State of Washington FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED С 013134 B. WING 08/22/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3955 156TH ST NE SMOKEY POINT BEHAVIORAL HOSPITAL MARYSVILLE, WA 98271 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) INITIAL COMMENTS L 000 STATE COMPLAINT INVESTIGATION 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. Service categories: State Private Psychiatric and Alcoholism Hospitals Onsite dates: 08/22/18 Examination number: 2018-11162 Intake number: 83522 The investigation was conducted by: Surveyor #27347 There were violations found pertinent to this complaint. 322-035.1A POLICIES-ADMIT CRITERIA L 305 L305 The hospital failed to implement their policy to transfer a WAC 246-322-035 Policies and patient to a higher level of care in a Procedures. (1) The licensee shall timely manner when the hospital was develop and implement the following not able to address the patient's written policies and procedures healthcare needs. consistent with this chapter and services provided: (a) Criteria for admitting and retaining patients; Procedure for implementing the This Washington Administrative Code is not met plan of correction: as evidenced by: The hospital will fully implement the Based on interview, review of hospital documents policy to transfer any patient to a and review of acute care hospital documents the higher level of care in a timely hospital failed to implement their policy to transfer manner when the hospital is not able to address the patient's healthcare needs, Any patient requiring a higher level of care will be transferred to the ED for stabilization. SPBH will communicate with the ED prior to transport back to

SPBH to determine if SPBH

State of Washington

- can meet the medical needs of the patient following the ED treatment.
- Should the patient continue to require a higher level of medical care than SPBH can provide, SPBH will refuse to accept the patient for return from the ED and will inform the sending hospital that due to the hospital's inability to provide the necessary medical care, the hospital is mandated to refuse the patient, as the care needs are the priority for the patient and the acuity of the medical needs exceeds the capability of SPBH. If the sending hospital insists that it will file an EMTALA complaint, SPHB administrative staff will inform the hospital administrative staff that due to the inability of SPBH to meet the needs of the patient that SPBH would also be mandated to report the sending hospital as an EMTALA complaint.
- The Director of Assessment and Referral (A&R) will retrain the A&R staff on the policy titled "Admission, Discharge, and Continued Stay Criteria"

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

- In order to prevent reoccurrence and monitor' for continued compliance, the Director of A&R will audit a minimum of 50% of A&R Assessments to verify that patients admitted met medical necessity but did not have exclusionary criteria.
- These audits will be conducted 5 days a week, but will cover data from all 7 days a week.
- If any of the audits have documentation of acute medical needs that exceed the capability of the hospital, the case will promptly be brought to the medical director/designee physician for review. If

State of Washington appropriate the case will then be referred to peer review and will receive OPPE/FPPE, as indicated. The process will continue until 95% rate is found for 6 months. Random review will continue to assure ongoing compliance. If the rate does not meet a 90% threshold in any month, a new action plan will be developed and implemented. Individual Responsible: Medical Director Director of A&R CEO Completion Date: All training will be completed and audits will begin by 9/5/18. State Form 2567 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE STATE FORM 6899 6KXX11 If continuation sheet 1 of 7

