

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013250	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2018
--	--	---	--

NAME OF PROVIDER OR SUPPLIER INLAND NORTHWEST BEHAVIORAL HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 104 W 5TH AVE SPOKANE, WA 99204
--	---

(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>INITIAL COMMENTS</p> <p>INITIAL 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: 10/03/18 to 10/04/18</p> <p>Examination number: X2018-697</p> <p>The survey was conducted by:</p> <p>Surveyor #4 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:</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 PLANS OF CORRECTION must be returned within 10 days from the date you receive the Statement of Deficiencies. Your Plans of Correction must be postmarked by 10/22/18.</p> <p>4. Return the ORIGINAL REPORT with the required signatures.</p>	
L 315	<p>322-035.1C POLICIES-TREATMENT</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: (c) Providing or arranging for the care and</p>	L 315		

State Form 2567

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

TITLE

(X6) DATE

Dorothy L. Sawyer, CEO 11-2-2018

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013250	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2018
--	--	---	--

NAME OF PROVIDER OR SUPPLIER INLAND NORTHWEST BEHAVIORAL HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 104 W 5TH AVE SPOKANE, WA 99204
--	---

(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 315	<p>Continued From page 1</p> <p>treatment of patients; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on document review, the hospital failed to establish a written policy and procedure on point of care glucose testing which reflected the type of glucometer the hospital had in use.</p> <p>Failure to have a written policy and procedure for the type of glucometer used in the hospital risks staff confusion and delays in treatment and care.</p> <p>Findings included:</p> <p>Document review of the hospital's policy titled, "Laboratory - CLIA-waived Laboratory Procedures," policy number 500.11A, reviewed 10/01/18, showed the steps and procedure for performing blood glucose monitoring using the "One-Touch Ultra 2 Glucometer". The policy did not address the steps and procedures using the "McKesson True Metrix Pro" glucometer that was observed during the hospital inspection tour.</p>	L 315		
-------	--	-------	--	--

L 335	<p>322-035.1G POLICIES-EMERGENCY CARE</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: (g) Emergency medical care, including: (i) Physician orders; (ii) Staff actions in the absence of a physician; (iii) Storing and accessing emergency supplies and equipment; This Washington Administrative Code is not met</p>	L 335		
-------	--	-------	--	--

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013250	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER INLAND NORTHWEST BEHAVIORAL HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 104 W 5TH AVE SPOKANE, WA 99204
---	---

(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 335	<p>Continued From page 2</p> <p>as evidenced by:</p> <p>Based on interview and document review, the hospital failed to establish a written policy and procedure on emergency supplies and equipment that addressed how they are stored, checked, and accessed.</p> <p>Failure to have a written policy and procedure that addresses how emergency supplies and equipment are stored, checked, and accessed puts patients at risk for delayed treatment and care.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Document review of the hospital's policy titled, "Rapid Response," policy number 500.50, updated 10/03/18, showed that the assigned rapid response team mental health technician will respond to all calls with their unit's rapid response bag, the portable oxygen tank, glucometer tackle box, and automated external defibrillator (AED). The policy did not address how emergency supplies and equipment are checked nor where they are stored. 2. On 10/03/18 between 11:00 AM and 12:00 PM, Surveyor #3 interviewed the Assistant Chief Nursing Officer (Staff #303) about the hospital's policy for checking and storing emergency equipment and supplies. Staff #303 stated the hospital did not have an emergency cart but used their rapid response bag along with the AED and oxygen tank. He showed the surveyor an inventory form for the rapid response bag that did not include the AED or oxygen tank on its list. Staff #303 stated the bag is checked when opened and referred to the hospital policies regarding the checking of the AED and oxygen 	L 335		

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013250	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER INLAND NORTHWEST BEHAVIORAL HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 104 W 5TH AVE SPOKANE, WA 99204
---	---

(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 335	Continued From page 3 tank. 3. On 10/04/18, Surveyor #3 requested the hospital policies for the AED and oxygen tank. The Director of Quality and Risk Management (Staff #304) was unable to locate the requested policies at the time of survey exit.	L 335		
L 525	322-050.3 QUALIFICATIONS WAC 246-322-050 Staff. The licensee shall: (3) Maintain evidence of appropriate qualifications and current credentials prior to hiring, or granting or renewing clinical privileges or association of any health care professional; This Washington Administrative Code is not met as evidenced by: Based on record review and interview, the hospital failed to ensure that staff had required Washington State credentials for their position for 2 of 9 staff reviewed (Staff #202 and #203). Failure to ensure that staff have proper credentials places patients at risk from inadequate care. Findings included: 1. Record review of the Mental Health Technician job description showed that mental health technicians must possess a current Washington state Nursing Assistant Certification (NAC) as a qualification for employment. .Record review of the Recreational Therapist job description showed that recreational therapists	L 525		

