



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Vest Seattle LLC (dba Smokey Point Behavioral Hospital)
Master Case No.: M2021-759
Document: Amended Notice of Intent

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

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The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
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SEP 16 2022

Adjudicative Clerk Office

**STATE OF WASHINGTON
DEPARTMENT OF HEALTH
SECRETARY OF HEALTH**

In the Matter of

**VEST SEATTLE LLC (dba SMOKEY POINT
BEHAVIORAL HOSPITAL)**

License No. HPSY.FS.60739147

Respondent

No. M2021-759

**AMENDED NOTICE OF INTENT
TO SUSPEND**

Pursuant to RCW 43.70.115, the Executive Director of the Psychiatric Hospitals Program (HPSY Program), on designation by the Secretary of Health (Secretary), having authority to regulate psychiatric hospitals under chapter 71.12 RCW, and chapter 246-322 WAC, hereby provides Notice of Intent to Suspend License No. HPSY.FS.60739147 (Notice). This Notice will take effect and become a Final Order, without further notice, twenty-eight (28) days after receipt absent a timely request for an adjudicative proceeding. This Notice is based on the following findings of fact and conclusions of law, which are supported by the evidence contained in case nos. 2019-13787 and 2021-11507.

1. FINDINGS OF FACT

1.1 On June 8, 2017, the State of Washington issued Vest Seattle LLC dba Smokey Point Behavioral Hospital (SPBH) license no. HPSY.FS.60739147 to operate as a psychiatric hospital (HPSY). SPBH's HPSY license is currently active.

1.2 On June 12, 2017, the State of Washington issued SPBH license no. BHA.FS.60874194 to operate as a behavioral health agency (BHA). SPBH's BHA license is currently active.

1.3 On or about November 21, 2019, a Behavioral Health Agencies Program (BHA Program) surveyor completed a BHA state licensing investigation at SPBH. On January 9, 2020, the BHA Program issued a Statement of Deficiencies to SPBH detailing the BHA surveyor's observation.

1.4 The observed deficiencies included SPBH's failure to:

- A. Release a voluntary patient immediately upon their request in violation of RCW 71.05.050(1).
- B. Implement a policy management structure that established procedures to assure the protection of individual rights as described

ORIGINAL

in chapter 71.05 RCW for any person voluntarily admitted for inpatient treatment to be released immediately upon his or her request and to be advised of the right to immediate discharge.

1.5 On January 27, 2020, the BHA Program received SPBH's plan of correction to address the deficiencies described in paragraph 1.4. On February 14, 2020, the BHA Program responded to SPBH that its plan of correction for the deficiencies described in paragraphs 1.4.A and 1.4.B was inadequate. The response was supplemented by a letter from the BHA Program providing, among other things, technical assistance to SPBH on the BHA Program's interpretation of the requirements in RCW 71.05.050 and why SPBH's practices, policies and procedures were considered deficient.

1.6 On February 24 and April 6, 2020, the BHA Program received SPBH's revised plan of correction and requested documentation to address the deficiencies described in paragraphs 1.4.A and 1.4.B. On June 1, 2020, the BHA Program responded to SPBH that the revised plan of correction for the deficiencies described in paragraphs 1.4.A and 1.4.B remained inadequate. This response was supplemented by a letter from the BHA Program providing additional technical assistance to SPBH on the BHA Program's interpretation of RCW 71.05.050 and why the BHA Program still considers SPBH's revised practices, policies and procedures deficient.

1.7 On June 9, 2020, the BHA Program received SPBH's second revised plan of correction to address the deficiencies described in paragraphs 1.4.A and 1.4.B that included a revised "Request for Early Discharge (AMA)" policy. On October 26, 2020, the BHA Program sent SPBH a letter explaining that it was prepared to accept SPBH's overall plan of correction, but it remained concerned about SPBH's ability to comply with RCW 71.05.050 and "considering the scope and severity of the concerns raised during [the] investigation, the [BHA Program would] conduct an unannounced follow-up compliance visit to verify all deficiencies have been corrected."