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | |
|--------------------------|---|---|---------------------|---|----|----------------|
| | | 013134 | B. WING | | 08 | C 3/22/2018 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STAT | E, ZIP CODE | | |
| CHOVEV | POINT BEHAVIORAL H | 3955 19 | 56TH ST NE | | | |
| SMOKET | POINT BEHAVIORAL III | MARY | SVILLE, WA 98271 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (X: (EACH CORRECTIVE ACTION SHOULD BE COMP CROSS-REFERENCED TO THE APPROPRIATE DAY DEFICIENCY) | | |
| L 305 | Continued From pag | e 1 | L 305 | | | |
| | a patient (Patient #1) timely manner when address the patients | to higher level of care in a the hospital was not able healthcare needs. | | | | |
| | | tients to a higher level of r, risks deterioration of the nd poor outcomes. | | | | |
| | Findings include: | · | | | | |
| | and Continued Stay read in part "Criteria | titled "Admission, Discharge Criteria", effective 05/2017 that will prevent admission of cation include: "Medically | | | | |
| | fragile patients curre care for serious and/ including significant a (activities of daily livi bathing)". "D. The cli | ntly requiring nursing home or multiple Axis III disorders, | | | | |
| | was admitted to the l to "psychosis-hearing eat". Throughout her consume food or flui | #1's record revealed she nospital on 03/22/2018 due g voices telling her not to stay she did not consistently ds or her medications often medications or eat and drink. | | | | |
| | Medications were or | dered by injection IM he patient consented to | | | | |
| | the hospital sent the care hospital emerge of abnormal labs. Ea | 04/24/2018 and 05/28/2018 patient to the local acute ency room (ER) for evaluation ch time the ER evaluated the I the lab tests that were in the ER. | | | | |
| | On 6/16/2018 the pa | tient was sent to the local | | | | |

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PRINTED: 08/24/2018 FORM APPROVED State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED C 013134 B. WING 08/22/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3955 156TH ST NE SMOKEY POINT BEHAVIORAL HOSPITAL MARYSVILLE, WA 98271 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) L 305 Continued From page 2 L 305 acute care hospital ER after falling in the hospital. The ER did a work-up of the patient's fall with x-rays of the patient's pelvis, hips, ribs and arms and found the patient to have fractured humerus (arm) but no other fractures were identified. The patient was not a candidate for surgery and was sent back with their arm in a sling for the fracture. On 06/19/2018 the hospital sent the patient to the acute care ER due to refusing medications and oral fluids. The ER staff talked with the behavioral hospital nurse sent with the patient to the ER. The nurse felt comfortable taking the patient back to the hospital. On 06/23/2018 hospital psychiatric consultation notes stated "Asked to evaluate would patient benefit for nursing home care". "Patient elderly female who isn't getting out of bed to urinate". "fecal incontinence". "Poor po (oral) intake". "If change in level of consciousness may send to ER (emergency room) for evaluation". On 06/29/2018 hospital psychiatric consultation notes stated "Patient lying in bed and no response to questions and appears to be confused. Has not been eating or drinking for at least 4 days, refuses medications. Her physical conditions are deteriorating. Emergency meeting held with medical director, chief operating officer and patient's daughter. All agreed to send patient to emergency room and patient needs to be

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admitted to medical floor for treatment".

On 06/29/2018 the acute care hospital admitted the patient to the medical floor. The patient was found to be "hypotensive with systolic blood pressure in the 80's, hypoglycemia, a humerus fracture, and schizoaffective disorder. After receiving IV fluids the patient was able to answer

PRINTED: 08/24/2018 FORM APPROVED State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING 013134 08/22/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3955 156TH ST NE SMOKEY POINT BEHAVIORAL HOSPITAL MARYSVILLE, WA 98271 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) L 305 Continued From page 3 L 305 questions asked by the hospital staff and relaved falling in the facility last week and "broke their arm". 3. On 08/22/2018 at 11:00 AM Staff A was interviewed. Staff A stated that patients needed to be able to eat and drink by themself and if they were not able to do this they would need to be transferred to another care setting possibly a nursing home or acute care hospital. 4. On 08/22/2018 at 11:30 AM Staff B verified the above information. 5. On 8/22/2018 at 12:00 PM Staff C stated the behavioral health hospital was looking at their admission criteria to ensure they did not take patients that were not able to adequately perform their own ADL's were not admitted to the facility. 322-050.1A PROVIDE PATIENT SERVICES L 505 L505 The hospital failed to include the medical doctor in the care of a patient. WAC 246-322-050 Staff, The licensee shall: (1) Employ sufficient. qualified staff to: (a) Provide Procedure for implementing the adequate patient services; plan of correction: This Washington Administrative Code is not met The Internal Medicine Doctor will be included as evidenced by: in the care of the patient, including performing the History & Physical with n 24 Based on interview, review of hospital documents hours, unless performed within 30 days and review of acute care hospital documents the prior, medical consult will be ordered for hospital failed to include the medical doctor in the change in medical condition, and care of a patient (Patient #1) reassessment of patients within 24 hours of

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Failure to include the medical director in the day

complex medical needs risks deterioration of the

to day care and assessments of patients with

patient's condition and poor outcomes.

