



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

October 31, 2018

Gary Petersen
Rainier Springs LLC
2805 NE 129th St
Vancouver, WA 98686-3324

Dear Mr. Petersen,

This document contains information regarding the recent personnel survey for Rainier Springs, 2805 NE 129th St., Vancouver, WA. 98686-3324 by the Washington State Department of Health. Your state licensing inspection was completed on October 25, 2018 in accordance with WAC 246-341 pertaining to Behavioral Health Agency Licensure and Certification for providing one or more mental health, substance use disorder, and/or problem and pathological gambling services.

During the survey, deficient practice was found in the areas listed on the attached Statement of Deficiencies. A written Plan of Correction is required for each deficiency listed on the Statement of Deficiencies and will be due 10 business days after you receive this document.

Each plan of correction statement must include the following:

- The regulation number;
- How the deficiency will be corrected;
- Who is responsible for making the correction;
- When the correction will be completed
- How you will assure that the deficiency has been successfully corrected. When monitoring activities are planned, objectives must be measurable and quantifiable. Please include information about the monitoring time frame and number of planned observations.

You are not required to write the Plan of Correction on the Statement of Deficiencies form.

Please return the Plans of Correction to me at the following address: Lisa.Westlund@doh.wa.gov

Please contact me if there are questions regarding the inspection process, deficiencies cited, or completion of the Plans of Correction. I may be reached at either the email above or by phone at (360) 489-5297.

I want to extend another “thank you” to you and to everyone that assisted me during the survey.

Sincerely,



Lisa M Westlund, LMHC, CMHS, CDP, MAC
Behavioral Health Reviewer
Office of Health System Oversight
Health Systems Quality Assurance
Washington State Department of Health

Enclosures: DOH Statement of Deficiencies
Plan of Correction Required Information

Behavioral Health Agency Inspection Report

Department of Health
P.O. Box 47874, Olympia, WA 98504-7874
TEL: 360-236-4732

October 25, 2018

Rainier Springs, 2805 NE 129th St, Vancouver, WA. 98686-3324
Agency Name and Address

Gary Petersen
Administrator

ONGOING - FOLLOW-UP

10/24/18-10/25/2018

Lisa M Westlund,
LMHC, CMHS, CDP, MAC

Inspection Type

Inspection Onsite Dates

Inspector

X2018-780

BHA.FS.60888597

Inspection Number

License Number

Please note that the deficiencies/violations/observations noted in this report are not all-inclusive, but rather were deficiencies/violations/observations that were observed or discovered during the on-site inspection.

Deficiency Number and Rule Reference	Observation Findings	Plan of Correction
<p>0660 Administrator key responsibilities 0670 Administrator key responsibilities</p> <p>WAC 246-341-0410(2)(d) (2) The administrator must: (d) Ensure all persons providing clinical services are credentialed for their scope of practice as required by the department;</p> <p>AND</p> <p>WAC 246-341-0410(2)(f) (2) The administrator must: (f) Ensure that there is an up-to-date personnel file for each employee, trainee, student, volunteer, and for each contracted staff person who provides or supervises an individual's care.</p>	<p>The Washington Administrative Code STANDARD is NOT MET as evidenced by:</p> <p>Based upon review of personnel files and interview, it was determined Rainier Springs failed to maintain personnel records that contained up-to-date records for their hired personnel.</p> <p>Failure to ensure up-to-date personnel files potentially endangers clients and opens up an agency to liability concerns if staff are unqualified or excluded for working with populations served.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 5 of 24 personnel files did not contain any documentation of current Department of Health Credentials. 	<p>Plan to correct the deficiency: HR will review all active employees' files for current DOH credentials and add required documents. For all on boarding employees, they will be notified at New Orientation.</p> <p>Procedure for implementing plan: HR will place proof of pending DOH credentials in file and remove once DOH credential becomes active. HR will inform all credentialed employees at new orientation they are required to provide HR with a current copy of their DOH Credentials. Employees are to submit all onboarding documents 30 days after hire. HR will send monthly reminders to staff about providing</p>