1.8 On April 7, 2021, the BHA Program completed the follow-up compliance visit at SPBH. As part of the follow-up compliance visit, the BHA Program's surveyors reviewed clinical records of six (6) patients who had received services from SPBH and observed the following:

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Patient #2

- A. Patient #2 was not discharged immediately upon their parent's request but referred for evaluation by a DCR for possible involuntary detainment despite Patient #2 being an adolescent with no family safety concerns whose parents requested Patient #2 be discharged. Patient #2 was an adolescent admitted to SPBH on January 7, 2021. On January 14, 2021, at approximately 2:40 p.m., Patient #2's parents requested discharge of Patient #2 so they could be taken to a different facility for treatment. Patient #2 was not immediately discharged from SPBH but instead was detained at SPBH until they were evaluated by a designated crisis responder (DCR). The DCR determined Patient #2 did not meet criteria to be detained under chapter 71.34 RCW and Patient #2 was discharged on January 14, 2021, at approximately 7:05 p.m. During an interview with the Program's surveyor, the DCR who evaluated Patient #2 described SPBH's decision to detain Patient #2 for DCR evaluation as "particularly egregious", that Patient #2 "did not in any way meet criteria to be involuntarily detained", and SPBH "tried to put up every roadblock they could" to prevent Patient #2 from discharging.
- B. SPBH did not follow its own policy when discharging Patient #2 at the request of their parents. SPBH's policy requires that staff complete a Columbia-Suicide Severity Rating Scale (C-SSRS) form at the time discharge is requested so the psychiatric provider can consider, among other things, the results of the C-SSRS form when deciding whether to discharge the patient or make a referral to the DCR for evaluation. Patient #2's parents requested discharge of Patient #2 on January 14, 2021, at approximately 2:40 p.m. SPBH staff did not complete a C-SSRS form for Patient #2 until 5:03 p.m. The DCR was called to evaluate Patient #2 for possible involuntary detainment at 2:50 p.m. based on a referral from the psychiatric provider.

Patient #3

- C. Patient #3 was referred for evaluation by a DCR for possible involuntary detainment when they did not present, as a result of a behavioral health disorder, an imminent likelihood of serious harm or as gravely disabled. Patient #3 was admitted to SPBH on February 2, 2021. On February 4, 2021, at approximately 9:13 a.m., Patient #3 requested discharge from SPBH because they felt SPBH was not providing the intensive therapy they needed, and Patient #3 understood the importance of proper medication management. The DCR was called to evaluate Patient #3 for possible involuntary detainment at 9:35 a.m. based on a referral from the psychiatric provider. SPBH made a referral to the DCR for evaluation despite the fact that, among other things, Patient #3's pre-discharge assessment indicated Patient #3 did not present an immediate risk to self, was not expressing thoughts of harming others, and was not displaying aggressive behavior. Patient #3 then withdrew their request to discharge at 10:05 a.m.
- D. On February 5, 2021, at approximately 8:30am, Patient #3 requested discharge from SPBH. Patient #3 was discharged from SPBH on February 5, 2021 at approximately 11:25 a.m. and almost three hours after the original request for discharge was made.
- E. Patient #3 explained to the BHA Program's surveyor that they withdrew their original request to be discharged on February 4, 2021 because their request was followed by "a number of horrific things that would happen to me if I went through with my request" including that their request to discharge would be denied, that law enforcement could become involved if they requested discharge, that Patient #3 could be detained for a minimum of two months at SPBH or Patient #3 would be taken to an emergency room psychiatric ward and legally detained.
- F. SPBH did not follow its own policy when discharging Patient #3. SPBH's policy requires that staff complete a C-SSRS form at the

time discharge is requested so the psychiatric provider can consider, among other things, the results of the C-SSRS form when deciding whether to discharge the patient or make a referral to the DCR for evaluation.

- i. Patient #3 requested discharge on February 4, 2021 at approximately 9:13 a.m. SPBH staff did not complete a C-SSRS form for Patient #3 after this request to discharge was made. The psychiatric provider notified Patient #3 of their determination to refer Patient #3 for evaluation by a DCR at 9:30 a.m.
- ii. Patient #3 requested discharge on February 5, 2021 at approximately 8:30 a.m. SPBH staff did not complete a C-SSRS form for Patient #3 until 10:43 a.m. The psychiatric provider notified Patient #3 of their determination to discharge Patient #3 at 8:50 a.m.