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013250	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/04/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

INLAND NORTHWEST BEHAVIORAL HEALTH **104 W 5TH AVE**
SPOKANE, WA 99204

(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 525	<p>Continued From page 4</p> <p>must have a current Washington state Certified Therapeutic Recreation Specialist (CTRS) registration as a qualification for employment.</p> <p>2. Record review of the personnel file for a recreation therapist (Staff #202) showed that the therapist had a pending recreational therapist credential with the state of Washington at the time of record review.</p> <p>3. Record review of the personnel file for a mental health technician (Staff #203) showed that the technician did not have a Nursing Assistant Certified credential with the state of Washington as required for the position at the time of record review.</p> <p>4. On 10/04/18 between 10:00 AM and 11:00 AM, surveyor #2 reviewed personnel files with the Human Resources Director (Staff #204). During the review, the director confirmed that active credentials were not present in the file.</p>	L 525		
L 560	<p>322-050.6D TRAINING-INFECT CONTROL</p> <p>WAC 246-322-050 Staff. The licensee shall: (6) Provide and document orientation and appropriate training for all staff, including: (d) Infection control; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on record review and document review, the hospital failed to provide infection control training for 3 of 9 staff reviewed (Staff #202, #208, and #209).</p> <p>Failure to provide infection control training to</p>	L 560		

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013250	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER INLAND NORTHWEST BEHAVIORAL HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 104 W 5TH AVE SPOKANE, WA 99204
---	---

(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 560	<p>Continued From page 5</p> <p>newly hired staff places patients, staff, and visitors at risk for infection.</p> <p>Findings included:</p> <p>1. Record review of the hospital training modules titled, "Rapid Regulatory Compliance: Non-Clinical II," and "Rapid Regulatory Compliance: Clinical II," showed that these modules contain training on multiple aspects of infection control.</p> <p>2. Record review of personnel files showed that the hospital failed to ensure that staff were oriented with infection control training for the following staff: a recreational therapist (Staff #202), a social worker (Staff #208), and a pharmacy technician (Staff #209). These staff members had yet to complete the appropriate rapid regulatory compliance II module.</p> <p>3. On 10/04/18 between 10:00 AM and 11:00 AM, surveyor #2 reviewed personnel files with the Human Resources Director (Staff #204). During the review, the director confirmed that the above staff members had not completed their infection control trainings.</p>	L 560		
L 585	<p>322-050.6i ORIENTATION-APPROP TRAINING</p> <p>WAC 246-322-050 Staff. The licensee shall: (6) Provide and document orientation and appropriate training for all staff, including: (i) Appropriate training for expected duties This Washington Administrative Code is not met as evidenced by:</p>	L 585		

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013250	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER INLAND NORTHWEST BEHAVIORAL HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 104 W 5TH AVE SPOKANE, WA 99204
---	---

(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 585	<p>Continued From page 6</p> <p>Based on record review and interview, the hospital failed to ensure that new staff were oriented with appropriate training for expected duties for 6 of 9 staff (Staff #202, #203, #205, #206, #207, and #208).</p> <p>Failure to orient staff with appropriate training for expected duties places patients at risk for inadequate care.</p> <p>Findings included:</p> <ol style="list-style-type: none"> Record review of personnel files showed the hospital failed to orient the following staff with appropriate training for their assigned duties: the environmental services manager (Staff #205), two mental health technicians (Staff #203 and #206), a registered nurse (Staff #207), a recreational therapist (Staff #202), and a social worker (Staff #208). On 10/04/18 between 10:00 AM and 11:00 AM, surveyor #2 reviewed personnel files with the Human Resources Director (Staff #204). During the review, the director confirmed that the above staff members did not have orientation regarding assigned duties in their personnel files. 	L 585		
L 700	<p>322-100.1C INFECT CONTROL-REPORTING</p> <p>WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (c) A system for reporting communicable diseases consistent with chapter 246-100 WAC, Communicable and certain other diseases;</p>	L 700		