	<ul style="list-style-type: none"> a. 2 of 24 personnel files contained expired Department of Health credentials. <ul style="list-style-type: none"> i. Review of DOH Online Credential search indicates both personnel have renewed credentials. b. 3 of 24 personnel files did not contain any documentation of credential or application for credential. <p>2. Interview with Administrator and Director of Quality and Risk Management on 10/25/18 revealed that agency HR staff member has been working on organizing personnel files to meet WAC and Springstone standards.</p>	<p>current DOH credentials.</p> <p>Monitoring of procedure: HR Director will audit files for the 3 months and submit results to for Quality Committee. Chart audits will discontinued upon 3 successive months of 100% compliance.</p> <p>Title of person responsible for plan of correction: Director of Human Resources</p> <p>How the deficiency was corrected: HR review each personnel file. Educate staff about providing active DOH credential. By reviewing all currently personnel files and adding any missing documents, it will ensure that Rainier Springs employee files are up-to-date.</p> <p>Completion date: 12/01/2018</p> <p>How the plan will prevent possible recurrence of deficiency: The employee file checklist that ensures personnel files are meeting the WA standards and the audit tool on the checklist ensures that HR is confirming all required documents are in HR file for it to be considered up-to-date.</p>
<p>0950 Personnel Agency record req. WAC 246-341-0510(1)(b) Each agency licensed by the department to provide any behavioral health service must maintain a personnel record for each person employed by the agency.</p> <p>(1) The personnel record must contain all of the following:</p> <ul style="list-style-type: none"> (b) A signed and dated commitment to maintain patient (individual) confidentiality in accordance with state and federal confidentiality requirements. 	<p>The Washington Administrative Code STANDARD is NOT MET as evidenced by:</p> <p>Based upon review of personnel file, it was determined the Rainier Springs failed to maintain a personnel record that contains documentation of signed and dated commitment to maintain patient confidentiality in accordance with state and federal confidentiality requirements</p> <p>Findings include:</p> <ul style="list-style-type: none"> 1. 24 of 24 Personnel files reviewed did not contain any 	<p>Plan to correct the deficiency: Human resources will communicate to all current employee the need for the confidentiality statement to not only be completed in Healthstream but also be printed out for the personnel file. All onboarding employees will received the information at New Orientation and be provided with the confidentiality statement to sign.</p> <p>Procedure for implementing plan: Human Resources sent out an email on</p>

	<p>signed and dated documentation of commitment to maintain patient confidentiality.</p> <p>2. Interview with Director of Quality and Risk Management on 10/24/18 revealed that agency has a teaching system called Health Stream where staff members review policies and attest to having completed. Separate log in for each employee would have to be conducted to verify completion. Director will consider verification alternatives.</p>	<p>10-31-18 requesting employees to print off the confidentiality statement and return to HR by Friday November 9th, 2018. All new hires will receive the printed confidentiality statement at New Orientation. Human Resources will record all collected confidentiality statement and email employees and that employees supervisor if confidentiality statement was not provided by November 9th, 2018.</p> <p>Monitoring of procedure: HR Director will audit files for the 3 months and submit results to for Quality Committee. Chart audits will discontinued upon 3 successive months of 100% compliance.</p> <p>Title of person responsible for plan of correction: Director of Human Resources</p> <p>How the deficiency was corrected: Confidentially statement was printed and signed by all employee and process was implemented that all onboarding employees will sign the printed copy.</p> <p>Completion date: November 9th, 2018</p> <p>How the plan will prevent possible recurrence of deficiency: All on boarding employee will sign confidentiality statement to ensure Rainier Springs is in accordance with federal and state confidentiality requirements. All currently employee will print off the statement from Healthstream by November 9th, 2018 ensures that Rainier Springs is in accordance with federal and state confidentiality requirements.</p>
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<p>0955 Personnel Agency record req. 0960 Personnel Agency record req. 0965 Personnel Agency record req. 0970 Personnel Agency record req.</p> <p>WAC 246-341-0510(1)(c)(i),(ii),(iii),(iv) Each agency licensed by the department to provide any behavioral health service must maintain a personnel record for each person employed by the agency.</p> <p>(1) The personnel record must contain all of the following:</p> <p>(c) A record of an orientation to the agency that includes all of the following:</p> <ol style="list-style-type: none"> i. An overview of the agency's policies and procedures. ii. The duty to warn or to take reasonable precautions to provide protection from violent behavior when an individual has communicated an actual imminent threat of physical violence against a reasonably identifiable victim or victims. Taking reasonable precautions includes notifying law enforcement as required and allowed by law. iii. Staff ethical standards and conduct, including reporting of unprofessional conduct to appropriate authorities. iv. The process for resolving client complaints and grievances. 	<p>The Washington Administrative Code STANDARD is NOT MET as evidenced by:</p> <p>Based upon review of personnel file, it was determined Rainier Springs failed to maintain a personnel record that contains documentation of a record of orientation to the agency that includes overview of the agency's policies and procedures, the duty to warn, staff ethical standards and conduct, including reporting of unprofessional conduct, and process for resolving client complaints and grievances.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. 1 of 24 personnel files did not contain record of orientation for the agency's policies and procedures. 2. 2 of 24 personnel files did not contain record of orientation for duty to warn. 3. 1 of 24 personnel files did not contain record of orientation for staff ethical standards and conduct. 4. 2 of 24 personnel files did not contain record of orientation of the process for resolving client complaints and grievances. 5. Interview with Director of Quality and Risk Management on 10/25/18 revealed that the one staff member (E.M.) missing orientation documentation for all four components is hired as on-call and has not been recently scheduled. She will consider alternative option for ensuring completion of orientation. Discussed that two other staff members had not completed signing of the orientation packet. 	<p>Plan to correct the deficiency: HR will review all active employees' files for completed New Orientation Checklist and make corrections as needed. All future employees will utilize updated New Orientation Checklist.</p> <p>Procedure for implementing plan: Added section to New Orientation Checklist for HR to audit checklist and confirm accuracy for required documents and added to current employee files</p> <p>Monitoring of procedure: HR Director will audit files for the 3 months and submit results to for Quality Committee. Chart audits will discontinued upon 3 successive months of 100% compliance.</p> <p>Title of person responsible for plan of correction: Director of Human Resources</p> <p>How the deficiency was corrected: Updated New Orientation checklist and reviewed all personnel files for accurate record of orientation.</p> <p>Completion date: 12/1/2018 for active, within 30 days of hire for new employees</p> <p>How the plan will prevent possible recurrence of deficiency: Audit tool section on the New Orientation Check to be added and with 100% review by HR staff. Implementation and review of the tool will ensure that Rainier Springs employees will have an accurate record of orientation.</p>
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Introduction