Patient #4

- G. Patient #4 was referred for evaluation by a DCR for possible involuntary detainment when they did not present, as a result of a behavioral health disorder, an imminent likelihood of serious harm or as gravely disabled Patient #4 was admitted to SPBH on February 8, 2021. On February 20, 2021 at approximately 10:35 a.m., Patient #4 requested discharge from SPBH stating they felt great since getting quality sleep and felt they could manage their medications at home. Patient #4 was not immediately discharged from SPBH but instead was detained at SPBH until they were evaluated by a DCR. The DCR determined Patient #4 did not meet criteria to be detained under chapter 71.05 RCW and Patient #4 was discharged on February 10, 2021 at approximately 4:00 p.m. Patient #4 was referred for DCR evaluation despite the fact that, among other things, Patient #4's pre-discharge assessment indicated Patient #4 did not present an immediate risk to self, was not expressing thoughts of harming others, and was not

displaying aggressive behavior. During an interview with the Program's surveyor, a SPBH staff member reviewed Patient #4's request for discharge and acknowledged that it appeared Patient #4 should have been released with no DCR contacted.

- H. SPBH did not follow its own policy when discharging Patient #4. SPBH's policy requires that staff complete a C-SSRS form at the time discharge is requested so the psychiatric provider can consider, among other things, the results of the C-SSRS form when deciding whether to discharge the patient or make a referral to the DCR for evaluation. Patient #4 requested discharge on February 10, 2021 at approximately 10:35 a.m. SPBH staff did not complete a C-SSRS form for Patient #4 until 2:55 p.m. The DCR was called to evaluate Patient #4 for possible involuntary detainment at 12:10 p.m. based on a referral from the psychiatric provider.

1.9 The BHA Program surveyor's observations related to Patient #2, Patient #3, and Patient #4 as outlined in paragraph 1.8 violated RCW 71.05.050(1) and (2), RCW 71.05.153(1), RCW 71.34.650(7), RCW 71.34.600(1), RCW 71.12, RCW 71.12.670, and WAC 246-322-035 (1)(d). The observations related to RCW 71.05.050(1) represent repeat deficiencies from the BHA state licensing investigation completed on October 1, 2019.

1.10 On or about September 21, 2021, the Program received a complaint that alleged, among other things, SPBH violated patient rights by denying a patient's request to be evaluated for discharge and asking the patient to stay longer despite the patient completing their work and intended goals. The complaint also alleged SPBH staff lied to the patient when SPBH staff said the patient could leave anytime because SPBH detained the patient for evaluation by a designated crisis responder (DCR) when the patient requested discharge.

1.11 On or about November 5, 2021, a Program surveyor completed a state licensing investigation at SPBH. As part of the state licensing investigation, the Program's surveyor reviewed closed clinical records of eight (8) patients who had

received services from SPBH. On January 19, 2022, the Program issued a Statement of Deficiencies to SPBH detailing the surveyor's observations, which included the following:

Patient #1501

- A. SPBH failed to ensure Patient #1501's rights were protected when SPBH detained Patient #1501 for evaluation by a DCR without justification when Patient #1501 requested discharge based on the documentation reviewed by the Program's surveyor. Patient #1501 was admitted to SPBH on September 2, 2021. On September 5, 2021, at 10:00 a.m., Patient #1501 requested discharge from SPBH, stating, "I have my own appointments with my [psychiatric provider and therapist], housing, and outpatient. I'm not getting therapy here. I have completed the workbook and there are no other resources here for me." Among other things, Patient #1501's pre-discharge assessment indicated Patient #1501 did not present an immediate risk to self; was not currently expressing thoughts of harming others; was not displaying aggressive behavior; understood their psychiatric condition, symptoms and diagnosis; understood the potential risks of early discharge; and had an actionable safety plan. Patient #1501 had also denied suicidal ideations throughout their stay at SPBH. Instead of being immediately discharged from SPBH, was detained at SPBH until they were evaluated by a DCR. The DCR determined Patient #1501 did not meet criteria to be detained under chapter 71.05 RCW and Patient #1501 was discharged on September 5, 2021, at approximately 12:15 p.m.
- B. SPBH failed to ensure staff implemented SPBH's policies and procedures when Patient #1501 requested discharge.
 - i. SPBH's policy requires that staff complete a Columbia-Suicide Severity Rating Scale (C-SSRS) assessment at the time discharge is requested so that the psychiatric provider can consider, among other things, the results of the C-SSRS

