

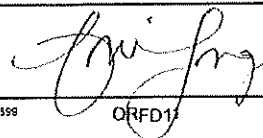
State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  013220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/04/2023
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NAME OF PROVIDER OR SUPPLIER  RAINIER SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 2805 NE 129TH ST VANCOUVER, WA 98686
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	<p><b>INITIAL COMMENTS</b></p> <p><b>STATE COMPLAINT INVESTIGATION</b></p> <p>The Washington State Department of Health (DOH), in accordance with Washington Administrative Code (WAC), 246-322 Private Psychiatric and Alcoholism Hospital, conducted this complaint investigation.</p> <p>On-site dates: 08/01/23-08/02/23; off-site 08/03/23-08/04/23 Case number: 2022-12749 Intake number: 125919</p> <p>Investigation was conducted by investigator #19</p> <p>There were violations found pertinent to this complaint.</p>	L 000	<p>1. A written <b>PLAN OF CORRECTION</b> is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. <b>EACH</b> plan of correction statement must include the following:</p> <p>The regulation number and/or the tag number;</p> <p>HOW the deficiency will be corrected;</p> <p>WHO is responsible for making the correction;</p> <p>WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and</p> <p>WHEN the correction will be completed.</p> <p>3. Your <b>PLAN OF CORRECTION</b> must be returned within 10 calendar days from the date you receive the Statement of Deficiencies. Your Plan of Correction is due on 08/27/23.</p> <p>4. Return the <b>ORIGINAL REPORT</b> via email with the required signatures.</p>	
L1070	322-170.2F PHYSICIAN ORDERS	L1070		
	WAC 246-322-170 Patient Care Services. (2) The licensee shall provide medical supervision and treatment, transfer, and discharge planning for each patient admitted or retained, including but not limited			

State Form 2567  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE CEO

9/7/23 (X6) DATE

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L1070	<p>Continued From page 1</p> <p>to: (f) Physician orders for drug prescriptions, medical treatments and discharge; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interviews, record reviews, and review of policies and procedures, the hospital failed to provide medical supervision and treatment for 1 of 6 patients reviewed (Patient #1).</p> <p>Failure to provide medical supervision and treatment could result in the exacerbation of existing medical conditions or the lack of recognition of the need for treatment initiation.</p> <p>Findings included:</p> <p>1. Review of the policy titled, "Medication Reconciliation," #13572522, last approved 05/23, showed that a complete list of a patient's current medications is obtained and documented at admission and reconciled with the provider to compare for omissions, duplications, contraindications, unclear information, and changes.</p> <p>Review of the policy titled, "Administration of Own/Personal Medication," #13001324, last revised 02/23, showed that all non-controlled medications brought in by the patient should be logged, stored in a sealed bag, and locked in the medication room. The identification number of the sealed bag is to be listed on the home medication reconciliation form.</p> <p>Review of the policy titled, "Medical Staff Rules and Regulations," #13937136, last approved 07/23, showed that any medical staff can request a consultation, and that the attending physician is</p>	L1070		

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L1070	<p>Continued From page 2</p> <p>primarily responsible for requesting consultation when indicated. A consultation progress note shall show evidence of the consultant's review of the medical record, pertinent findings upon examination, and the consultant's opinion and recommendations. The consultant's report is to be incorporated into the medical record. Consultations should be completed within 48 hours of the order placement.</p> <p>2. An interview with an Assessment Coordinator on 08/02/23 at 11:20 AM showed that the initial list of home medications for reconciliation is obtained by an intake RN; the RN then calls the provider to obtain orders. He stated that the assessment team has many ways to investigate medication for reconciliation, including calling the patient's pharmacy, calling the patient's primary care provider, looking at the bottle when it is brought in by the patient, and database (HCS) search.</p> <p>3. An interview with the Director of Assessments on 08/04/23 at 12:20 PM showed that if the medication cannot be verified, the physician decides whether to continue it. He stated that the database within HCS populates the patient's medications. He stated that many methods are used to verify a medication the patient has brought in, including the medication label, the patient's outside providers or pharmacy, and the national database.</p> <p>4. An interview with an Intake RN on 08/02/23 at 12:40 PM showed that the nurse doing the medication reconciliation, if necessary, will use the patient's own medication bottles to identify the medication's last fill date and verify that it is current. She stated that medications brought from home would be added to the medication</p>	L1070		

