completion by 9/1/18.		
Finding 7 7. Hospital policy titled "Pre-Admission Screening and Patient Placement," Policy #3023511, Reviewed 10/16 states, "If a patient is admitted to an "E" [Residential Treatment Facility] (RTF) bed is found during admission process to have Medicare or a private insurance, the patient will be transferred to an "H" [Hospital] bedIf a patient admitted to an "E" (RTF) bed is found to have Medicare or Private Insurance after the admission process has startedthe patient will be transferred to an "H" bed (Hospital) bed when one is available. Policy titled "Patient Access-Inpatient Bed placement" Approved 11/1/17 stated "if funding is unknown, the patient will be placed into an E bed while funding is investigatedonce coverage is identified, a bed transfer would be submitted if a patient is in an incorrect bed according to their funding source."	Terry McInerney Hospital Administrator	4/21/18
a. On 2/6/18 at 11:15 AM, Surveyor #8 interviewed the Charge Nurse, Staff #801, about the process of patient transfers from the Hospital (H) service to the RTF (E) service. The Charge Nurse explained that each day he receives a notice of the patients that need to be transferred. The Charge Nurse Staff #801, shared the notice with this Surveyor. The document titled "UR Patient Admit / Discharge Request" dated 10/14/17 identified Patient #801 with instruction to discharge from H bed status and Admit to E bed status. the "Funding Source" was noted as "Medicare" and under comments was "Decertified from Medicare" and "Must Move ASAP"		
b. On 02/06/18 at 10:00 AM, Surveyor #8 reviewed the transfer process with the Director of Revenue Cycle (Staff #805). The Director related that hospital and RTF transfers are driven solely by the patient's funding source.		
Corrective Action 7: 7(a)(b) All patients that are admitted will remain in the bed that they were admitted to regardless of funding source. Transfers will only be done for therapeutic reasons. When a therapeutic transfer to another bed is required a complete discharge and readmission will occur. The nurse manager will monitor 100% of all transfers for compliance.		
Finding 8 8. On 02/06/18 at 9:30 AM, Surveyor #8 reviewed the bed transfer for Patient #801. a. The discharged medical record showed an order (dated 11/21/17) for the Hospital bed transfer to a "RTF" bed. Further assessment of the record revealed the following: i. No documentation in the medical record to indicate need or purpose to move the patient from a Hospital bed to Residential Treatment bed. ii. There were no discharge notes or discharge instructions indicating that the patient had been discharged from one facility and admitted to the other facility. iii. There was no physician discharge summary for the patient's hospital stay. iv. There was no physician admit note or history and phsyical, and there was no nursing admission assessment for the RTF admission/transfer.	Terry McInerney Hospital Administrator	04/21/18

v. There was no informed consent obtained for treatment in the RTF facility. vi. There was no evidence the patient was informed of their rights upon admission to the RTF program.		
b. At the time of review, Charge Nurse (Staff#801) confirmed the findings and that no new consents are signed for care and treatment in the transferred facility.		
Corrective Action 8: 8(a i-vi)(b) All patient movement between beds will be a complete discharge and admission including the reason for transfer, discharge summary, new assessments, patient rights, and consents. The nurse managers will monitor 100% of the patient discharge/readmissions until the beds are converted to hospital for compliance.		·
Finding 9		
9. Review of the medical record for Patients #802, #803, #804, and #806 revealed the following:	Terry McInerney Hospital Administrator	4/21/18
a. No evidence or supporting documentation indicating the need to discharge from hospital bed status (Patients #802 and #806) and admit to RTF patient status. No evidence or supporting documentation indicating the need to discharge from the RTF and admit to hospital bed status (Patients #803 and #804).		
b. There was no consent for treatment signed on admit to RTF facility for Patients #802 and #806. There was no consent signed on admit to the hospital services for Patients #803 and #804.		
c. The medication administration record was not separate from the other licensed facility.		
d. At the time of interview, the Nurse Manager (Staff #801) confirmed these findings and that no new consents are signed for care and treatment in the transferred facility.		
Corrective Action 9:		
9 (a) All movement of patients between beds will have supporting documentation of the need to transfer. Nurse managers will audit 100% of transfers for compliance. 9 (b)(c) All movement of patients between beds will have new consents for care and treatment signed. Nurse managers will audit 100% of transfers for compliance. 9 (d) All movement of patients between beds will have a separate medication administration record for each stay. Nurse managers will audit 100% of transfers for compliance.		
Finding 10 10. Review of the medical record for Patients #801, #802, #803, #804, and #806 revealed the following:	Terry McInerney Hospital Administrator	4/21/18
a. Three of the 5 charts were Hospital Patients that transferred to the RTF facility. There were no discharge summaries present in the chart following the hospital discharge.		

