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State of Washington (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ C B. WING 60429197 12/08/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH CASCADE BEHAVIORAL HOSPITAL **TUKWILA, WA 98168** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) L 000 L 000 INITIAL COMMENTS STATE COMPLAINT INVESTIGATION 1. A written PLAN OF CORRECTION is required for each deficiency listed on the The Washington State Department of Health Statement of Deficiencies. (DOH) in accordance with Washington 2. EACH plan of correction statement Administrative Code (WAC), Chapter 246-322 must include the following: Private Psychiatric & Alcoholism Hospital \* The regulation number and/or the tag Regulations, conducted this health and safety investigation. \* HOW the deficiency will be corrected; \* WHO is responsible for making the Onsite date: 12/08/20 correction; Case number: 2020-360 \* WHAT will be done to prevent Intake number: 97773 reoccurrence and how you will monitor for continued compliance; and The investigation was conducted by: \* WHEN the correction will be completed. Investigator #27347 & Investigator #33674 3. Your PLAN OF CORRECTION must be returned within 10 calendar days from the There were violations found pertinent to this date you receive the Statement of complaint. Deficiencies. PLAN OF CORRECTION DUE: DECEMBER 28, 2020 4. The Administrator or Representative's signature is required on the first page of the original. 5. Return the original report with the required signatures. 322-140.1G SECURITY L 870 L 870 322-140.1G SECURITY WINDOWS **WINDOWS** WAC 246-322-140 Patient living areas. Who The licensee shall: (1) Provide patient sleeping rooms with: (g) Only Director of Environment of Care security or maximum security windows: This Washington Administrative Code is not met as evidenced by: Based on observation and interview, the hospital failed to ensure that the materials used to replace windows in the the sunroom met the security

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hospitals.

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

window requirements appropriate for psychiatric

Soni Helmicki, PhD

Cascade Behavioral Hospital 12/18/2020

NGLI11

(X6) DATE

TITLE

State of v	vasnington					
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:				
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		60429197	B. WING		1	) 08/2020
		00423137	1		12/0	J6/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
		12844 MIL	ITARY ROAD	SOUTH		
CASCADI	E BEHAVIORAL HOSPIT	AL TUKWILA	, WA 98168			
			1			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE			DATE		
				DEFICIENCY)		
1.070	0	_ 4	1.070	Continued from page 1		
L 870	Continued From page	9 1	L 870	, 3		
	Failure to go through	the approval process prior		How		
		places patients at risk of	•	I to do the middle of the feetile of	0	
	injury or elopement.	process position and the second		Under the guidance of the facility CEO, the		
	mijary or oropomoria			Director of Environment of Care Services contacted Washington Department of Health –		
	Findings included:			Construction Review Services – Steve		
	r mango moladoa.			Pennington to initiate the process of ap	onroval for	
	1 On 11/08/20 hetwe	een 8:40 AM and 9:40 AM,		materials used to replace the window.	provarior	
		he facilities manager (Staff		,		
		nd 4th floor of the hospital.		What		
	Surveyor #1 observed that the interior portion of the windows in the sunroom were replaced with a thick plastic.		Director of Environment of Care Servic			
			sending application, facility plans and ne			
	unon plastic.			documentation to the Washington Dep		
	2 On 11/09/20 of 10:	00 AM, investigator #1		Health Construction Review Services a		
		ies manager (Staff #1) about		process of the materials used to replace windows.	e ine	
		lace the sunroom windows.		windows.		
	•	ne interior of the windows in		When		
				***************************************		
		placed with "Lexan Plastic" rere sealed with an adhesive		The approval process for the materials	will be	
		w frame. Investigator #1		completed in January 2021.		01/15/2021
	asked the facility mar					0171072021
		ed that he didn't think it was		How Monitored		
				L		
		l, so he did not notify the		Director of Environment of Care Service	es will	
	state.			provide all updates of the Washington		
	0 0- 44/00/00 -140-	OO AM Investigation HA OO		Department of Health Construction Rev Board to the weekly Environment of Ca		
		00 AM, Investigator #1		Services meeting. Final approval will be		
		rom the Washington State		reviewed by the Monthly EOC and Qua		
	-	Construction Review		meetings. Final approval and update w		
	' '	CRS should have been		provided to Department of Health 90 da	av Review	02/2021
	notified.			of the action plan.	,	03/2021
L 895	322-140.2A SECURI	TY ROOMS-WINDOWS	L 895			
				322-140.2A SECURITY ROOMS-WIND	OWS	
	WAC 246-322-140 Page 140 Page	atient living areas.				
	The licensee shall: (2	!) Provide, in		Who		
	addition to the require	ements in		Director of Environment of Care		
	subsection (1) of this	section, when		Director or charotatient of Care		
	security rooms are us	sed: (a) Security				

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State of V	Vashington			·	, 0141	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					,	0
		60429197	B. WING		1	08/2020
NAME OF PR	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
CASCADE	BEHAVIORAL HOSPIT	12844 MII	LITARY ROAD	SOUTH		
OAGGADE	. BEHAVIONAL HOOF H		N, WA 98168			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	EFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE		
L 895	as evidenced by: Based on observation failed to ensure that the windows in the patient window requirement is hospitals.  Failure to go through to replacing windows injury or elopement.  Findings included:  1. On 11/08/20 between the windows in all the and 4th floor were replaced with a facility materials used to reprooms. Staff #1 states windows in the patient months ago. The windows to the windows asked the facility marnotified. Staff #101 st	windows ea and program; ninistrative Code is not met an and interview, the hospital the materials used to replace ent rooms met the security appropriate for psychiatric  the approval process prior places patients at risk of  een 9:00 AM and 9:40 AM, the facilities manager (Staff and 4th floor of the hospital, and that the interior portion of the patient rooms on the 3rd colaced with a thick plastic.  OO AM, investigator #1 ties manager (Staff #1) about tace windows in the patient at that the interior of the that rooms were replaced 6 dows in the patient rooms thicker ½ inch "Lexan the easily each of the two frames. Investigator #1	L 895	Continued From page 2  How  Under the guidance of the facility CEO, Director of Environment of Care Service contacted Washington Department of Econstruction Review Services — Steve Pennington to initiate the process of apmaterials used to replace the window.  What  Director of Environment of Care Service sending application, facility plans and indocumentation to the Washington Department Construction Review Services a process of the materials used to replace windows.  When  The approval process for the materials anticipated to be completed in January How Monitored  Director of Environment of Care Service provide all updates of the Washington Department of Health Construction Reviewed by the Weekly Environment of Care Services meeting. Final approval will be reviewed by the Monthly EOC and Quameetings. Final approval and update wiprovided to Department of Health 90 day of the action plan.	es Health — proval for es is Heeded Heartment of Heartmen	01/15/2021
	the state. 3. On 11/09/20 at 10:	00 AM, Investigator #1				

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received notification from the Washington State Construction Review Services (CRS) that CRS

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State of V	State of Washington						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	(X3) DATE SURVEY				
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A, BUILDING:		COMPLETED			
					С		
		60429197	8. WING		12/08/2020		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE			
0400401	PELIAVIODAL LIGODIT	12844 MIL	ITARY ROAD	SOUTH			
CASCADI	E BEHAVIORAL HOSPIT	TUKWILA	, WA 98168				
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION			
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE COMPL CROSS-REFERENCED TO THE APPROPRIATE DATE			
TAG REGULATORY OR LSC IDENTIFYING INFORMATION)			I/O				
L 895	Continued From page	o 3	L 895				
L 030			L 093				
	should have been no	tified.					
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