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L1070	Continued From page 3  reconciliation if they were identifiable.  5. An interview with a Registered Nurse (RN) on 08/02/2023 at 11:40 AM showed that medication reconciliation is done within 24 hours of admission. If an RN feels a medication reconciliation was not done or was not complete, the RN calls the provider or the pharmacy.  6. An interview with the psychiatric medical director on 08/04/22 at 10:00 AM showed that an antibiotic review is an option in the drop-down box for ordering consults. He stated that consultations are ordered in Healthcare Strategies (HCS, the computer charting system) and conducted within 24 hours. He stated that a note is expected in the chart with findings, orders, and recommendations the same day as the consultation. He stated that, even if the consulting provider tells the nurse the findings, a note is required. He stated that, typically, antibiotics are continued. He stated that consultation orders can be written for more than one issue in the same consultation.  7. An interview with the Director of Nursing (DON) on 08/04/22 at 10:30 AM showed that antibiotic review is a common option for consultation orders, and that the assessment team would reach out to the provider. The provider would place orders into HCS to continue a medication or to request a consultation. He stated that there should always be a note, even if the provider is deciding not to continue the antibiotics.  8. An interview with a medical provider on 08/04/22 at 12:30 PM showed that typically medications are continued upon admission, and a consultation would be ordered if it is uncertain if the medication is current. He stated that reviewing antibiotics is a common consultation	L1070		

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L1070	<p>Continued From page 4</p> <p>order indication. He stated that a note is required in the chart with findings, orders, and recommendations.</p> <p>9. Review of medical records showed that 1 of 6 patients, Patient #1, did not receive provider-ordered medical services.</p> <p>Patient #1</p> <p>10. Patient #1 was a 62-year-old man admitted voluntarily on 09/14/22 for depression and suicidal ideation.</p> <p>a. Review of the medical record showed that the document titled, "Admission Medication Reconciliation," dated 09/14/22, showed 3 medications reconciled: pantoprazole, metoprolol, and oxycodone. No antibiotics were reconciled. The document titled, "Home Medication Belongings," dated 09/14/22, showed that the patient had multiple medications with him on admission. Included on the list of medications the patient brought in with him were Augmentin and Ciprofloxin, two antibiotics. The medications were placed in bags with an identification number per policy; the identification number was recorded on the document.</p> <p>b. Review of the Medication Administration Record showed no antibiotics were given to the patient during his stay. The document titled, "History and Physical," dated 09/15/22, did not address antibiotics. The document showed that all medications were reviewed.</p> <p>c. Review of the History and Physical, dated 09/15/22, showed no mention of the patient's antibiotics nor any report of or signs of infection.</p>	L1070		

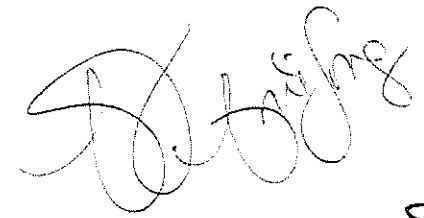
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L1070	Continued From page 5  d. Review of ancillary orders showed that a consultation order was placed on 09/15/22 requesting an antibiotic review of home medications "not placed on admission orders." The consultation progress note, dated 09/15/22, did not mention antibiotics; the consultation reviewed the patient's chronic pain and current thrush (a fungal infection being treated by an anti-fungal during his hospitalization).  e. Review of a provider's consultation order, dated 09/21/22, showed that the provider ordered a consultation to rule out Bell's Palsy. The note in the order showed that the patient had been on antibiotics for an infection and did not complete them. The consultation progress note showed that the patient was assessed for Bell's Palsy, and a general physical assessment was performed with no pertinent findings. Antibiotic history was not addressed in the documentation.  f. Review of another ancillary consultation order, dated 09/22/22, showed that the provider ordered a consultation to review abnormal labs, including an elevated hemoglobin A1c that may indicate pre-diabetes and an elevated white blood cell count that "might indicate infection." The consultation progress note, dated 09/22/22, showed that the patient was assessed for pre-diabetes, and a general physical assessment was performed with no pertinent findings. Infection and antibiotic history were not addressed in the documentation.  11. An interview with the Director of Health Information Management on 08/03/22 at 2:10 PM showed that a provider is expected to do a consultation note, but sometimes they use the regular progress note template instead, which makes it difficult to readily access the note. A	L1070		

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L1070	Continued From page 6  follow-up email, dated 08/03/23, showed that the Director of Health Information Management reviewed the chart and found 5 consultation notes in HCS. She confirmed that all consultation notes had been provided and stated that she did not see any regarding performing an antibiotic review.	L1070		

**Rainier Springs Behavioral Hospital**  
**Plan of Correction for**  
**State & CMS Health Investigation**  
**(Case #2022-12749)**



Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	Monitoring procedure & Target for Compliance
L1070	<p>Action Plan:</p> <p>The leadership developed new protocols for patients who are being admitted with home medications. The plan is as follows:</p> <ul style="list-style-type: none"> <li>• Assessment receptions will gather the home medications from the patient. They will place the medication in a sealed bag and give it to the Assessment RN when applicable. If there is no Assessment RN, then the House Supervisor (HS) or their designee will assist the assessment staff with the medication.</li> <li>• The Assessment RN or HS will input all medications into the HCS system. They will then separate out the medications into two separate bags (clear bag narcotics and grey bag non-narcotics). The sealed bags will be labelled with the patient's information and dropped into the safe for pharmacy or the HS to retrieve.</li> <li>• Pharmacy or the HS will review medications and will place medications that are not stocked in house in the pyxis system for staff to use for the patient who brought the medications in.</li> <li>• The patient's nurse will review the medications with the patient and have them sign the home medication reconciliation form.</li> <li>• This form will then be placed in the patient's medical record.</li> </ul> <p>The leadership developed new protocols for patients who are being admitted with medical consultations. The plan is as follows:</p> <ul style="list-style-type: none"> <li>• A Microsoft Teams channel has been developed for all nurses, medical providers, psychiatric providers, and leadership to ensure that all medical consultations are addressed in a timely fashion.</li> <li>• Nurses will input the request for the medical consultation in teams and within the HCS system to ensure that the medical consultation takes place.</li> </ul>	Nursing and Assessment leadership	10/1/23	<p>Nursing and Assessment leadership will audit 10 random charts a month of patients who brought in home medications to assess the inclusion of all home medications on the medication reconciliation form. These audits will include ensuring that all home medications are reconciled no later than 24 hours. The audit will monitor the medications that were reconciled, any home medications that is not stored in house and must be used by the patient is documented according to the state standards.</p> <p>Feedback will be provided to all staff for instances of non-compliance, including the medical providers. Audits will continue until 100% compliance is achieved for 3 consecutive months, and then quarterly for 3 quarters. Auditing</p>

*received  
09/15/23  
approved  
09/22/23*



	<ul style="list-style-type: none"> <li>• Nurses will document what the medical consultation is for clearly and concisely.</li> <li>• Medical providers will respond to requests within the Microsoft Teams channel chat and will ensure that they are documenting the request, their findings, and recommendations on the Medical Progress Note.</li> </ul> <p>The Director of Nursing will provide training to Assessment nurses and inpatient nurses on the importance and requirements of med reconciliation completing an accurate list of a patient's current medications, and how to properly document those medication on the medication reconciliation form and in the HCS system. Education will also include the required process for nurses to reconcile the medications with the medical provider to ensure inclusion of current home medications.</p> <p>The DON will provide education to nurses on the protocols and procedures for requesting a medical consultation when required, ensuring that all medical consultations are documented within 48 hours on a consultative progress note clearly identifying what the consult was for.</p> <p>The Medical Director (or CEO) will provide education to medical providers regarding reviewing the reason for the ordered consult, including ATB consults, the need to review the med reconciliation and documenting on the correct form to provide evidence of the consultation.</p>		<p>results will be discussed weekly in the administrative huddle, monthly in Quality, and quarterly to MEC and the Board.</p> <p>Nursing and Assessment leadership will audit 10 random charts a month of patients who received medical consultations during their admission. The audit will consist of ensuring that all medical consultations were responded to within 24 hours and that the medical provider documented the reasons for the consult, the findings of the consult, and any recommendations within 48 hours. The leadership will audit to ensure that the medical consultation that is placed in HCS matches the medical consultation documentation. These audits will also include the monitoring of consultation documentation timelines, use of the proper form, if there were any new medications added or discontinued, and ensuring that the documentation of the medical consult is placed in the patient's medical record.</p>
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				<p>Feedback will be provided to all staff for instances of non-compliance, including the medical providers. Audits will continue until 100% compliance is achieved for 3 consecutive months, and then quarterly for 3 quarters. Auditing results will be discussed weekly in the administrative huddle, monthly in Quality, and quarterly to MEC and the Board.</p>
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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
*PO Box 47874 • Olympia, Washington 98504-7874*

11/13/23

Toni Long, CEO  
Rainier Springs  
2805 NE 129<sup>th</sup> St  
Vancouver, WA 98686

**Re: Complaint 2022-12749**

Dear Ms. Long:

I conducted a state hospital licensing complaint investigation at Rainier Springs Behavioral Hospital onsite on 08/01/23-08/02/23 and off-site 08/03/23-08/04/23. Hospital staff members developed a plan of correction to correct deficiencies cited during this investigation. This plan of correction was approved on 09/22/23.

Hospital staff members sent a Progress Report dated 11/09/23 that indicates all deficiencies have been corrected. The Department of Health accepts Rainier Springs Behavior Hospital's attestation that it has corrected all deficiencies cited under WAC 246-322.

We sincerely appreciate you and your staff's cooperation and hard work during the investigation process.

Sincerely,

Mary D'Avanzo, MN/BSN/RN  
Nurse Investigator