

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  013134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/29/2021
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NAME OF PROVIDER OR SUPPLIER  SMOKEY POINT BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 3955 156TH ST NE MARYSVILLE, WA 98271
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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), Chapter 246-322 Private Psychiatric and Alcoholism Hospitals, conducted this health and safety investigation.</p> <p>On site dates: 06/24/21 and 07/28/21 Additional administrative review dates: 07/29/21</p> <p>Case numbers: 2021-5056</p> <p>Intake numbers: 111909</p> <p>The investigation was conducted by:</p> <p>Investigator #15</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><b>HOW</b> the deficiency will be corrected;</p> <p><b>WHO</b> is responsible for making the correction;</p> <p><b>WHAT</b> will be done to prevent reoccurrence and how you will monitor for continued compliance; and</p> <p><b>WHEN</b> the correction will be completed.</p> <p>3. Your <b>PLANS OF CORRECTION</b> must be returned within 10 calendar days from the date you receive the emailed Statement of Deficiencies. Your Plans of Correction must be emailed by September 23, 2021.</p> <p>4. Return the <b>ORIGINAL REPORT</b> via email with the required signatures.</p>	
L1065	322-170.2E TREATMENT PLAN-COMPREHENS	L1065	<p>WAC 246-322-170 Patient Care Services. (2) The licensee shall provide medical supervision and treatment, transfer, and discharge</p>	

State Form 2567

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



TITLE

CEO

(X6) DATE

9.22.21

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L1085	<p>Continued From page 1</p> <p>planning for each patient admitted or retained, including but not limited to: (e) A comprehensive treatment plan developed within seventy-two hours following admission: (i) Developed by a multi-disciplinary treatment team with input, when appropriate, by the patient, family, and other agencies; (ii) Reviewed and modified by a mental health professional as indicated by the patient's clinical condition; (iii) Interpreted to staff, patient, and, when possible and appropriate, to family; and (iv) Implemented by persons designated in the plan; This Washington Administrative Code is not met as evidenced by:</p> <p>Item #1 Comprehensive Master Treatment Plan</p> <p>Based on interview and record review, the hospital failed to ensure the development of an individualized comprehensive treatment plan for all patients, that included an updated Master Problem List and an Individualized Treatment Plan for identified problems, as demonstrated by 3 of 5 records reviewed (Patient #1501, #1502, and #1503).</p> <p>Failure to develop an individualized comprehensive treatment plan of care can result in inappropriate, inconsistent or delayed treatment of patient needs.</p> <p>Findings included:</p> <p>1. Document review of the hospital's policy titled, "Treatment Planning," policy number POC</p>	L1085		

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L1065	<p>Continued From page 2</p> <p>100.90, reviewed on 05/21, stated that the Master Treatment Plan will be developed within 72 hours of the patient's admission, utilizing the information obtained in the Psychiatric Evaluation, History and Physical (H&amp;P) Assessment, Psychosocial Assessment, and all other consults and assessments. The Master Treatment Plan will be updated as follows:</p> <p>a. The Registered Nurse (RN) will initiate a Master Problem List when developing the Initial Treatment Plan.</p> <p>b. The Therapist will transcribe the Psychiatric diagnoses from the Psychiatric Evaluation onto the Master Problem List and include all identified psychiatric problems.</p> <p>c. The RN will transcribe the Medical diagnoses from the Psychiatric Evaluation, the H&amp;P, and consults onto the Master Problem List and include all identified medical problems.</p> <p>d. An individual Treatment Plan will be formulated for each identified active problem.</p> <p>e. The Treatment Team will meet and review the patient's treatment plan weekly during Treatment Team meetings, or when necessary, and any changes needed will be reflected in the Treatment Plan Updates and Master Problem List.</p> <p>Patient #1501</p> <p>2. On 06/24/21 at 10:30 AM, Investigator #15, and a Registered Nurse (Staff #1502), reviewed the medical record for Patient #1501, a 15-year-old male, who was admitted on 03/21/21 for the treatment of Major Depressive Disorder - Recurrent and Suicidal Ideation. The record</p>	L1065		

