

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  60429197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	<p style="text-align: center;"><b>RECEIVED</b></p> <p style="text-align: center;">OCT 25 2018</p> <p>(X3) DATE SURVEY COMPLETED  09/28/2018</p>
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NAME OF PROVIDER OR SUPPLIER  CASCADE BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168
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DEPARTMENT OF HEALTH  
Office of Investigation and Inspection

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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L 000	<p>INITIAL COMMENTS</p> <p>STATE LICENSING SURVEY</p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 Private Psychiatric and Alcoholism Hospitals, conducted this health and safety survey.</p> <p>Onsite dates: 09/25/18 to 09/28/18</p> <p>Examination number: 2018-787</p> <p>The survey was conducted by:</p> <p>Surveyor #2 Surveyor #3</p> <p>The Washington Fire Protection Bureau conducted the fire life safety inspection.</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following: The regulation number and/or the tag number;  HOW the deficiency will be corrected;  WHO is responsible for making the correction;  WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and  WHEN the correction will be completed.</p> <p>3. Your PLANS OF CORRECTION must be returned within 10 calendar days from the date you receive the Statement of Deficiencies. Your Plans of Correction must be postmarked by October 22, 2018.</p> <p>4. Return the ORIGINAL REPORT with the required signatures.</p>	
L 345	<p>322-035.1i POLICIES-PHARMACY</p> <p>WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (i) Pharmacy and medication services consistent with WAC 246-322-210;</p>	L 345	<p>Plan of Correction received 10/22/2018</p> <p>Plan of Correction approved 10/26/2018</p> <p>Patricia L. Williams</p>	

State Form 2567

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

*Michael J. Williams*

TITLE

CEO

(X6) DATE

10/22/18

STATE FORM

6899

8IDV11

If continuation sheet 1 of 10

State of Washington

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L 345	<p>Continued From page 1</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on record review, interview, and review of hospital policies and procedures, the hospital failed to ensure staff members perform and document assessments prior to administering medication ordered by a physician for 2 of 3 patient records reviewed (Patient #302, #303).</p> <p>Failure to assess and follow medication protocols puts patients at risk for delayed or inadequate treatment and may result in patient harm.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. Document review of the hospital's policy titled, "CIWA," policy number AR.C.210, last reviewed 09/18, showed that initiation of the Clinical Institute Withdrawal Assessment (CIWA) protocol set order must be ordered by a practitioner. Nursing staff will follow the CIWA protocol upon initiation by a provider.</li> <li>2. On 09/26/18 at 12:50 PM, Surveyor #3 reviewed the medical record of three patients who were placed on the CIWA protocol for alcohol withdrawal during their hospitalization. The review showed:               <ol style="list-style-type: none"> <li>a. Patient #302 was admitted on 09/25/18 and assessed on 09/26/18 at 6:00 AM with a total CIWA score of 7 and was administered 1 mg of lorazepam (an antianxiety medication) by mouth as prescribed by the protocol.</li> </ol> <p>-A second dose of lorazepam 1mg was administered on 09/26/18 at 9:00 AM; however, no CIWA assessment was performed by the nursing staff prior to the medication</p> </li> </ol>	L 345	<p>How: On 10/25/18 staff will be re-educated on policy AR.C.210 titled "CIWA" specifically regarding medication protocols relating to staff members assessment of patients prior to administration of medication.</p> <p>Who: The Chief Nursing Officer and Nurse manager of the Detox &amp; Rehab units will conduct this training.</p> <p>What: The Nurse Manager, or her proxy, will conduct daily chart audits on a minimum of 50% of all current in-patients on CIWA protocol. Immediate, on-the-spot correction will be done with any staff not following the protocol. All audit data collected will be tracked by the Chief Nursing Officer and The Director of Risk and Quality to be reported in the Performance Improvement Committee Meetings monthly.</p> <p>When: The correction will be completed 10/25/18.</p>	