assessment when deciding whether to discharge the patient or make a referral to the DCR for evaluation. Patient #1501 requested discharge on September 5, 2021 at 10:00 a.m. The DCR was called to evaluate Patient #1501 for possible involuntary detainment at 10:05 a.m. SPBH staff did not complete the C-SSRS assessment for Patient #1501 until 10:24 a.m.

- ii. SPBH's policy requires professional staff to notify the psychiatric provider of the patient's request for discharge and the findings of the pre-discharge assessment. The Program's surveyor found no evidence that professional staff had communicated the findings of the pre-discharge assessment to the psychiatric provider.
- iii. SPBH's policy also requires the psychiatric provider to make the determination to either discharge or make a referral to the DCR for evaluation based on specified data. The psychiatric provider did not make the determination to either discharge or make a referral to the DCR for evaluation because the DCR conducted their evaluation at 11:40 a.m., but the psychiatric provider was not notified of the request to discharge until 12:00 p.m.
- iv. SPBH's policy requires the psychiatric provider or professional staff to complete an affidavit if the psychiatric provider determines that referral to the DCR for evaluation is necessary. The Program's surveyor was unable to find any evidence of an affidavit even though Patient #1501 was referred to a DCR for evaluation.

Patient #1502

- C. SPBH failed to ensure staff implemented SPBH's policies and procedures when Patient #1502 requested discharge.
 - i. SPBH's policy requires that staff complete a Columbia-Suicide Severity Rating Scale (C-SSRS) assessment at the time

discharge is requested so that the psychiatric provider can consider, among other things, the results of the C-SSRS assessment when deciding whether to discharge the patient or make a referral to the DCR for evaluation. Patient #1502 requested discharge on September 11, 2021 at 5:42 p.m. The DCR was called to evaluate Patient #1502 for possible involuntary detainment at 5:49 p.m. SPBH staff did not complete the C-SSRS assessment for Patient #1502 until 9:00 p.m.

- ii. SPBH's policy requires professional staff to notify the psychiatric provider of the patient's request for discharge and the findings of the pre-discharge assessment. The Program's surveyor found no evidence that professional staff had communicated the findings of the pre-discharge assessment to the psychiatric provider.
- iii. SPBH's policy also requires the psychiatric provider to make the determination to either discharge or make a referral to the DCR for evaluation based on specified data. The Program's surveyor found no evidence that the psychiatric provider made a determination to discharge or refer Patient #1502 based on the data specified in SPBH's policy.
- iv. SPBH's policy requires the psychiatric provider or professional staff to complete an affidavit if the psychiatric provider determines that referral to the DCR for evaluation is necessary. The Program's surveyor was unable to find any evidence of an affidavit even though Patient #1502 was referred to a DCR for evaluation.

- D. SPBH failed to ensure a discharge summary was included in Patient #1502's clinical record. SPBH's policy requires discharge summaries to be completed within fifteen (15) days of discharge. SPBH's policy considers discharge summaries to be delinquent if they are not completed within thirty (30) days. A review of

Patient #1504's clinical record by the Program's surveyor failed to show that SPBH's medical staff had documented a discharge summary as required by SPBH's policy.