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013250	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/04/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER INLAND NORTHWEST BEHAVIORAL HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 104 W 5TH AVE SPOKANE, WA 99204
---	---

(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 700	<p>Continued From page 7</p> <p>This Washington Administrative Code is not met as evidenced by:</p> <p>Based on document review and interview, the hospital failed to ensure there was a written policy describing a system for reporting communicable diseases consistent with Washington Administrative Code (WAC) 246-100.</p> <p>Failure to develop a policy that contains the required criteria for reporting communicable diseases places patients at increased risk of infection and complications from those infections.</p> <p>Reference: WAC 246-100-021 Responsibilities and duties - Health care providers. "Every health care provider, as defined in chapter 246-100 WAC, shall: ...Comply with requirements in WAC 246-100-206, 246-100-211, and chapter 246-101 WAC ..."</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Document review of the hospital's infection control policies showed that the hospital had not developed and implemented a communicable diseases reporting policy consistent with WAC 246-100. No policy was present that described the hospital's responsibility for reporting notifiable conditions according to WAC 246-101. 2. On 10/04/18 at 1:38 PM, the quality director (Staff #201) told Surveyor #2 that the hospital had not developed and approved infection control policies and procedures for reporting of notifiable conditions. 	L 700		
L 720	322-100.1G INFECT CONTROL-PRECAUTION	L 720		

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013250	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/04/2018
--	---	--	---

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

INLAND NORTHWEST BEHAVIORAL HEALTH **104 W 5TH AVE**
SPOKANE, WA 99204

(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 720

Continued From page 8

WAC 246-322-100 Infection Control. The licensee shall: (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum: (g) Identifying specific precautions to prevent transmission of infections; This Washington Administrative Code is not met as evidenced by:

Based on document review and interview, the hospital failed to develop policies regarding special precautions to prevent the transmission of infections.

Failure to develop and implement policies and procedures for prevention of transmission of infections risks staff and patient infection.

Findings included:

1. Document review of infection control policies and procedures showed that the hospital did not have policies or procedures regarding special precautions for working with patients that are on airborne, droplet, or contact enteric precautions. The only transmission-based precautions policies Surveyor #2 found at the time of review were standard precautions and MRSA/Contact precautions.
2. On 10/04/18 at 1:38 PM, the quality director (Staff #201) told Surveyor #2 that the hospital had not developed and approved infection control policies and procedures for transmission-based precautions besides the standard precautions and MRSA/Contact precautions policies.

L 720

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013250	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER INLAND NORTHWEST BEHAVIORAL HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 104 W 5TH AVE SPOKANE, WA 99204
---	---

(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 960	Continued From page 9	L 960		
L 960	<p>322-150.2A SECLUSION RM-STAFF LOCK</p> <p>WAC 246-322-150 Clinical facilities. The licensee shall provide: (2) One or more seclusion rooms, with or without an exterior window, intended for short-term occupancy, with: (a) Staff-controlled locks and relites in the door, or equivalent; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on observation and interview, the hospital failed to ensure the hospital's seclusion rooms were fitted and maintained with a functional staff-controlled locks for 4 of 4 seclusion rooms inspected.</p> <p>Failure to have a functional staff-controlled locking system in the hospital's seclusion rooms risks patient and staff safety.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. On 10/02/18 at 10:30 AM, Surveyor #3 toured the 2-East clinical unit with the Chief Nursing Officer (CNO) (Staff #301) and Nurse Manager of the Adult Service Line (Staff #302). During the tour, the surveyor inspected the 2-East seclusion room. As part of the inspection process, Surveyor #3 asked Staff #302 to demonstrate how the seclusion room could be locked in order to prevent a patient from leaving. Despite several attempts, Staff #302 was unable to lock the seclusion room door. 2. Similar observations were found with the facility's other three seclusion rooms. 3. At the time of the observation, Surveyor #3 	L 960		

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013250	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/04/2018
--	--	---	--

NAME OF PROVIDER OR SUPPLIER INLAND NORTHWEST BEHAVIORAL HEALTH	STREET ADDRESS, CITY, STATE, ZIP CODE 104 W 5TH AVE SPOKANE, WA 99204
--	---