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L 345	Continued From page 2  administration. A CIWA assessment was performed at 10:00 AM, which is one hour after medication administration.  b. Patient #303 was admitted on 09/25/18 and administered 0.5 mg of lorazepam by mouth on 09/26/18 at 9:00 PM. No CIWA assessment was performed by the nursing staff prior to medication administration. A CIWA assessment was performed at 10:00 PM, which is one hour after medication administration.  3. On 09/26/18 at 2:00 PM, Surveyor #3 interviewed the Nurse Manager (#301) about the CIWA protocol. Staff #301 stated the CIWA protocol is designed so that a CIWA assessment score is obtained and then the corresponding medication is administered based upon that score. He confirmed the nursing staff had not followed the protocol as prescribed by the practitioner.	L 345		
L 450	322-040.7 ADMIN-APPOINT STAFF  WAC 246-322-040 Governing Body and Administration. The governing body shall: (7) Appoint and periodically reappoint the professional staff; This Washington Administrative Code is not met as evidenced by:  Based on record review and interview, the hospital failed to ensure that a physician assistant had a documented Physician Assistant Delegation Agreement.  Failure to ensure that physician assistants have physician supervision places patients at risk for	L 450	How: The Physician Assistant Delegation Agreement was completed and submitted to the Medical Commission at the time of the survey. Who: The Chief Medical Officer and the Executive Assistant are the responsible parties. What: A section was added to the Medical Bylaws stating Physicians Assistants will have a completed Supervisory Agreement on file and it will be submitted to the Medical Commission prior to beginning work at Cascade. The Chief Medical Officer will make sure this documentation is in place and submitted for any new hire Physician Assistants prior to their beginning work. When: Completed 9/27/18	

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L 450	<p>Continued From page 3</p> <p>inadequate care.</p> <p>Reference: Revised Code of Washington (RCW) 18.71A.040 (1) (2), (1) No physician assistant practicing in this state shall be employed or supervised by a physician or physician group without the approval of the commission. (2) Prior to commencing practice, a physician assistant licensed in this state shall apply to the commission for permission to be employed or supervised by a physician or physician group. The delegation agreement shall be jointly submitted by the physician or physician group and physician assistant. Administrative procedures, administrative requirements, and fees shall be established as provided in RCW 43.70.250 and 43.70.280. The delegation agreement shall delineate the manner and extent to which the physician assistant would practice and be supervised. Whenever a physician assistant is practicing in a manner inconsistent with the approved delegation agreement, the commission may take disciplinary action under chapter 18.130 RCW.</p> <p>Findings included:</p> <p>1. On 09/27/18 from 11:30 AM to 12:30 PM, Surveyor #2 reviewed medical staff credentialing records. Record review of the medical staff credentialing files for a physician assistant (Staff #208) showed that the document, "Physician Assistant Delegation Agreement and Standardized Procedures Reference and Guidelines," a required supervisory agreement, was not on file and had not been submitted to the Medical Commission.</p> <p>2. On 09/27/18 at 3:15 PM, Surveyor #2 interviewed the Medical Staff Coordinator (Staff</p>	L 450		
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L 450	Continued From page 4  #209) about the missing supervisory agreement for Staff #208. The coordinator stated that she was unable to find the required documents and that it was not submitted to the commission. The coordinator had the physician assistant and the supervising physician (Staff #210) complete the agreement after the credentialing review.	L 450		
L 670	322-050.12G RECORDS-PERFORM EVALS  WAC 246-322-050 Staff. The licensee shall: (12) Maintain a record on the hospital premises for each staff person, during employment and for two years following termination of employment, including, but not limited to: (g) Annual performance evaluations. This Washington Administrative Code is not met as evidenced by:  Based on document review, the hospital failed to ensure that annual performance evaluations were performed and retained for 5 of 9 staff members reviewed (Staff #201, #202, #203, #204, #205).  Failure to conduct annual performance evaluations limits the hospital's ability to ensure that staff members are satisfactorily performing required job duties.  Findings included:  1. Recrod review of the hospital policy titled, "Performance Evaluations," policy number EHB.P.200, reviewed 01/18, showed that staff should receive annual performance reviews.  2. On 09/27/18 from 10:00 AM to 11:30 AM,	L 670	How: Human Resources will send out weekly notices to managers/directors regarding staff that are overdue/due for their annual review. CEO will be included on these notices. New Nurse Manager was hired 10/2018. She and the current other Nurse Manager will be taking over completing the outstanding nursing evaluations. Who: Nurse Managers, Directors of each department & Human Resources. What: Once reviews are completed they are entered into Ultipro for tracking. This data is monitored by Human Resources monthly. All Directors will be notified one month in advance of upcoming reviews and reminded on a weekly basis of any due or overdue reviews until they are completed. CEO will be notified of any reviews that are overdue. CEO will also follow up with the directors regarding their outstanding reviews. When: Implemented 10/18/18	