Patient #1503

- E. SPBH failed to ensure Patient #1503's rights were protected when SPBH detained Patient #1503 for evaluation by a DCR without justification when Patient #1503 requested discharge based on the documentation reviewed by the Program's surveyor. Patient #1503 was admitted to SPBH on October 8, 2021. On October 11, 2021, at 10:25 a.m., Patient #1503 requested discharge from SPBH, stating, "I don't want to detox anymore." Among other things, Patient #1503's pre-discharge assessment indicated Patient #1503 did not present an immediate risk to self, was not currently expressing thoughts of harming others, was not displaying aggressive behavior, and had an actionable safety plan. Patient #1503 had also denied suicidal ideations throughout their stay at SPBH. Instead of being immediately discharged from SPBH, Patient #1503 was detained at SPBH until they were evaluated by a DCR. The DCR determined Patient #1503 did not meet criteria to be detained under chapter 71.05 RCW and Patient #1503 was discharged on October 11, 2021 at approximately 6:30 p.m. During an interview with the Program's surveyor, a staff member of SPBH verified that Patient #1503's medical record failed to contain documentation from the psychiatric provider substantiating the decision to refer Patient #1503 to the DCR prior to discharge.
- F. SPBH failed to ensure staff implemented SPBH's policies and procedures when Patient #1503 requested discharge.
 - i. SPBH's policy requires that staff complete a Columbia-Suicide Severity Rating Scale (C-SSRS) assessment at the time discharge is requested so that the psychiatric provider can consider, among other things, the results of the C-SSRS

assessment when deciding whether to discharge the patient or make a referral to the DCR for evaluation. Patient #1503 requested discharge on October 11, 2021 at 10:25 a.m. The DCR was called to evaluate Patient #1503 for possible involuntary detainment at 10:50 a.m. SPBH staff did not complete the C-SSRS assessment for Patient #1503 until 1:50 p.m.

- ii. SPBH's policy requires professional staff to notify the psychiatric provider of the patient's request for discharge and the findings of the pre-discharge assessment. The Program's surveyor found no evidence that professional staff had communicated the findings of the pre-discharge assessment to the psychiatric provider.
- iii. SPBH's policy also requires the psychiatric provider to make the determination to either discharge or make a referral to the DCR for evaluation based on specified data. The Program's surveyor found no evidence that the psychiatric provider made a determination based on the data specified in SPBH's policy for Patient #1503.
- iv. SPBH's policy requires the psychiatric provider or professional staff to complete an affidavit if the psychiatric provider determines that referral to the DCR for evaluation is necessary. The Program's surveyor was unable to find any evidence of an affidavit even though Patient #1503 was referred to a DCR for evaluation.

Patient #1504

- A. SPBH failed to ensure staff implemented SPBH's policies and procedures when Patient #1504 requested discharge.
 - i. SPBH's policy requires that staff complete a Columbia-Suicide Severity Rating Scale (C-SSRS) assessment at the time discharge is requested so that the psychiatric provider can

consider, among other things, the results of the C-SSRS assessment when deciding whether to discharge the patient or make a referral to the DCR for evaluation. Patient #1504 requested discharge on May 20, 2021 at 11:00 a.m. The DCR was called to evaluate Patient #1504 for possible involuntary detainment at 11:30am. SPBH staff did not complete the C-SSRS assessment for Patient #1504 until 3:34 p.m.

- ii. SPBH's policy also requires the psychiatric provider to make the determination to either discharge or make a referral to the DCR for evaluation based on specified data. The Program's surveyor found no evidence that the psychiatric provider made a determination based on the data specified in SPBH's policy for Patient #1504.

- B. SPBH failed to ensure a discharge summary was included in Patient #1504's clinical record. SPBH's policy requires discharge summaries to be completed within fifteen (15) days of discharge. SPBH's policy considers discharge summaries to be delinquent if they are not completed within thirty (30) days. A review of Patient #1504's clinical record by the Program's surveyor failed to show that SPBH's medical staff had documented a discharge summary as required by SPBH's policy.

Patient #1505

- C. SPBH failed to ensure staff implemented SPBH's policies and procedures when Patient #1505 requested discharge.
 - i. SPBH's policy requires that staff complete a Columbia-Suicide Severity Rating Scale (C-SSRS) assessment at the time discharge is requested so that the psychiatric provider can consider, among other things, the results of the C-SSRS assessment when deciding whether to discharge the patient or make a referral to the DCR for evaluation. Patient #1505 requested discharge on June 13, 2021 at 10:22 a.m. The DCR

was called to evaluate Patient #1505 for possible involuntary detainment at 11:20 am. SPBH staff did not complete the C-SSRS assessment for Patient #1505 until 6:00 p.m.