(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 960	Continued From page 10 interviewed the CNO about the non-functional seclusion room doors. She confirmed the door's locking mechanism was not working and the hospital's facility engineer would be notified to repair the door's locking mechanism.	L 960		

Inland Northwest Behavioral Health - Plan of Correction

Regulation	Tag	How the deficiency will be corrected	Responsible Individual	Date of Correction	Monitoring Procedure; Target for Compliance
WAC 246-322-035	L 315	Policy 500.11A identified the incorrect brand of Glucometer being utilized at the facility (One Touch Ultra 2). An inventory checklist identified all of the glucometers in INBH's possession. Each item was verified as being a McKesson True Metrix Pro glucometer. The revised policy reflects the accurate glucometer manufacturer, McKesson True Metrix Pro. Policy addresses the steps and procedures of using the McKesson Metrix Pro.	Chief Nursing Officer	10/8/2018	Established protocol requires that when new equipment is on boarded by the facility, only the Supply Chain Analyst is allowed to buy the appropriate approved equipment. The Supply Chain Analyst will keep inventory of said items. The department head who is responsible for the integration of the new equipment makes the necessary revisions within all associated policies. This is supplemental to the annual review of the policy.
WAC 246-322-035	L 335	A walkthrough evaluating the process around emergency supplies storage, checking, and accessing occurred. The Rapid Response Bag inventory checklist reflects the addition of AED and Oxygen tank. A policy was developed from the current process & updated checklist, which articulates the process of ongoing supply storage, monitoring and replenishing of inventories.	Chief Nursing Officer	10/8/2018	Inspections of the rapid response bags occur on a daily basis and are recorded on a log. When practice surrounding the supplies is altered, the policy is updated by the Chief Nursing Officer to reflect any change in practice. This is supplemental to the annual review of the policy.
WAC 246-322-050	L 525	Staff #202, Rec Therapist, has obtained their state credentials. Staff #203 MHT, does not participate in patient care activities and only participates in training/orienting until their credentials are fully instated by the state, expected within several days.	Director of Human Resources	RT- 10/10/2018 MHT - 10/19/2018	Policy reflects that all new hires will NOT be allowed to begin onboarding without the required licensure/credentials. Credential Software has been implemented for Director of HR. This software ensures continued monitoring and provides instant notification of expirations nearing. Staff is removed from schedule if compliance does not occur.
WAC 246-322-050	L 560	The 3 employees missing the Infection Control training were administered the Rapid Regulatory Course containing the mandated Infection Control content.	Director of Human Resources	10/5/2018	"Healthstream" application documents the assignment and receipt of appropriate required staff training. This application flags and alerts the director of human resources when training deadlines are approaching to ensure completion of competencies. Staff is removed from schedule if compliance does not occur.

Received: 10/12/18

Final Approval: 12/20/18



1/2/19

Inland Northwest Behavioral Health - Plan of Correction

WAC 246-322-050	L 585	All 6 staff members have been oriented to their assigned duties and have been deemed competent by their manager to fulfill their duties. Documentation of this review is within their file.	Director of Human Resources	10/8/2018	"Healthstream" application documents the assignment and receipt of appropriate required staff training. This application flags and alerts the director of human resources when training deadlines are approaching to ensure completion of competencies. Staff is removed from schedule if compliance does not occur.
WAC-322-100.1C	L 700	All Infection Control policies were reviewed. Policy reflects the practices and training already provided on the reporting of communicable diseases with the addition of the required criteria for reporting including a list of communicable diseases to be referenced by clinical staff.	Chief Nursing Officer	10/8/2018	When practice is altered or modified, the policy is updated by the Chief Nursing Officer to reflect any change in practice. This is supplemental to the annual review of the policy.
WAC 246-322-100	L 720	The policy governing airborne precautions & contact enteric was generated. The Policy generated reflects the practices and training already provided.	Chief Nursing Officer	10/8/2018	When practice surrounding the airborne precautions & contact enteric is altered, the policy is updated by the Chief Nursing officer to reflect any change in practice. This is supplemental to the annual review of the policy.
WAC 246-322-150	L 960	All Seclusion/Restraint room locks were repaired and brought into compliance. New Locks were installed and their function verified by the Director of Plant Operations.	Director of Plant Operations	10/5/2018	The Director of Plant Operations amended the Environment of Care Rounds Check List to include the Locks for the Seclusion Rooms. The checklist ensures an evaluation occurs on a monthly basis to ensure that the locks on the Seclusion/Restraint function appropriately. Monitoring is continual. Status updates will be provided to the Environment of Care Committee on a quarterly basis.
NFPA 70,72	S 374	Smoke doors had their closers adjusted to ensure the doors seal properly	Director of Plant Operations	10/5/2018	The Director of Plant Operations amended the Environment of Care Rounds Check List to include the Smoke Doors. The checklist ensures an evaluation occurs on a monthly basis to ensure that the smoke doors function appropriately and seal properly. Monitoring is continual. Status updates will be provided to the Environment of Care Committee on a quarterly basis.