We require that you submit a plan of correction for each deficiency listed on the inspection report form. Your plan of correction must be submitted to the DOH within ten business days of receipt of the list of deficiencies.

Descriptive Content

Your plan of correction must provide a step-by-step description of the methods to correct each deficient practice to prevent recurrence and provide information that ensures the intent of the regulation is met.

An acceptable plan of correction must contain the following elements:

- The plan of correcting the specific deficiency;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction.

Simply stating that a deficiency has been "corrected" is not acceptable. If a deficiency has already been corrected, the plan of correction must include the following:

- How the deficiency was corrected,
- The completion date (date the correction was accomplished),
- How the plan of correction will prevent possible recurrence of the deficiency.

Completion Dates

The POC must include a completion date that is realistic and coinciding with the amount of time your facility will need to correct the deficiency. Direct care issues must be corrected immediately and monitored appropriately. Some deficiencies may require a staged plan to accomplish total correction. Deficiencies that require bids, remodeling, replacement of equipment, etc., may need more time to accomplish correction; the target completion date, however, should be within a reasonable and mutually agreeable time-frame.

Continued Monitoring

Each plan of correction must indicate the appropriate person, either by position or title, who will be responsible for monitoring the correction of the deficiency to prevent recurrence.

Checklist:

- Before submitting your plan of correction, please use the checklist below to prevent delays.
- Have you provided a plan of correction for each deficiency listed?
- Does each plan of correction show a completion date of when the deficiency will be corrected?
- Is each plan descriptive as to how the correction will be accomplished?
- Have you indicated what staff position will monitor the correction of each deficiency?
- If you included any attachments, have they been identified with the corresponding deficiency number or identified with the page number to which they are associated?

Your plan of correction will be returned to you for proper completion if not filled out according to these guidelines.

Note: Failure to submit an acceptable plan of correction may result in enforcement action.

Approval of POC

Your submitted POC will be reviewed for adequacy by DOH. If your POC does not adequately address the deficiencies in your inspection report you will be sent a letter detailing why your POC was not accepted.

Questions?

Please review the cited regulation first. If you need clarification, or have questions about deficiencies you must contact the inspector who conducted the onsite inspection, or you may contact the supervisor.



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

November 21st, 2018

Gary Petersen
Rainier Springs LLC
2805 NE 129th St
Vancouver, WA 98686-3324

Subject: Inspection Number X2018-780

Dear Mr. Petersen,

The Washington State Department of Health conducted a New Licensure - Initial survey for BHA MH/SUD Personnel at Rainier Springs, 2805 NE 129th St, Vancouver, WA. 98686-3324. Your inspection was conducted on October 24th and 25th, 2018. A Statement of Deficiency was sent out on October 31st with a request for a Plan of Correction to be submitted by November 14th. The Plan of Correction that was submitted to DOH was reviewed and subsequently approved on November 21st, 2018. No further follow up action is required. This completes your initial facility licensure review process. DOH will follow up within one year to review your certified services.

I sincerely appreciate your cooperation and hard work during the survey process and look forward to working with you again in the future.

Sincerely,

Lisa M Westlund, LMHC, CMHS, CDP, MAC
Public Health Advisor 3 – Behavioral Health Integration
Office of Health Systems Oversight
Health Systems Quality Assurance
Washington State Department of Health