- ii. SPBH's policy requires professional staff to notify the psychiatric provider of the patient's request for discharge and the findings of the pre-discharge assessment. The Program's surveyor found no evidence that professional staff had communicated Patient #1505's request for early discharge or the findings of the pre-discharge assessment to the psychiatric provider.
- iii. SPBH's policy also requires the psychiatric provider to make the determination to either discharge or make a referral to the DCR for evaluation based on specified data. The Program's surveyor found no evidence that the psychiatric provider made a determination based on the data specified in SPBH's policy for Patient #1505.

Patient #1506

- D. SPBH failed to ensure Patient #1506's rights were protected by failing to document a request for early discharge on July 22, 2021, and by detaining Patient #1506 for evaluation by a DCR without clinical justification when Patient #1506 again requested discharge on July 23, 2021, based on the documentation reviewed by the Program's surveyor. Patient #1506 was admitted to SPBH on July 21, 2021. During admission, SPBH staff documented that Patient #1506 was a low suicide risk. Patient #1506's Psychiatric Evaluation, completed on July 22, 2021, also documented that Patient #1506 "clearly denies suicidal or homicidal ideations" and even though Patient #12 heard multiple voices, they did not tell Patient #12 to kill themselves or harm anyone. Additionally, Patient #12's pre-discharge assessment indicated Patient #12 did not present an immediate risk to self; was not currently expressing thoughts of harming others; was not displaying aggressive

behavior; understood their psychiatric condition, symptoms and diagnosis; understood the expected benefit of inpatient treatment; understood the potential risks of early discharge; and had an actionable safety plan. Patient #12 had also denied suicidal ideations throughout their stay at SPBH. On July 22, 2021, at approximately 9:00 p.m., SPBH staff documented that Patient #1506 requested to be discharged. SPBH staff did not initiate the discharge process upon this request. On July 23, 2021, Patient #1506 made a second request to be discharged and completed the "Request for Early Discharge" form at 2:05 p.m. Patient #1506 was not immediately discharged from SPBH but instead was detained at SPBH until they were evaluated by a DCR. The DCR determined Patient #1506 did not meet criteria to be detained under chapter 71.05 RCW and Patient #1506 was discharged on July 23, 2021, at approximately 5:35pm. During an interview with the Program's surveyor, a staff member of SPBH verified that Patient #1506's medical record failed to contain documentation from to substantiate the need to refer Patient #1503 to the DCR for evaluation.

- E. SPBH failed to ensure staff implemented SPBH's policies and procedures when Patient #1506 requested discharge.
 - i. SPBH's policy requires that staff complete a Columbia-Suicide Severity Rating Scale (C-SSRS) assessment at the time discharge is requested so that the psychiatric provider can consider, among other things, the results of the C-SSRS assessment when deciding whether to discharge the patient or make a referral to the DCR for evaluation. Patient #1506 requested discharge on July 23, 2021 at 2:05 p.m. The DCR was called to evaluate Patient #1506 for possible involuntary detainment at 2:50 pm. SPBH staff did not complete the C-SSRS assessment for Patient #1506 until 5:35 p.m.

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- ii. SPBH's policy requires professional staff to notify the psychiatric provider of the patient's request for discharge and the findings of the pre-discharge assessment. The Program's surveyor found no evidence that professional staff had communicated the findings of the pre-discharge assessment to the psychiatric provider.
- iii. SPBH's policy also requires the psychiatric provider to make the determination to either discharge or make a referral to the DCR for evaluation based on specified data. The Program's surveyor found no evidence that the psychiatric provider made a determination based on the data specified in SPBH's policy for Patient #1506.
- iv. SPBH's policy requires the psychiatric provider or professional staff to complete an affidavit if the psychiatric provider determines that referral to the DCR for evaluation is necessary. The Program's surveyor was unable to find any evidence of an affidavit even though Patient #1506 was referred to a DCR for evaluation

1.12 The Program surveyor's observations related to Patient #1501, Patient #1502, Patient #1503, Patient #1504, Patient #1505, and Patient #1506, as outlined in Paragraph 1.11, violated RCW 71.05.050(1) and (2), WAC 246-322-035(1)(d), and WAC 246-322-200(3)(m). The observations related to RCW 71.05.050(2) and WAC 246-322-035(1)(d) represent repeat deficiencies from the follow-up compliance visit completed on April 7, 2021. The observations related to RCW 71.05.050(1) represent a repeat deficiency from the initial state licensing investigation completed on October 1, 2019, and the follow-up compliance visit completed on April 7, 2021.