Inland Northwest Behavioral Health - Plan of Correction

NFPA 70,72	S 341	Smoke detectors in room # 3225,3223, and 2224 had all smoked detectors moved at least 3' away from diffusers	Director of Plant Operations	10/5/2018	The Director of Plant Operations amended the Environment of Care Rounds Check List to include the Smoke Detectors. The checklist ensures an evaluation occurs on a monthly basis to ensure that the smoke detectors function appropriately and are still adequately situated from diffuser. Monitoring is continual. Status updates will be provided to the Environment of Care Committee on a quarterly basis.
NFPA 70,72	S 341	Added (9) nine pull stations at every exit and maintained a minimum of 200' between pull stations	Director of Plant Operations	10/11/2018	The Director of Plant Operations amended the Environment of Care Rounds Check List to include the Fire Pull stations. The checklist ensures an evaluation occurs on a monthly basis to ensure that the pull stations are in working order as well as conducting annual testing of the system. Monitoring is continual. Status updates will be provided to the Environment of Care Committee on a quarterly basis.
NFPA 13	S 351	We are seeking a waiver due to the AHJ conflicting fire code	Director of Plant Operations	N/A	Seeking waiver with the State Fire Marshall 10/11/2018
NFPA 101	S 363	Doors for the following location had the strikes filed and hinge adjusted to allow for proper latching: #3308,#3516,#3422,#2514, and #3427	Director of Plant Operations	10/5/2018	The Director of Plant Operations amended the Environment of Care Rounds Check List to include the doors indicated. The checklist ensures an evaluation occurs on a monthly basis to ensure that proper latching occurs. Monitoring is continual. Status updates will be provided to the Environment of Care Committee on a quarterly basis.
NFPA 101	S 915	Egress lights on the roof were re-routed to the life safety branch	Director of Plant Operations	10/5/2018	The Director of Plant Operations amended the Environment of Care Rounds Check List to include the egress lights on the roof. The checklist ensures an evaluation occurs on a monthly basis to ensure that egress lights stay in compliance. Monitoring will be conducted for a period of 4 months. Status updates will be provided to the Environment of Care Committee on a quarterly basis.
NFPA 70,99	S 920	Daisy Chain was removed immediately.	Director of Plant Operations	10/3/2018	The Director of Plant Operations amended the Environment of Care Rounds Check List to include the removal of Daisy Chains. The checklist ensures an evaluation occurs on a monthly basis to ensure that there are no daisy chains occurring or present. Monitoring is continual. Status updates will be provided to the Environment of Care Committee on a quarterly basis.



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

December 21, 2018

Dorothy Sawyer
CEO
Inland Northwest Behavioral Health
104 W 5th Avenue
Spokane, WA 99204

Dear Ms. Sawyer:

Surveyors from the Washington State Department of Health and the Washington State Patrol Fire Protection Bureau conducted a state hospital licensing survey at Inland Northwest Behavioral Health on 10/03/18-10/04/18. Hospital staff members developed a plan of correction to correct deficiencies cited during this survey. This plan of correction was approved on 12/20/18.

A Progress Report is due on or before 01/02/19 when all deficiencies have been corrected and monitoring for correction effectiveness has been completed. The Progress Report must address all items listed in the plan of correction, including the WAC reference numbers and letters, the actual correction completion dates, and the results of the monitoring processes identified in the Plan of Correction to verify the corrections have been effective. A sample progress report has been enclosed for reference.

Please mail this progress report to me at the following address:

Tyler Henning
Department of Health, Investigations and Inspections Office
P.O. Box 47874
Olympia Washington, 98504-7874

Please contact me if you have any questions. I may be reached at 360-236-2918. I am also available by email at tyler.henning@doh.wa.gov.

Sincerely,

Tyler Henning
Survey Team Leader