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L1065	Continued From page 3  review showed the following:  a. On 04/18/21, nursing staff documented in the Daily Nursing Note that Patient #1501 and a female patient were found together in the bathroom with their pants down by a Mental Health Technician (MHT) during observation rounds. Patient #1501 stated that "we didn't end up having sex" and added, "I can't control my natural body." The MHT notified the RN Charge nurse, the provider was notified, and orders obtained for Sexually Transmitted Diseases (STD) tests, Sexually Acting Out (SAO) Precautions were ordered, and observations were changed to every five minutes (Q5).  b. The Master Treatment Plan Problem List Addendum showed that on 04/18/21 staff added "Problem P5 Sexually Acting Out" to the Problem List.  c. On 04/18/21, staff implemented an Individual Treatment Plan for "Sexually Acting Out (SAO)" with a Target Date for resolution of 04/26/21. Short-Term Goals, Interventions, and Discipline Responsible are documented as follows:  i. (Goal) Patient will demonstrate appropriate boundaries. Interventions included:  Instruct patient on unit rules and appropriate boundaries (Nursing).  Reinforce to patient appropriate boundaries with peers and staff (Nursing).  ii. (Goal) Patient will state alternative ways to effectively interact in socially acceptable forms without sexually inappropriate behaviors. Interventions included:	L1065		

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L1065	Continued From page 4  Conduct session that verbally explores socially acceptable behavior without exhibiting SAO behavior (Therapist).  Emphasize acceptable behavior that does not infringe on others (Therapist).  d. On 04/25/21, staff documented on Patient #1501's individual treatment plan for "Sexually Acting Out" that the problem was resolved on 04/25/21, and the patient attained the goals identified. There was no staff name or signature noted. The date of 04/25/21 was written in the "Target Date" column and an "A," which per the legend signifies the goals were "attained."  e. Investigator #15 reviewed the Daily Nursing Notes, Provider Progress Notes, and Clinical Notes from 04/19/21 to 04/26/21 and found no evidence that documented the Patient's progress towards his identified goals, interventions provided by staff, or criteria for determining the resolution of the problem as outlined in the Patient's treatment plan of care.  f. Investigator #15 found no evidence that the Master Treatment Plan Problem List was updated reflecting the attainment/resolution for the problem of "Sexually Acting Out."  3. On 06/24/21 at 11:00 AM during an interview with Investigator #15, Staff #1502, verified that the Master Treatment Plan Problem List had not been updated when Problem #P5 "Sexually Acting Out" was attained on 04/25/21. Staff #1502 stated that the disciplines responsible for interventions should document the interventions provided and the Patient's progress towards their goals.	L1065		

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L1065	<p>Continued From page 5</p> <p>Patient #1502</p> <p>4. On 06/24/21 at 11:15 AM, Investigator #15, and a Registered Nurse (Staff #1502), reviewed the medical record for Patient #1502, a 14-year-old female, who was admitted on 04/14/21 for the treatment of Suicidal Ideation, with a recent suicide attempt. The record review showed the following:</p> <p>a. The High-Risk Notification Alert, dated 04/14/21, noted that Patient #1502's High Risk Factors included sexual victimization, with a reported history of sexual abuse.</p> <p>b. On 04/14/21, staff documented on the Initial Nursing Assessment that the Patient would be placed on Sexual Victimization Precautions (SVP) and observation rounds every 5 minutes (Q5).</p> <p>c. On the Initial Psychiatric Evaluation, dated 04/15/21, staff documented that Patient #1502 "complained she was raped by 5 boys when she was 6 years old."</p> <p>d. The Master Treatment Plan - Problem List Addendum, not dated, identified the following psychiatric problems: P4 Sexual Victimization and P6 Sexual Acting Out.</p> <p>e. On 04/14/21, staff implemented an Individual treatment plan for "P4 Sexual Victimization (SVP)" with a Target Date for resolution of 04/14/21 (which was the date the goal was identified). Short-Term Goals, Interventions, and Discipline Responsible are documented as follows:</p> <p>i. (Goal) Patient will name at least three</p>	L1065		

