

04/09/21 - signed SOD along attached POC approved [Signature]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60429197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/18/2021
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NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168
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L 000	<p>INITIAL COMMENTS</p> <p>STATE COMPLAINT INVESTIGATION</p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 Private Psychiatric and Alcoholism Hospital Regulations conducted this health and safety investigation.</p> <p>Onsite date: 03/16/21 Administrative review dates: 03/17/21 and 03/18/21 Case number: 2021-2846 Intake number: 110520</p> <p>There were violations found pertinent to this complaint.</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> <ul style="list-style-type: none"> * The regulation number and/or the tag number; * HOW the deficiency will be corrected; * WHO is responsible for making the correction; * WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and * WHEN the correction will be completed. <p>3. Your PLAN OF CORRECTION must be returned within 10 calendar days from the date you receive the Statement of Deficiencies. PLAN OF CORRECTION DUE: APRIL 8, 2021</p> <p>4. The Administrator or Representative's signature is required on the first page of the original.</p> <p>5. 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 treatment of patients; This Washington Administrative Code is not met as evidenced by: Based on interview and document review, the hospital failed to develop and implement a policy</p>	L 315	<p>322-035.1C Policies-Treatment</p> <p>How: The Director of Risk revised facility policy PC. D. 401 Discharge Planning and Aftercare policy to include the following: "The charge nurse is responsible for ensuring the discharge instructions were completely filled out for the patient at the time of discharge". The Director of Social Services implemented discharge planning checklist.</p>	

State Form 2567
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
Soni Rao, PhD

TITLE
Director of Risk

(X6) DATE
04/08/2021

State of Washington

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L 315	<p>Continued From page 1</p> <p>and procedure to direct staff about who was ultimately responsible to ensure patient discharge instructions were complete at the time of discharge.</p> <p>Failure to implement policies and procedures that address which staff member is responsible to ensure a patient receives complete and comprehensive discharge instructions puts patients at risk for inadequate aftercare at home.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Document review of the hospital policy and procedure titled, "Discharge Planning and Aftercare," policy number PC.D.401, reviewed 02/21, showed that the charge nurse may be authorized to complete the discharge plan in the absence of the physician. The discharge did not specify which staff member was responsible to ensure the discharge instructions were completely filled out for the patient at time of discharge. 2. On 03/16/21 at 11:15 AM, the investigator interviewed the Chief Nursing Officer (Staff #1). Staff #1 stated that the charge nurse on each patient care unit needed to ensure the patients' discharge paperwork was completely filled out and handed to the patient at discharge. 3. On 03/18/21 at 2:15 PM, the investigator interviewed a licensed nurse (Staff #7). Staff #7 stated that the nurses completed the medication section of the discharge paperwork but the social worker was responsible to fill out follow-up care appointments. The nurse was unaware that the charge nurse was responsible for ensuring the discharge instructions were filled out completely. 	L 315	<p>Continued From page 1</p> <p>Who: Director of Risk, Chief Nursing Officer, Chief Clinical Officer, Director of Social Services</p> <p>What: Revised discharge planning policy was approved by the ad hoc medial staff meeting. The Chief Nursing Officer educated all RNs on the revised discharge planning policy on 3/18/2021, 3/19/2021 and 4/8/2021. The Director of Services educated all social services staff on the revised discharge planning policy and discharge planning check list on 3/18/2021.</p> <p>When: The Director of Social Services and or designee is auditing five medical records per unit monthly. Audit includes completion of items on the discharge plan for the patient at the time of discharge and completion of items on the discharge planning checklist. All deficiencies are corrected immediately. Staff not in compliance will receive re-education and or corrective action as necessary. Audit results will be submitted for three consecutive months to monthly quality meetings and governing body quarterly until 90% compliance is achieve and sustained.</p>	06/08/2021 and ongoing

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L 315	Continued From page 2 4. On 03/18/21 at 2:45 PM, the investigator interviewed a licensed nurse (Staff #8). Staff #8 stated that they filled out the information regarding medications on the discharge instruction sheet. Staff #8 stated the socialworker was responsible to fill out any follow-up appointments on the discharge instructions. Staff #8 stated that they were unaware the charge nurse needed to review discharge instructions for completeness. 5. On 03/18/21 at 3:00 PM, the investigator reviewed the above information with the Risk Manager (Staff#2). Staff #2 stated the hospital did not have a policy that addressed which staff member was responsible to ensure the discharge instructions were completely filled out.	L 315		
L1080	322-170.2H DISCHARGE PLAN 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 to: (h) A discharge plan including a review of the patient's hospitalization, condition upon discharge, and recommendations for follow-up and continuing care; This Washington Administrative Code is not met as evidenced by: Based on interview and document review, the hospital failed to ensure that 3 of 5 patient discharge instructions included recommendations for follow-up care that included who the patient	L1080	322-170.2H Discharge Plan How: The Director of Risk revised facility policy PC. D. 401 Discharge Planning and Aftercare policy to include the following: "The charge nurse is responsible for ensuring the discharge instructions were completely filled out for the patient at the time of discharge". The Director of Social Services implemented discharge planning checklist. Who: Chief Nursing Officer, Chief Clinical Officer, Director of Social Services	