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L 670	<p>Continued From page 5</p> <p>Surveyor #2 reviewed human resources records for 9 staff members. Review of the annual performance evaluations showed the following:</p> <p>a. A registered nurse (Staff #201), hired in 11/16, did not have a completed annual performance evaluation in his personnel file.</p> <p>b. A mental health technician (Staff #202) had her last performance evaluation conducted on 05/11/17.</p> <p>c. A mental health technician (Staff #203) had her last performance evaluation conducted in 06/17.</p> <p>d. A chemical dependency professional (Staff #204) had her last performance evaluation conducted in 07/17.</p> <p>e. A mental health technician (Staff #205) had her last performance evaluation conducted in 06/17.</p> <p>3. Surveyor #2 reviewed personnel files with the Human Resources Director (Staff #204). During the review, the director confirmed that the identified staff members did not receive recent annual performance evaluations.</p>	L 670		
L1165	<p>322-180.2 EMERGENCY SUPPLIES</p> <p>WAC 246-322-180 Patient Safety and Seclusion Care. (2) The licensee shall provide adequate emergency supplies and equipment, including airways, bag resuscitators, intravenous fluids, oxygen, sterile supplies, and other equipment identified in the policies and procedures, easily accessible to</p>	L1165	<p>How: Intravenous fluids and IV start kits were purchased and placed in all 6 of Cascade's crash carts. Central Supply will keep extra stock.</p> <p>Who: Chief Nursing Officer is the responsible party.</p> <p>What: The daily crash cart rounding monthly inventory logs have been updated to include IV fluids and start kits. Staff complete daily checks to assure the crash cart is locked and monthly the crash carts are opened to inventory supplies and check for any expired items.</p>	

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L1165	<p>Continued From page 6</p> <p>patient-care staff. This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation, document review, and interview, the hospital failed to have all the required emergency supplies available for patient care for 6 of 6 patient care units reviewed.</p> <p>Failure to have the required emergency supplies available risks delayed patient care and treatment.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1. Document review of the hospital's policy titled, "Emergency Cart," policy number PC.C.110, last reviewed 01/18, showed that "all emergency carts will be stocked according to WAC 246-322-180 standards". Emergency carts will be secured and available on all patient care units at all times for emergency use.</li> <li>Document review of the hospital's daily log for emergency cart inventory checks showed a list of the cart's contents by drawer. The inventory list did not include intravenous fluids and associated items to initiate intravenous therapy as part of its contents.</li> <li>2. On 09/25/18 at 9:00 AM during a tour of the 2-West Adult Psychiatric Unit, Surveyor #3 inspected their emergency cart. The surveyor observed there were no intravenous fluids and associated items to initiate intravenous therapy in the cart.</li> <li>3. On 09/25/18 at 9:30 AM, Surveyor #3 interviewed the Nurse Manager (Staff #301) about the 2-West emergency cart. Staff #301</li> </ol>	L1165	<p>The Code Blue policy PC.C.100 was updated to include all the contents of the crash cart to include IV fluids and IV start kits. Staff will be educated on the changes to the policy and crash cart during the Nursing Staff Meeting on 10/25/18. Medical staff were informed during the Internal Medicine Staff meeting 10/17/18</p> <p>When: 10/29/18 all crash carts will have the IV fluids and IV start kits in place. 11/1/18 all medical &amp; nursing staff will be informed of the IV fluids/start kits location in the crash cart.</p>	