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L1065	<p>Continued From page 6</p> <p>signs/symptoms of escalating thoughts of sexual victimization. Interventions included:</p> <p>Allow patient to ventilate his/her feelings of sexual trauma. (Nursing).</p> <p>Reinforce to patient appropriate boundaries with peers and staff (Nursing).</p> <p>No sexual conversations. (Nursing).</p> <p>ii. (Goal) Patient will state alternative ways to effectively interact in socially acceptable forms without sexually inappropriate behaviors. Interventions included:</p> <p>Conduct session that verbally explores socially acceptable behavior without exhibiting SAO behavior (Therapist).</p> <p>Emphasize acceptable behavior that does not infringe on others (Therapist).</p> <p>f. On 04/18/21, nursing staff documented in the Daily Nursing Note that Patient #1502 was found by a Mental Health Technician (MHT) during observation rounds in the bathroom with a male patient. Both Patients had their pants down. Patient #1501 stated that "I don't want to talk about it." The MHT notified the RN Charge nurse, the provider was notified, and orders obtained for Sexually Transmitted Diseases (STD) tests, Sexually Acting Out (SAO) Precautions were ordered and observations were changed to every five minutes (Q5).</p> <p>g. Staff documented on 05/05/21 on the Master Problem List and the Individual Treatment Plans for Sexually Acting Out and Sexual Victimization, that the goals had been achieved. Investigator</p>	L1065		

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L1065	<p>Continued From page 7</p> <p>#15 failed to find a name or signature for the staff member who documented that the problems were resolved.</p> <p>h. Investigator #15 reviewed the Daily Nursing Notes, Provider Progress Notes, and Clinical Notes from 04/14/21 to 05/05/21 and found no evidence that documented the interventions provided by staff, the Patient's progress towards the identified goals, or the criteria met to resolve the problems, as outlined in the Patient's treatment plan of care.</p> <p>5. On 06/24/21 at 11:00 AM during an interview with Investigator #15, Staff #1502, stated that the disciplines responsible for interventions noted in the Individual Treatment Plans, should document the specific interventions provided, the Patient's response to the interventions, and the Patient's progress towards their goals.</p> <p>Patient #1503</p> <p>6. On 07/28/21 at 11:30 AM, Investigator #15, and a Registered Nurse (Staff #1504), reviewed the medical record for Patient #1503, a 16-year-old male, who was admitted on 02/15/21 for the treatment of Bipolar Disorder, Post Traumatic Stress Disorder (PTSD), and Opioid Use Disorder. The record review showed the following:</p> <p>a. On 02/23/21, staff added P8 Sexual Acting Out to the Master Treatment Plan Problem List Addendum.</p> <p>b. An Individual Treatment Plan dated 02/23/21 was initiated by staff for Sexual Acting Out. Staff documented that Patient #1503 was exhibiting "poor boundaries with peers." Goals and</p>	L1065		

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L1065	<p>Continued From page 8</p> <p>interventions included the following:</p> <p>i. (Goal) Patient will demonstrate appropriate boundaries. Interventions included:</p> <p>Patient will be placed on Sexually Acting Out Precautions (Nursing).</p> <p>Provider will order precautions and level of observation (Provider).</p> <p>ii. (Goal) Patient will state alternative ways to effectively interact in socially acceptable forms without sexually inappropriate behaviors. Interventions included:</p> <p>Conduct 1:1 session, once weekly for 30 minutes, that verbally explores socially acceptable behavior without exhibiting SAO behavior. Emphasize acceptable behavior that does not infringe on others (Therapist).</p> <p>c. Investigator #15 reviewed the Daily Nursing Notes, Provider Progress Notes, and Clinical Notes from 02/15/21 to 02/23/21 and found no evidence that staff documented any behaviors or incidents involving Patient #1503 related to sexually inappropriate behavior, which created the need to initiate a new problem on the Master Treatment Plan Problem List and an Individual Treatment Plan.</p> <p>d. Investigator #15 reviewed the Daily Nursing Notes, Provider Progress Notes, and Clinical Notes from 02/23/21 to 03/12/21 and found no evidence that documented the interventions provided by staff, or the Patient's progress towards the identified goals, as outlined in the Patient's treatment plan of care.</p>	L1065		

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L1065	<p>Continued From page 9</p> <p>7. On 07/28/21 AM at 11:45 AM, during an interview with Investigator #15, Staff #1502, stated that the disciplines responsible for interventions noted in the Individual Treatment Plans, should document the specific interventions provided, the Patient's response to the interventions, and the Patient's progress towards their goals, including the weekly clinical progress note to document the 30 minute, 1:1 sessions with the therapist.</p> <p>Item #2 Treatment Plan Updates</p> <p>Based on interview and record review, the hospital failed to ensure that staff updated the patient's treatment care plans for all patients, as demonstrated by 3 of 5 records reviewed (Patient's #1501, #1502, and #1503).</p> <p>Failure to update the patient's treatment care plans can result in inappropriate, inconsistent, or delayed treatment of the patient's needs and may lead to patient harm and lack of appropriate treatment for a behavioral or medical condition.</p> <p>Findings included:</p> <p>1. Document review of the hospital's policy titled, "Treatment Planning," policy number POC 100.90, reviewed on 05/21, stated that the Master Treatment Plan will be developed within 72 hours of the patient's admission, utilizing the information obtained in the Psychiatric Evaluation, History and Physical (H&amp;P) Assessment, Psychosocial Assessment, and all other consults and assessments. The Master Problem List will be reviewed and/or updated weekly at Treatment Team meetings or when necessary due to a change in the patient's condition. The Treatment Plan Review will reflect changes in the patient's</p>	L1065		