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b. The Nurse Manager (Staff #801) confirmed discharge summaries are done after the hospital patient has been discharged from the RTF facility.		
Corrective Action 10: 10(a)(b) All movement of patients between beds will have a discharge summary completed at the time of the transfer. Nurse Managers will audit 100% of all transfers for compliance.	·	
Finding 11 11. The facility's "Patient Rights and Responsibilities" dated 04/28/16 stated the patient may make informed decisions regarding their care request or refuse care, have a right to a psychosocial and medical evaluation within 24 hours of admission to determine whether continued detention in the facility is necessary, have all information complied, obtained or maintained in the course of receiving treatment kept confidential"	Terry McInerney Hospital Administrator	4/21/18
Corrective Action: 11. All movement of patients between beds will have a psychosocial and medical evaluation done at the time of transfer. Nurse Managers will audit 100% of all transfers for compliance.		,
Finding 12 12. On 02/06/18 at 10:30 AM, Surveyor #8 reviewed the transfer process for Patient #801 in the medical record with the RN Nurse Manager Staff #801. The Manager shared that the managers receive notification of insurance/funding changes and they begin the process of transferring a patient from a hospital bed to an RTF bed, or from an RTF to a hospital bed. They start with getting a doctor's order and then seeing if there is an open bed, make the changes in the electronic medical record and then move the patient. RN #801 confirmed that there is no conversation to inform the patient, there is no "discharge" paperwork tor the patient and or their family. RN #801 reported that the patient is only aware of room change.	Terry McInerney Hospital Administrator	4/21/18
Corrective Action 12: 12. All patient that are moved between beds will be informed of the reason and receive all discharge paperwork.		
Finding 13 13. Review of the medical records for patients#802, #803, #804, and #806, did not show evidence that the document titled "An Important Message From Medicare About Your Right" was present for both admission and/or discharge.	Terry McInerney Hospital Administrator	4/21/18
Corrective Action 13: 13. All patients that are moved between beds will be given a new document titled "An Important Message From Medicare About Your Right" at the time of transfer. Nurse Managers will audit 100% of all transfers for compliance.		

ITEN	l #2 - Shared Staff		
regai hosp	ing 1 1 02/06/18 at 9:00 AM, Surveyor #2 interviewed the Hospital Administrator (Staff #201) 1 ding the organization of the hospital. The administrator stated that both facility types (The 1 ital and RTF) operate under a single "umbrella", with all functions and staffing carried out by 1 s as a single entity. This includes facilities and administrative staff.	Terry McInerney Hospital Administrator	9/1/18
1. A confiner of the comparison of the comparison of the comparison of the comparison of the confiner of the comparison of the comparison of the comparison of the comparison of the confiner of the comparison of	certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate ed approval documentation was received on 5/15/18. On 6/15/18 an application was nitted for construction review process. On 6/14/18 an application and payment was submitted e existing 40 beds and additional 30 hospital beds. Once the construction review has been eleted, approval received and beds licensed, the existing RTF patients will be discharged and ediately readmitted to the hospital. Expected completion by 9/1/18 at that time the staff will e shared between programs.		
a. Re	view of the Medical Staff showed the following: view of the document titled, "Organized Medical Staff Bylaws," revised 05/12, showed that rganized medical staff were appointed to the inpatient or outpatient services departments of	Terry Mcinerney Hospital Administrator	9/1/18
that p	view of the document titled, "Navos Organized Medical Staff Privileging Application," showed providers were privileged for the inpatient or outpatient setting. Neither the minimal criteria ne core privileges distinguish between the hospital and RTF inpatient settings, but treat both ies as a single entity.		
regar	02/06/18 at 1:30 PM, surveyor #2 interviewed the Hospital Administrator (Staff #201) ding credentialing of medical staff at the hospital. The administrator stated that medical staff redentialed as either inpatient or outpatient staff, rather than credentialed for the hospital or		
2 (a)(Certif was s subm has b	b)(c) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. icate of need approval documentation was received on 5/15/18. On 6/15/18 an application submitted for construction review process. On 6/14/18 an application and payment was litted for the existing 40 beds and additional 30 hospital beds. Once the construction review seen completed, approval received and beds the reference to inpatient will only encompass tall beds expected completion by 9/1/18		
	ng 3 view of the pharmaceutical services organizational chart showed that Navos operates gle pharmaceutical services staff that reports to the Clinical Chief Officer (Staff #205).	Terry McInerney Hospital Administrator	9/1/18

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	Corrective Action 3: 3. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed the pharmacy will only be servicing hospital patients expected completion 9/1/18		
	Finding 4 4. Review of various job descriptions showed the following:	Terry McInerney	9/1/18
	a: Review of the position description for the hospital administrator showed that the administrator was responsible for the operation of Inpatient Services, which includes both the hospital and RTF facilities.	Hospital Administrator	
:	b. Review of the position description for the inpatient quality manager showed that the manager oversaw the quality program for all inpatient services. Per the position description this program encompasses regulations that apply to both the hospital and RTF licensures.		
	c. Review of the position description for the director of care management and court services showed that the director reports to the inpatient hospital administrator, which would oversee both the hospital and RTF.		
	d. Review of the position description for the director of pharmacy showed that the director reports to the chief of inpatient services, who would oversee both the hospital and the RTF.		
	Corrective Action 4: 4. (a)(b)(c)(d) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed all staff including administration will only be providing or overseeing hospital services expected completion 9/1/18.		
	Finding 5 5. On 12/06/17 Surveyor #8 observed the 8:00 AM medication pass on the 3rd floor. Interview with the Medication Nurse (Staff #806) showed that she does not know which patient is a Hospital patient and which patient is an RTF patient, and they are treated the same.	Terry McInerney Hospital Administrator	9/1/18
	Corrective Action 5: 5. (a)(b)(c)(d) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and		