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L1165	Continued From page 7  stated that none of the hospital's emergency carts contained intravenous fluids as part of their inventory stockage list. He indicated the hospital does not perform intravenous therapy as part of its service.	L1165		
L1265	<p>322-200.3F RECORDS-OBSERVATIONS</p> <p>WAC 246-322-200 Clinical Records. (3) The licensee shall ensure prompt entry and filing of the following data into the clinical record for each period a patient receives inpatient or outpatient services: (f) Significant observations and events in the patient's clinical treatment; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on record review and review of hospital policies and procedures, the hospital failed to document significant medical emergencies in the clinical treatment for 1 of 2 patient records reviewed (Patient #301).</p> <p>Failure to document a patient's cardiac arrest decreases the quality of the information the hospital can provide for ongoing treatment of the patient and hinders the hospital's ability to evaluate the effectiveness of their emergency response.</p> <p>Findings included:</p> <p>1. Document review of the hospital's policy and procedure titled, "Code Blue," policy number PC.C.100, last reviewed 01/18, showed that the code blue event will be documented on the Code Blue Record and placed in the medical record</p>	L1265	<p>How: Staff will be educated 10/25/18 on the importance of completing the Code Blue Documentation record and a thorough nursing progress note for any code blue situation. The crash cart log sheet will include checking to make sure there are copies of the Code Blue Documentation forms available on top of the crash cart clipboard nightly. . Nurse Supervisors were educated 10/18/18 on their roll in making sure any patient involved in a Code Blue has the completed Code Blue Documentation form placed in the patients medical record and the nursing progress note gives a thorough description of the event. Who: Chief Nursing Officer &amp; Nursing Supervisors What: Nursing Supervisors will spot check the crash cart logs on a weekly basis to assess staff compliance. Any crash cart clipboard missing proper Code Blue Documentation forms will be replaced immediately. The Nursing Supervisors will follow up immediately after any code to audit the correct completion of the Code Blue Documentation form and nursing progress note. Any non-compliance will be corrected immediately and reported to the Chief Nursing Officer. When: 10/25/18</p>	



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L1265	<p>Continued From page 9</p> <p>Evaluation form could be located for the cardiac arrest event.</p> <p>3. On 09/27/18 at 3:00 PM, Surveyor #3 interviewed the Director of Risk &amp; Quality Management (Staff #302) about Patient #301's cardiac arrest and associated documentation. Staff #302 confirmed the missing documentation and the expectation that staff document the medical emergency events in the patient's medical record.</p>	L1265		
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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

February 3, 2019

Ms. Janet Huff, RN  
Cascade Behavioral Hospital  
12844 Military Road South  
Tukwila, Washington, 98168

Dear Ms. Huff,

Surveyors from the Washington State Department of Health and the Washington State Patrol Fire Protection Bureau conducted a state licensing survey at Cascade Behavioral Hospital on 09/25/18 – 09/28/18. Hospital staff members developed a plan of correction to correct deficiencies cited during this survey. This plan of correction was approved on November 26, 2018.

Hospital staff members sent Progress Reports dated December 20, 2018 and January 31, 2019 that indicates all deficiencies have been corrected. The Department of Health accepts Cascade Behavioral Hospital's attestation to be in compliance with Chapter 246-320 WAC.

The team sincerely appreciates your cooperation and hard work during the survey process and looks forward to working with you again in the future.

Sincerely,

Paul Kondrat, RN, MN, MHA  
Survey Team Leader