Findings include:

return from ED, including evaluation of labs and tests in addition to the physical

The Medical Director will educate medical

staff on these requirements by 9/6/18.

returning.

A patient transferred for medical evaluation at an ED will receive these required steps in process when returning from the ED.

Nurse to Nurse call prior to

reassessment.

PRINTED: 08/24/2018 State of Washington FORM APPROVED o Doc to Doc call by the transferring ED physician and the Attending physician or designee at SPBH prior to return. The SPBH attending or designee will 1. Determine if the patient still meets admission criteria and there is no exclusionary criteria. 2. Gives specific orders for medical/psychiatric care including a consult by the internal medical physician within 24 hours, 3. Notify the attending physician by the next day if a designee was on-call. 4. The SPBH physician will write orders for the patient to be returned, and includes any new medical and psychiatric needs. Upon returning the ED discharge documentation will be included in the medical record. The master treatment plan will be updated to include instruction and address all new medical concerns. Monitoring and tracking procedures to ensure the plan of correction is effective: The CNO/RN designee will audit all patient charts following return from the ED. These audits will be conducted 5 days a week but will cover data for all 7 days. The expectation is that there will be a minimum of 95% follow through with the medical expectations. Any medical provider found not to meet the expectations will be referred for peer review, with resulting OPPE/FPPE as appropriate. This audit process will continue for 6 months, then random audits will be performed to monitor

ongoing compliance. If the audit falls below 90% in a month then a new action plan will be formulated and implemented.

| State of | Washington | | |
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| | | Individual Responsible: | |
| | | Medical Director | |
| | | Completion Date: All training will be completed and audits will begin by 9/6/18. | |
| | | 9/6/18. | |
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back to the hospital.

sent back with their arm in a sling for the fracture.

On 06/19/2018 the hospital sent the patient to the acute care ER due to refusing medications and oral fluids. The ER staff talked with the behavioral hospital nurse sent with the patient to the ER. The nurse felt comfortable taking the patient

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State of Washington statement of deficiencies

1)

| STATEMENT OF DEFICIENCIES | | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPL | E CONSTRUCTION | 1 | (X3) DATE SURVEY | |
|---------------------------|--|---|---------------------|--|--------------------------------|--------------------------|--|
| AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | A. BUILDING: | A. BUILDING: | | COMPLETED | |
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| 013134 | | B. WING | | 08/ | 22/2018 | | |
| NAME OF F | PROVIDER OR SUPPLIER | | DRESS, CITY, ST. | ATE, ZIP CODE | | | |
| SMOKEY | POINT BEHAVIORAL HO | | | | | | |
| | CHAMADVCT | | LLE, WA 9827 | | | 1 | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE | |
| L 505 | Continued From page | e 5 | L,505 | | | | |
| | notes stated "Asked t benefit for nursing ho female who isn't gettin "fecal incontinence"." | tal psychiatric consultation o evaluate would patient me care". "Patient elderly ng out of bed to urinate". 'Poor po (oral) intake". "If nsciouness may send to ER revaluation". | | | | | |
| | notes stated "Patient response to questions confused. Has not be least 4 days, refuses a conditions are deterio held with medical dire | s and appears to be en eating or drinking for at medications. Her physical rating. Emergency meeting ctor, chief operating officer r. All agreed to send patient nd patient needs to be | | | | | |
| | the patient to the med found to be "hypotens pressure in the 80's, h fracture, and schizoafi receving IV fluids the p questions asked by th | ypoglycemia, a humerus | | | | | |
| | the medical doctor wa the patient's medical of hospital stay, after em | mentation found to indicate s involved in reassessing condition during their ergency room visits or in ency room staff about the | | | | | |
| | | 1:00 AM Staff A was ated that patients needed rink by themself and if they | | | | | |