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L1065	<p>Continued From page 10</p> <p>course of treatment. The treatment plan review/update will include the following:</p> <p>a. Changes in psychiatric or medical diagnosis since the last treatment plan review.</p> <p>b. Progress towards each psychiatric and medical problem.</p> <p>c. Behavioral events.</p> <p>d. Current precautions.</p> <p>Patient #1501</p> <p>2. On 06/24/21 at 10:30 AM, Investigator #15, and a Registered Nurse (Staff #1502), reviewed the medical record for Patient #1501, a 15-year-old male, who was admitted on 03/21/21 for the treatment of Major Depressive Disorder, Recurrent and Suicidal Ideation. The record review showed the following:</p> <p>a. On 04/18/21, nursing staff documented in the Daily Nursing Note that Patient #1501 and a female patient were found together in the bathroom with their pants down by a Mental Health Technician (MHT) during observation rounds. Sexually Acting Out (SAO) Precautions were ordered.</p> <p>b. The Master Treatment Plan Problem List Addendum showed that on 04/18/21 staff added "Problem #P5 Sexually Acting Out" to the Problem List.</p> <p>c. Investigator #15's review of the Treatment Plan Update, dated 04/23/21 found two different treatment plan updates for Patient #1501, both dated 04/23/21. Each document had different</p>	L1065		

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L1065	<p>Continued From page 11</p> <p>staff signatures for the staff participating in the treatment team. One document identified a problem of "Sexually Acting Out" and the other document did not identify the problem.</p> <p>d. On the 04/23/21 Treatment Plan update that did identify a problem of "Sexually Acting Out," staff failed to document the recent incident on 04/18/21, under the section for "recent behavioral events."</p> <p>e. On the Treatment Plan Update, dated 04/30/21, staff documented that the patient had no behavioral issues noted for the problem of "Sexually Acting Out." However, staff documented on the Individual Treatment Plan that the problem had already been attained/resolved on 04/25/21.</p> <p>Investigator #15 reviewed the Daily Nursing Notes, Provider Progress Notes, and Clinical Notes from 04/18/21 to 04/30/21 and found no evidence that documented the interventions provided by staff, or the Patient's progress towards the identified goals, as outlined in the Patient's treatment plan of care or how the Patient met the criteria to resolve the identified problem.</p> <p>3. On 06/24/21 at 11:00 AM, during an interview with Investigator #15, Staff #1502, verified that the Patient's medical record failed to document the patient's progress towards their treatment plan goals and methodology for the attainment of the goal. Staff #1502 was unable to determine which document from 04/23/21 was the correct update and stated that "they must have met at different times during the day."</p> <p>Patient #1502</p>	L1065		

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L1065	<p>Continued From page 12</p> <p>4. On 06/24/21 at 11:15 AM, Investigator #15, and a Registered Nurse (Staff #1502), reviewed the medical record for Patient #1502, a 14-year-old female, who was admitted on 04/14/21 for the treatment of Suicidal Ideation, with a recent suicide attempt. The record review showed the following:</p> <p>a. The Master Treatment Plan - Problem List Addendum, not dated, identified the following psychiatric problems: P4 Sexual Victimization and P6 Sexual Acting Out. Staff documented on 05/05/21 that the goals had been achieved. Investigator #15 failed to find a name or signature for the staff member who documented that the problems were resolved.</p> <p>b. On 04/18/21, nursing staff documented in the Daily Nursing Note that Patient #1502 was found by a Mental Health Technician (MHT) during observation rounds in the bathroom with a male patient. The RN Charge Nurse notified the provider, and orders obtained for Sexually Transmitted Diseases (STD) tests, Sexually Acting Out (SAO) Precautions, and observations were changed to every five minutes (Q5). Patient #1502 was transferred to a different unit.</p> <p>c. On the Weekly Treatment Plan Update, dated 04/21/21, the staff documented that the MHT found Patient #1502 "with male peer in bathroom on 04/18/21." Staff documented that Patient's Progress towards their goal of Sexual Victimization as "no events noted since admission."</p> <p>d. On the Weekly Treatment Plan Update, dated 04/28/21, staff documented that Patient #1502 was making None/Minimal Progress towards her goal for Sexual Victimization and Sexually Acting</p>	L1065		