1.13 On or about February 1, 2022, SPBH submitted a Plan of Correction for each deficiency noted in the Statement of Deficiencies. The Program did not accept this Plan of Correction.

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2. CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Secretary makes the following Conclusions of Law:

2.1 The Secretary, acting through his designee, has jurisdiction over the licensee, Vest Seattle LLC dba Smokey Point Behavioral Hospital (SPBH) license no. HPSY.FS.60739147, and over the subject matter of this proceeding under chapters 71.12 RCW and 246-322 WAC.

2.2 The findings of fact constitute violations of RCW 71.05.050(1) and (2), RCW 71.05.153(1), RCW 71.34.650(7), RCW 71.34.600(1), WAC 246-322-035(1)(d), and 246-322-200(3)(m).

2.3 The above violations demonstrate that SPBH has failed to comply with chapters 71.05 RCW, 71.12 RCW, 71.34 RCW, and 246-322 WAC.

2.4 SPBH's failure to comply with chapters 71.05 RCW, 71.12 RCW, 71.34 RCW, and 246-322 WAC provides grounds for the Secretary to suspend, revoke, refuse to renew, or impose conditions on SPBH's HPSY license under RCW 43.70.115, RCW 71.12.710, and WAC 246-322-025.

2.5 SPBH's failure to comply with chapters 71.05 RCW, 71.12 RCW, 71.34 RCW, and 246-322 WAC provides grounds for the Secretary to impose a fine under RCW 43.70.095 and RCW 71.12.710(1)(b).

2.6 SPBH has the right to contest a Secretary decision to suspend, revoke, refuse to renew, or impose conditions on its license by requesting an adjudicative proceeding within twenty-eight (28) days of receipt of the department's decision. RCW 43.70.115.

2.7 The Secretary may indicate when and under what circumstances an order may become an effective Final Order. RCW 43.70.115(2) and RCW 34.05.461.

3. NOTICE OF SUSPENSION

Based on the above Findings of Fact and Conclusions of Law, the Secretary, through his designee, enters the following:

3.1 SPBH's License No. HPSY.FS.60739147 is **SUSPENDED**. The **SUSPENSION** shall commence when this Notice becomes a Final Order.

3.2 This Notice will become a **FINAL ORDER** without further notice twenty-eight (28) days from the date of receipt absent a timely request for an adjudicative proceeding.

4. REQUEST FOR AN ADJUDICATIVE PROCEEDING

If you wish to contest the Secretary's decision in this matter, you or your representative must, file a written request with the department's Adjudicative Clerk's Office (ACO) in a manner that shows proof of the service on the ACO within **TWENTY-EIGHT (28)** days of receipt of this decision. Please use the enclosed form labeled "Application for Adjudicative Proceeding."

The mailing address is:

Department of Health
Adjudicative Service Unit
P.O. Box 47879
Olympia, WA 98504-7879

The physical address is:

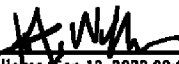
Department of Health
Adjudicative Service Unit
310 Israel Road SE
Tumwater, WA 98501

A copy of the Secretary's decision must be attached to the Application for an Adjudicative Proceeding. **FILING SHALL NOT BE DEEMED COMPLETE UNTIL THE ACO ACTUALLY RECEIVES THE APPLICATION.**

You or your representative's **FAILURE** to submit an Application for an Adjudicative Proceeding within **TWENTY-EIGHT (28)** days of receipt of this decision will constitute a waiver of the right to a hearing; the department may decide this matter without you or your representative's participation and without further notice.

DATED: September 13, 2022

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
BEHAVIORAL HEALTH AGENCY PROGRAM



John Williams (Sep 12, 2022 08:00 PDT)

JOHN WILLIAMS
EXECUTIVE DIRECTOR
BEHAVIORAL HEALTH AGENCY PROGRAM