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED С 013134 B. WING 08/22/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3955 156TH ST NE SMOKEY POINT BEHAVIORAL HOSPITAL MARYSVILLE, WA 98271 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) L 505 Continued From page 6 L 505 were not able to do this they would need to be transferred to another care setting possibly a nursing home or acute care hospital. Staff A stated the psychiatrist was the primary person to notified of patient changes. 5. On 08/22/2018 at 11:30 AM Staff B verified the above information. 6. On 8/22/2018 at 12:00 PM Staff C stated the behavioral health hospital was looking at their admission criteria to ensure they did not take patients that were not able to adequately perform their own ADL's were not admitted to the facility. Staff C stated the psychiatrist would call the medical doctor if a consult or reassessment was needed. State Form 2567

State of Washington

PRINTED: 08/28/2018

FORM APPROVED State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ C B. WING 013134 08/22/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3955 156TH ST NE SMOKEY POINT BEHAVIORAL HOSPITAL MARYSVILLE, WA 98271 (X5) COMPLETE (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES lD PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) L 000 L 000 INITIAL COMMENTS 1. A written PLAN OF CORRECTION is STATE COMPLAINT INVESTIGATION required for each deficiency listed on the Statement of Deficiencies. The Washington State Department of Health 2. EACH plan of correction statement (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 must include the following: Private Psychiatric and Alcoholism Hospitals, * The regulation number and/or the tag conducted this health and safety investigation. number: * HOW the deficiency will be corrected: Service categories: State Private Psychiatric and * WHO is responsible for making the correction: Alcoholism Hospitals * WHAT will be done to prevent reoccurrence and how you will monitor for Onsite dates: 08/22/18 continued compliance; and Examination number: 2018-11162 * WHEN the correction will be completed. Intake number: 83522 3. Your PLAN OF CORRECTION must be returned within 10 calendar days from the The investigation was conducted by: date you receive the Statement of Surveyor #27347 Deficiencies. PLAN OF CORRECTION DUE: SEPTEMBER 10, 2018 There were violations found pertinent to this 4. The Administrator or Representative's complaint. signature is required on the first page of the original. 5. Return the original report with the required signatures. L 305 L 305 322-035.1A POLICIES-ADMIT CRITERIA 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: (a) Criteria for admitting and retaining patients;

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as evidenced by:

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

This Washington Administrative Code is not met

Based on interview, review of hospital documents and review of acute care hospital documents the hospital failed to implement their policy to transfer

TITLE

(X6) DATE

| State of Washington STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|---------------------------|---|-----------------------------------|-------------------------|
| | | | A. BUILDING: | | | C |
| | | 013134 | B. WING | | 08/2 | |
| NAME OF | PROVIDER OR SUPPLIER | • | DDRESS, CITY, S | TATE, ZIP CODE | | |
| SMOKE | Y POINT BEHAVIORA | I MUSPIIAI | TH ST NE TILLE, WA 982 | 271 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| L 305 | Continued From page 1 | | L 305 | | | |
| | timely manner whe | 1) to higher level of care in a n the hospital was not able s healthcare needs. | | | | |
| | | patients to a higher level of her, risks deterioration of the and poor outcomes. | | | | |
| | Findings include: | | | | | |
| | and Continued Stay read in part "Criteria a patient to hospital fragile patients currecare for serious and includings significar (activities of daily livibathing)". "D. The continued in the serious and includings significant (activities of daily livibathing)". "D. The continued in part of the serious and including significant (activities of daily livibathing)". "D. The continued Stay read in part of the serious and including significant significa | cy titled "Admission, Discharge of Criteria", effective 05/2017 at that will prevent admission of lization include: "Medically ently requiring nursing home d/or multiple Axis III disorders, not alterations in ADL's ving-eating, drinking, dressing, lient decompensates to a remental instability requiring a | | | | |
| | was admitted to the to "psychosis-hearir eat". Throughout he consume food or flu refusing to take her Medications were o (intramuscular) and | at #1's record revealed she hospital on 03/22/2018 due and voices telling her not to er stay she did not consistently aids or her medications often medications or eat and drink, ardered by injection IM the patient consented to ations by IM injection. | | | · | |
| | the hospital sent the care hospital emerg of abnormal labs. E | l 04/24/2018 and 05/28/2018 e patient to the local acute lency room (ER) for evaluation ach time the ER evaluated the d the lab tests that were in the ER. | | | | |
| | | in the ER. atient was sent to the local | | | | |