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>013134</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/29/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>SMOKEY POINT BEHAVIORAL HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>3955 156TH ST NE MARYSVILLE, WA 98271</b>
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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
L1065	<p>Continued From page 13</p> <p>Out. Staff documented that the Patient "lacked insight into poor boundaries with peers."</p> <p>e. On 05/05/21, the day that Patient #1502 discharged, staff documented on the Weekly Treatment Plan Update that all Psychiatric Problems, including Sexual Victimization and Sexually Acting Out had been resolved.</p> <p>f. Investigator #15 reviewed the Daily Nursing Notes, Provider Progress Notes, and Clinical Notes from 04/14/21 to 05/05/21 and found no evidence that documented the interventions provided by staff, the Patient's response to the interventions, the Patient's progress towards the identified goals, or how the Patient had met the criteria identified, as outlined in the treatment plan of care.</p> <p>5. On 06/24/21 at 11:15 AM, during an interview with Investigator #15, Staff #1502, verified that the Patient's medical record failed to document the patient's progress towards their treatment plan goals and methodology for the attainment of the goal.</p> <p>Patient #1503</p> <p>6. On 07/28/21 at 11:30 AM, Investigator #15, and a Registered Nurse (Staff #1504), reviewed the medical record for Patient #1503, a 16-year-old male, who was admitted on 02/15/21, for the treatment of Bipolar Disorder, Post Traumatic Stress Disorder (PTSD), and Opioid Use Disorder. The record review showed the following:</p> <p>a. On 02/23/21, staff added the psychiatric problem P8 Sexual Acting Out to the Master Treatment Plan Problem List Addendum and</p>	L1065		

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  013134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/29/2021
NAME OF PROVIDER OR SUPPLIER  SMOKEY POINT BEHAVIORAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3955 156TH ST NE MARYSVILLE, WA 98271		
(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
L1065	Continued From page 14  created an individual Treatment Plan, based on Patient #1503 exhibiting "poor boundaries with peers."  b. On 02/23/21, nursing staff documented on the Daily Nursing Progress Note that Patient #1503 required multiple reminders of appropriate boundaries with peers. Staff documented that the Patient remained on observations every 15 minutes (Q15) and the 5' Rule.  c. On 02/24/21, nursing staff documented on the Daily Nursing Progress Note that Patient #1503 required redirection for sexually inappropriate comments. Staff reported that the Patient was observed "kissing a female peer." The Patient remained on Q15 observations and the 5' Rule.  d. On 02/25/21, nursing staff documented on the Daily Nursing Progress Note that Patient #1503 was observed kissing a female peer. Staff documented that the patient remained on observations every 15 minutes (Q15) and the 5' Rule.  e. On 02/26/21, nursing staff documented on the Daily Nursing Progress Note that Patient #1503 required multiple reminders to "keep hands to self." Patient #1503 remained on observations every 15 minutes (Q15) and the 5' Rule.  f. On 02/27/21, nursing staff documented on the Daily Nursing Progress Note that Patient #1503 "grabbed a female peer's buttock." Patient #1503 remained on observations every 15 minutes (Q15) and the 5' Rule.  g. On 02/28/21, nursing staff documented on the Daily Nursing Progress Note that Patient #1503 was unable to maintain appropriate boundaries	L1065		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  013134	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 07/29/2021
NAME OF PROVIDER OR SUPPLIER  SMOKEY POINT BEHAVIORAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 3955 156TH ST NE MARYSVILLE, WA 98271		
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L1065	<p>Continued From page 15</p> <p>with another peer and exhibited sexually inappropriate behavior. Patient #1503 remained on observations every 15 minutes (Q15) and the 5' Rule.</p> <p>Investigator #15 found that 6 of 6 Daily Nursing Progress Notes reviewed between 02/23/21 and 02/28/21, documented Patient #1503's sexually inappropriate behavior and inability to maintain appropriate boundaries with peers and staff.</p> <p>h. Investigator #15's review of the Provider Psychiatric Notes from 02/22/21 to 02/28/21, found no evidence documenting a change to Patient #1503's treatment plan, precautions or level of observation, related to the increased sexually inappropriate behavior.</p> <p>i. On the Weekly Treatment Plan Review/Update, dated 03/01/21, staff documented Patient #1503's progress towards psychiatric problem P8 Sexual Acting Out as continued "boundary issues and sexually acting out behavior towards female patients."</p> <p>Investigator #15 found no evidence of staff initiating additional interventions or changes in the Patient's course of treatment, in response to the increased sexually inappropriate behavior and inability to maintain appropriate boundaries with peers and staff.</p> <p>7. On 07/28/21 AM at 11:45 AM, during an interview with Investigator #15, Staff #1502, verified that the Interdisciplinary Treatment Plan Updates/Reviews should address changes in the patient's condition (both medical and psychiatric) and initiate changes in the care plan.</p>	L1065		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>013134</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/29/2021</b>
NAME OF PROVIDER OR SUPPLIER  <b>SMOKEY POINT BEHAVIORAL HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3955 156TH ST NE</b> <b>MARYSVILLE, WA 98271</b>		
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Plan of correction  
- POC → Mary O'Neil, DOH 01/13/22  
Received 10/6/21  
Approved 10/8/21