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L1080	<p>Continued From page 3</p> <p>needed follow-up with for aftercare in the community (Patient #1, #2 and #4).</p> <p>Failure to ensure patients receive comprehensive discharge instructions puts patients at risk for receiving inadequate post hospitalization follow-up care.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Document review of the hospital policy and procedure titled, "Discharge Planning and Aftercare," policy number PC.D.401, reviewed 02/21, showed that discharge plans will include all professionals who will follow-up with the patient at discharge. It showed that the charge nurse may be authorized to complete the discharge plan in the physicians absence. 2. Review of Patient #1's medical record showed the patient was discharged on 02/10/21 to a Covid-19 hotel for quarantine after testing positive for the virus. The patient's discharge paperwork did not have the name of the county professional and contact information of the county professional assigned to monitor the patient while under quarantine. 3. Review of Patient #2's medical record showed the patient was discharged on 03/15/21 to home. The discharge plan did not have any information on the discharge paperwork about when the patient needed to follow-up with their primary care physician (PCP). 4. Review of Patient #4's medical record showed the patient was discharged to home on 03/15/21. The discharge plan had the list of medications the patient needed to take at home. The discharge plan did not have the name of the nurse that 	L1080	<p>Continued From page 3</p> <p>Who: Director of Risk, Chief Nursing Officer, Chief Clinical Officer, Director of Social Services</p> <p>What: Revised discharge planning policy was approved by the ad hoc medial staff meeting. The Chief Nursing Officer educated all RNs on the revised discharge planning policy on 3/18/2021, 3/19/2021 and 4/8/2021. The Director of Services educated all social services staff on the revised discharge planning policy and discharge planning check list on 3/18/2021.</p> <p>When: The Director of Social Services and or designee is auditing five medical records per unit monthly. Audit includes completion of items on the discharge plan for the patient at the time of discharge and completion of items on the discharge planning checklist. All deficiencies are corrected immediately. Staff not in compliance will receive re-education and or corrective action as necessary. Audit results will be submitted for three consecutive months to monthly quality meetings and governing body quarterly until 90% compliance is achieve and sustained.</p>	06/08/2021 and ongoing

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L1080	<p>Continued From page 4</p> <p>reviewed the patient's medications at the time of discharge with the patient. The plan also did not have the name of the patient's PCP and when the patient needed to followup with their PCP.</p> <p>5. On 03/16/21 at 11:15 AM, the investigator interviewed the Chief Nursing Officer (Staff #1). Staff #1 stated that the charge nurse on each patient care unit needed to ensure the patients' discharge paperwork was completely filled out and handed to the patient at discharge.</p> <p>6. On 03/18/21 at 2:15 PM, the investigator interviewed a licensed nurse (Staff #7). Staff #7 stated that the nurses completed the medication section of the discharge paperwork but the social worker was responsible to fill out follow-up care appointments. The nurse was unaware that the charge nurse was responsible to ensure the discharge instructions were filled out completely.</p> <p>7. On 03/18/21 at 3:00 PM, the investigator reviewed the above information with the Risk Manager (Staff#2). Staff #2 stated that the policy needed to clearly state which staff member was responsible to ensure that each discipline had completed their portion of the discharge instructions.</p>	L1080		
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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47874 • Olympia, Washington 98504-7874

Meghna Nagrath
Cascade Behavioral Health Hospital
Quality/Risk Management Director
12844 Military Road South
Tukwila, WA 98168

Re: Complaint #2021-2846/110520

Dear Ms. Nagrath:

Investigators from the Washington State Department of Health conducted a state complaint investigation at Cascade Behavioral Health Hospital on 03/16/21. Hospital staff members developed a plan of correction to correct deficiencies cited during this investigation. This plan of correction was approved on 04/09/21.

Hospital staff members sent a Progress Report dated 07/08/21 that indicates all deficiencies have been corrected. The Department of Health accepts Cascade Behavioral Health Hospital's hospital attestation that it will correct all deficiencies cited at Chapter 246-322 WAC.

We sincerely appreciate your cooperation and hard work during the investigation process.

Sincerely,

/s/Deborah Barrette

Deborah Barrette, RN
Nurse Investigator