State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: ___ С B. WING 013134 08/22/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3955 156TH ST NE SMOKEY POINT BEHAVIORAL HOSPITAL MARYSVILLE, WA 98271 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) L 305 Continued From page 2 L 305 acute care hospital ER after falling in the hospital. The ER did a work-up of the patient's fall with x-rays of the patient's pelvis, hips, ribs and arms and found the patient to have fractured humerus (arm) but no other fractures were identified. The patient was not a candidate for surgery and was sent back with their arm in a sling for the fracture. On 06/19/2018 the hospital sent the patient to the acute care ER due to refusing medications and oral fluids. The ER staff talked with the behavioral hospital nurse sent with the patient to the ER. The nurse felt comfortatble taking the patient back to the hospital. On 06/23/2018 hospital psychiatric consultation notes stated "Asked to evaluate would patient benefit for nursing home care". "Patient elderly female who isn't getting out of bed to urinate". "fecal incontinence", "Poor po (oral) intake", "If change in level of consciouness may send to ER (emergency room) for evaluation". On 06/29/2018 hospital psychiatric consultation notes stated "Patient lying in bed and no response to questions and appears to be confused. Has not been eating or drinking for at least 4 days, refuses medications. Her physical conditions are deteriorating. Emergency meeting held with medical director, chief operating officer and patient's daughter. All agreed to send patient to emergency room and patient needs to be admitted to medical floor for treatment". On 06/29/2018 the acute care hospital admitted the patient to the medical floor. The patient was found to be "hypotensive with systolic blood pressure in the 80's, hypoglycemia, a humerus fracture, and schizoaffective disorder. After receving IV fluids the patient was able to answer

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 013134 08/22/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3955 156TH ST NE SMOKEY POINT BEHAVIORAL HOSPITAL MARYSVILLE, WA 98271 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) L 305 Continued From page 3 L 305 questions asked by the hospital staff and relayed falling in the facility last week and "broke their arm". 3. On 08/22/2018 at 11:00 AM Staff A was interviewed. Staff A stated that patients needed to be able to eat and drink by themself and if they were not able to do this they would need to be transferred to another care setting possibly a nursing home or acute care hospital. 4. On 08/22/2018 at 11:30 AM Staff B verified the above information. 5. On 8/22/2018 at 12:00 PM Staff C stated the behavioral health hospital was looking at their admission criteria to ensure they did not take patients that were not able to adequately perform their own ADL's were not admitted to the facility. L 505 322-050.1A PROVIDE PATIENT SERVICES L 505 WAC 246-322-050 Staff. The licensee shall: (1) Employ sufficient, qualified staff to: (a) Provide adequate patient services; This Washington Administrative Code is not met as evidenced by: Based on interview, review of hospital documents and review of acute care hospital documents the hospital failed to include the medical doctor in the care of a patient (Patient #1) Failure to include the medical director in the day to day care and assessments of patients with complex medical needs risks deterioration of the patient's condition and poor outcomes. Findings include:

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|--------------------------------|---|---|---|---|-------------------------------|--------------------------|
| STATEMENT OF DEFICIENCIES (X1) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED | |
| | 013134 | | | | 1 | C 08/22/2018 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, S | STATE, ZIP CODE | | <u> </u> |
| SMOKE | Y POINT BEHAVIORA | L MUSPITAL | TH ST NE ILLE, WA 98: | 271 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES | | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | (X5) COMPLETE DATE |
| L 505 | Continued From page 4 | | L 505 | | .,, | |
| | Encounter" revised provide for a patien manner. The registratives for patient medical conditions" 2. Review of Patier was admitted to the to "psychosis-hearineat". Throughout he consume food or flurefusing to take her Medications were o (intramuscular) and receive their medications were on 04/03/2018, and the hospital sent the care hospital emergiof abnormal labs. | at #1's record revealed she hospital on 03/22/2018 due no voices telling her not to er stay she did not consistently aids or her medications often medications or eat and drink. Indered by injection IM the patient consented to ations by IM injection. 104/24/2018 and 05/28/2018 apatient to the local acute ency room (ER) for evaluation ach time the ER evaluated the did the lab tests that were | | | | |
| | On 6/16/2018 the paracute care hospital. The ER did a work-inx-rays of the patient and found the patient (arm) but no other fination was not a care sent back with their. On 06/19/2018 the fracute care ER due to oral fluids. The ER shospital nurse sent was not a care to sent sent sent sent sent sent sent sent | atient was sent to the local ER after falling in the hospital. up of the patient's fall with 's pelvis, hips, ribs and arms at to have fractured humerus factures were identified. The indidate for surgery and was arm in a sling for the fracture. Inospital sent the patient to the orefusing medications and staff talked with the behavioral with the patient to the ER. Ortatble taking the patient | | | | |

State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING 013134 08/22/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3955 156TH ST NE SMOKEY POINT BEHAVIORAL HOSPITAL MARYSVILLE, WA 98271 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) L 505 Continued From page 5 L 505 On 06/23/2018 hospital psychiatric consultation notes stated "Asked to evaluate would patient benefit for nursing home care". "Patient elderly female who isn't getting out of bed to urinate". "fecal incontinence", "Poor po (oral) intake", "If change in level of consciouness may send to ER (emergency room) for evaluation". On 06/29/2018 hospital psychiatric consultation notes stated "Patient lying in bed and no response to questions and appears to be confused. Has not been eating or drinking for at least 4 days, refuses medications. Her physical conditions are deteriorating. Emergency meeting held with medical director, chief operating officer and patient's daughter. All agreed to send patient to emergency room and patient needs to be admitted to medical floor for treatment". On 06/29/2018 the acute care hospital admitted the patient to the medical floor. The patient was found to be "hypotensive with systolic blood pressure in the 80's, hypoglycemia, a humerus fracture, and schizoaffective disorder. After receving IV fluids the patient was able to answer questions asked by the hospital staff and relayed falling in the facility last week and "broke their arm". 3. There was no documentation found to indicate the medical doctor was involved in reassessing the patient's medical condition during their hospital stay, after emergency room visits or in talking with the emergency room staff about the patient's condition. On 08/22/2018 at 11:00 AM Staff A was interviewed. Staff A stated that patients needed to be able to eat and drink by themself and if they

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State of Washington STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. Building: COMPLETED C 013134 B. WING 08/22/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3955 156TH ST NE SMOKEY POINT BEHAVIORAL HOSPITAL MARYSVILLE, WA 98271 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) L 505 Continued From page 6 L 505 were not able to do this they would need to be transferred to another care setting possibly a nursing home or acute care hospital. Staff A stated the psychiatrist was the primary person to notified of patient changes. 5. On 08/22/2018 at 11:30 AM Staff B verified the above information. 6. On 8/22/2018 at 12:00 PM Staff C stated the behavioral health hospital was looking at their admission criteria to ensure they did not take patients that were not able to adequately perform their own ADL's were not admitted to the facility. Staff C stated the psychiatrist would call the medical doctor if a consult or reassessment was needed.

State Form 2567