**L1065 Item # 1 Plan of Correction for Each specific deficiency Cited:**

The hospital failed to ensure development of an individualized treatment plan for all patients, that included an updated Master Problem List and an Individualized Treatment Plan for identified problems.

**Procedure/process for implementing the plan of correction:**

The CNO, Medical Director & DCS/designees will re-educate all Nursing staff, psychiatric providers and clinical services staff regarding the treatment planning process. Education will include:

- All identified problems on the Master Problem List, including date identified
- Initiation of an Individualized Treatment Plan for each active problem identified, including realistic target dates
- Documentation of progress towards treatment plan goals, how & when goals are attained/achieved
- Documentation of interventions provided by staff & patient's response to interventions
- Updating the Individualized Treatment Plan when goals are achieved or modified.
- Updating the Individualized Treatment Plan when new interventions are added
- Updating the Master Problem List when problems are added or resolved.
- Documentation of specific behaviors that represent a change in condition & specific reason for implementing precautions

**Monitoring and Tracking procedures to ensure the plan of correction is effective:**

- The CNO & DCS/designees will audit 16 charts weekly for compliance and re-educate staff as needed.
- Audits will continue until 90% compliance is noted for 3 consecutive months.

**Process improvement: Address process improvement and demonstrate how the facility has incorporated improvement actions into its Quality Assessment and Performance Improvement (QAPI) program. Address improvement in systems to prevent the likelihood of re-occurrence of the deficient practice:**

- The CNO & DCS will report compliance weekly to CEO.
- Data will be provided to PI department weekly for logging & analysis
- Non-compliance will be addressed via re-education.
- Monthly reports of the weekly data will be aggregated, analyzed, and presented in the PI committee
- Quarterly Report to Governing Board

**Individual Responsible:**

CNO, Medical Director & DCS

**Date Completed:**

10/11/21

**L1065 Item # 2 Plan of Correction for Each specific deficiency Cited:**

The hospital failed to ensure that staff updated patient's treatment care plans for all patients.

**Procedure/process for implementing the plan of correction:**

The CNO, Medical Director & DCS/designees will re-educate nursing staff, psychiatric providers, and clinical services staff regarding treatment plan update process. Training will include but is not limited to:

- Inclusion of new problems identified since last update in weekly Treatment Plan Review
- Inclusion if significant incidents/change in condition in Treatment Plan Review
- Documentation of patient's progress towards treatment plan goals, specifically how patient met criteria to attain/achieve goals.
- Documentation of interventions provided by staff & patient's response to interventions

- Documentation of specific behaviors/incidents that represent a change in condition & specific reason for implementing precautions
- Evaluation of need to adjust precautions/observation or initiate additional interventions following a behavioral incident or change in condition

**Monitoring and Tracking procedures to ensure the plan of correction is effective:**

- CNO & DCS/designee will audit 16 charts weekly for compliance with treatment plan updates & re-educate staff as needed.
- Audits will continue until 90% compliance is noted for 3 consecutive months.