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payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed all staff including administration will only be providing or overseeing hospital services expected completion 9/1/18.		
Finding 6 6. Review of hospital policy titled "Provision of Nursing Care, Treatment, and Services" Policy #3023513 Approved 04/16; regarding the structure of the staffing, states, "There are two patient care units, each with 35 beds. Both units have licensed and designated Evaluation and Treatment beds [RTF beds] and licensed and designated Hospital beds. Services are identical on both units."	Terry McInemey Hospital Administrator	9/1/18
Corrective Action 6: 6. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed the policy will be revised and updated to reflect the changes in bed status expected completion by 9/1/18.		
Finding 7 7. On 02/06/18 at 9:30 AM, Surveyor #8 interviewed the Nurse Manager (Staff #801) regarding nurse staffing for the hospital patients. The Nurse Manager stated that they have one staff oriented to work with all the patients. Staff are not oriented to a hospital program and a separate RTF program; it is one in the same.	Terry McInemey Hospital Administrator	9/1/18
Corrective Action: 7. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, staff will be providing care to hospital patients only. No new training required current orientation is based on hospital standards expected completion 9/1/18.		
ITEM #3 - Shared Space		
Finding 1 1. Review of the following documents showed how the hospital and residential treatment facility (RTF) began to share facility space: a. In a letter sent to the Washington State Department of Health (DOH), dated 04/21/06, Navos requested to integrate beds from their hospital license and RTF license onto the same floor. Prior	Terry McInerney Hospital Administrator	9/1/18

to the request, both facility types were housed on separate floors with separate staff. b. Centers for Medicare and Medicaid Services (CMS) approved the proposal on 04/12/06. The Washington State Department of Health (DOH) approved the proposal on 05/01/07. c. In a subsequent letter, dated 04/23/07, Navos requested an additional reorganization of the hospital and RTF beds. Under the new proposal, hospital and RTF rooms would be interspersed throughout each floor. d. No approval letter was on file from CMS or DOH. e. In a final letter, dated 12/29/10. Navos stated it was increasing the number of hospital beds to the maximum allowed under the state license and rearranging hospital and RTF rooms again. f. No approval letter was on file from CMS or DOH. Corrective Action 1: 1. A request for a certificate of need will be submitted at least 60 days prior to any future movement or changes in beds status or location that will be effective for a period in excess of 6 months per (WAC) 246-310-020 (1)(c). All changes in programing and patient care in the hospital will be planned and researched to ensure compliance with all regulatory agencies. To ensure compliance no changes will be implemented until the planning process is completed and approved by the Quality Manager and Hospital Administration. All information and communication received or sent during the process will be filed and stored in the Quality department. Findina 2 2. Review of the floor plans for the "Inpatient Hospital Building" showed that both the Navos Terry McInerney 9/1/18 hospital and RTF shared much of the same space on the second and third floors of the buildings. Hospital Administrator Shared space included food service and dining areas, pharmaceutical services and medicine administration areas, patient exam and treatments rooms, bathing facilities, and recreational areas. Patient rooms were also interspersed throughout each floor and not divided into units. The rooms were not laid out per the requests outlined above. Corrective Action 2: 2. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, each patient care unit will have 35 licensed hospital beds eliminating the shared space expected completion 9/1/18. Finding 3 3. On 12/06/17 from 10:00 AM to 1:00 PM, Surveyor #2 toured the second and third floors of the Terry McInerney 9/1/18 hospital and confirmed that the hospital and RTF licenses shared the same spaces for bathing. Hospital Administrator food service, recreation, patient care, and pharmaceutical services and had rooms interspersed throughout both floors. Corrective Action 3: 3. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted

for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, each patient care unit will have 35 licensed hospital beds eliminating the shared space expected completion 9/1/18.		
Finding 4 4. On 02/06/18 at 9:00 AM, Surveyor #2 interviewed the hospital administrator (Staff #201) regarding the floor plan requests sent to DOH. The administrator stated that the facility was unable to locate documentation approving the changes to the floor plans from CMS or DOH.	Terry McInerney hospital Administrator	9/1/18
Corrective Action 4: 4. All changes in programing and patient care in the hospital will be planned and researched to ensure compliance with all regulatory agencies. To ensure compliance no change will be implemented until the planning process is completed and approved by the Quality Manager and Hospital Administration. All information and communication received or sent during the process will be filed and stored in the Quality department.		

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