**Process improvement: Address process improvement and demonstrate how the facility has incorporated improvement actions into its Quality Assessment and Performance Improvement (QAPI) program. Address improvement in systems to prevent the likelihood of re-occurrence of the deficient practice:**

- CNO & DCS will report compliance weekly to CEO & Governing Board.
- Data will be provided to PI department weekly for logging and analysis
- Non-compliance will be addressed via re-education.
- Monthly reports of the weekly data will be aggregated, analyzed, and presented in the PI committee.
- Quarterly report to Governing Board

**Individual Responsible:**

CNO & DCS

**Date Completed:**

10/11/21

*Progress Report*  
*Rec'd 11/10/21*  
*Approved 11/12/21*  
*Mary Ann Doff*  
*01-13-22*

Smokey Point Behavioral Hospital  
 Progress Report for  
 State Psychiatric Hospital Complaint Investigation (Case #2021-5056)  
 06/24/21 and 07/28/21

Tag Number	How Corrected	Date Completed	Results of Monitoring
322-170.2E L1065 Item #1 Comprehensive Master Treatment Plan	<p>Staff were re-educated regarding the treatment planning process. Education included:</p> <ul style="list-style-type: none"> <li>All identified problems on the Master Problem List, including date identified</li> <li>Initiation of an Individualized Treatment Plan for each active problem identified, including realistic target dates</li> <li>Documentation of progress towards treatment plan goals, how &amp; when goals are attained/achieved</li> <li>Documentation of interventions provided by staff &amp; patient's response to interventions</li> <li>Updating the Individualized Treatment Plan when goals area achieved or modified.</li> <li>Updating the Individualized Treatment Plan when new interventions are added</li> <li>Updating the Master Problem List when problems are added or resolved.</li> <li>Documentation of specific behaviors that represent a change in condition &amp; specific reason for implementing precautions</li> </ul>	10/11/2021	<p>Audit of 16 charts weekly for compliance.</p> <p>Week of 10/10-10/16 16/16 100%          Week of 10/17-10/23 16/16 100%          Week of 10/24-10/30 16/16 100%          Week of 10/31-11-6 16/16 100%</p> <p>Audits and education/re-education will continue until 90% compliance is noted for 3 consecutive months.</p>
322-170.2E L1065 Item #2 Treatment Plan Updates	<p>Staff were re-educated regarding the treatment plan update process. Education included:</p> <ul style="list-style-type: none"> <li>Inclusion of new problems identified since last update in weekly Treatment Plan Review</li> <li>Inclusion if significant incidents/change in condition in Treatment Plan Review</li> <li>Documentation of patient's progress towards treatment plan goals, specifically how patient met criteria to attain/achieve goals.</li> <li>Documentation of interventions provided by staff &amp; patient's response to interventions</li> <li>Documentation of specific behaviors/incidents that represent a change in condition &amp; specific reason for implementing precautions</li> </ul>	10/11/2021	<p>Audit of 16 charts weekly for compliance.</p> <p>Week of 10/10-10/16 16/16 100%          Week of 10/17-10/23 16/16 100%          Week of 10/24-10/30 16/16 100%          Week of 10/31-11-6 16/16 100%</p> <p>Audits and education/re-education will continue until 90% compliance is noted for 3 consecutive months.</p>

	<ul style="list-style-type: none"><li>• Evaluation of need to adjust precautions/observation or initiate additional interventions following a behavioral incident or change in condition</li></ul>		
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STATE OF WASHINGTON

**DEPARTMENT OF HEALTH**

*PO Box 47874 • Olympia, Washington 98504-7874*

OR Mailing address of investigator

January 11, 2022

Linda Barker  
Interim Chief Executive Officer  
Smokey Point Behavioral Hospital  
3955 156<sup>th</sup> Street NE  
Marysville, WA 98271

**Re: Complaint #111909/Case #2021-5056**

Dear Ms. Barker

I conducted a state hospital complaint investigation at Smokey Point Behavioral Hospital on June 24, 2021 and July 28, 2021. Hospital staff members developed a plan of correction to correct deficiencies cited during this investigation. This plan of correction was approved on October 8, 2021.

Hospital staff members sent a Progress Report dated November 10, 2021 that indicates all deficiencies have been corrected. The Department of Health accepted Smokey Point Behavioral Hospital's attestation that it will correct all deficiencies cited at Chapter 246-322 WAC on November 12, 2021.

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

Sincerely,

Mary New, MSN, RN  
Nurse Consultant