



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

PO Box 47874 • Olympia, Washington 98504-7874

January 7, 2019

Cascade Behavioral Hospital
12844 Military Road South
Tukwila, WA 98168
Dear Ms. Brewer:

This letter contains information regarding the recent investigation at Cascade Behavioral Hospital by the Washington State Department of Health. Your state licensing investigation was completed on date 11/28/2018.

During the investigation, deficient practice was found in the areas listed on the attached Statement of Deficiencies. A written Plan of Correction is required for each deficiency listed on the Statement of Deficiencies and will be due 14 days after you receive this letter.

Each plan of correction statement must include the following:

- The regulation number;
- How the deficiency will be corrected;
- Who is responsible for making the correction;
- When the correction will be completed
- How you will assure that the deficiency has been successfully corrected. When monitoring activities are planned, objectives must be measurable and quantifiable. Please include information about the monitoring time frame and number of planned observations.

You are not required to write the Plan of Correction on the Statement of Deficiencies form.

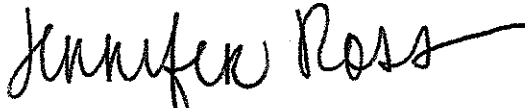
Please sign and return the original reports and Plans of Correction to me at the following address:

Name
Department of Health, Office of Health Systems Oversight
P.O. Box 47874
Olympia, WA 98504-7874

Please contact me if there are questions regarding the investigation process, deficiencies cited, or completion of the Plans of Correction. I may be reached at (360-688-6779). I am also available by email at Jennifer.Ross@doh.wa.gov

I want to extend another "thank you" to you and to everyone that assisted me during the investigation.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Ross". The signature is written in a cursive style with a long horizontal stroke at the end.

Jennifer Ross
Behavior Health Reviewer

Enclosures: DOH Statement of Deficiencies
Plan of Correction Brochure

Behavioral Health Agency Investigation Report

Department of Health
P.O. Box 47874, Olympia, WA 98504-7874
TEL: 360-236-4732

<u>Cascade Behavioral Hospital 12844 Military Road S, Tukwila, WA 98168</u>	<u>Janet Huff, RN, Director of Risk and Quality</u>
Agency Name and Address	Administrator
<u>complaint</u>	<u>11/28/2018</u>
Inspection Type	Investigation Onsite Dates
<u>2018-13207</u>	<u>BHA.FS.60874153</u>
Case Number	License Number
	<u>Jennifer Ross</u>
	Investigator
	<u>MH</u>
	BHA Agency Services Type

Please note that the deficiencies/violations/observations noted in this report are not all-inclusive, but rather were deficiencies/violations/observations that were observed or discovered during the on-site investigation.

Deficiency Number and Rule Reference	Observation Findings	Plan of Correction
<p>WAC 246-341-0640(15)(C): Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include: Discharge information as follows: When an individual is transferring to another service provider, documentation that copies of documents pertinent to the individual's course of treatment were forwarded to the new service provider with the individual's permission;</p>	<p>Based on observations and interviews, the agency HAS NOT MET this Washington Administrative Code.</p> <p>Failure to meet this requirement puts the client and agency at risk as the new agency providing services for this client may not have all they need to provide the appropriate care for the individual.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. In an interview with Staff #1, it was noted that they have had a high turnover with staff recently and they were unsure if all of the paperwork that needs to be faxed to other providers is being done. Staff #1 did state that there is a process that some of the staff follow which include documenting in their "log" when they are communicating with other providers, on behalf of the client, but they are 	<ol style="list-style-type: none"> 1. How corrected: Social Services staff were re-educated regarding documentation requirements and which documents need to be forwarded all referred new service providers with the patients permission. A formal process was put in place across social services to retain the fax receipt of any documentation sent to the receiving facility. Additionally, the Social Services department is now fully staffed. 2. Who is responsible: Jessi Winn, Director of Social Services

	<p>unsure if all of this gets into the medical record.</p> <p>2. In review of client records, it was found that not all discharges, if connecting with another services provide, had their information send to that provider.</p>	<p>3. When was correction completed: Social Services staff meetings 12/17/18 & 1/29/19. Ongoing training will occur with any newly hired staff.</p> <p>4. Ongoing compliance monitoring: 30 Monthly Closed chart audits to assure a minimum of greater than 90% compliance with documentation and fax receipts in the patients chart. If any specific staff are noted by chart audit to be out of compliance, they will be counseled one on one with the Director of Social Services. Repeated violations of the procedure may result in progressive discipline up to and including termination of employment.</p>
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WAC 246-341-0640(18): Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include: Documentation of coordination with any systems or organizations the individual identifies as being relevant to treatment, with the individual's consent or if applicable, the con-sent of the individual's parent or legal representation;

Based on observations and interviews, the agency HAS NOT MET this Washington Administrative Code.

Failure to meet this requirement may not allow all supports in a client's care to assist with the individuals care.

Findings include:

1. In an interview with Staff #1, it was noted that there is a process in place for staff to connect with client supports as well as other agencies that the client is currently active with. This process is being done by most staff but the coordination is not always documented in the clinical record.
2. In a review of the agency policy, PC.D.401, Discharge planning and Aftercare, it states that if applicable community mental health agencies and appropriate identified community resources will be invited with the permission of the patient, to participate in treatment planning, especially for discharge. This policy also states that aftercare plans are communicated to the family/patient/legal rep or agency, as appropriate and documented in the medical record.

1. **How corrected:** The Social Services Director provided the correct forms and education on documentation requirements regarding collateral contacts and that all documentation regarding this coordination must be kept in the patient's record. A new communication plan was put in place where the Director of Social Services will reach out to the top 10 agencies used by Cascade on a monthly basis to make sure all needs are being met.
2. **Who is responsible:** Jessi Winn, Director of Social Services
3. **When was correction completed:** Social Services staff meetings 12/17/18 & 1/29/19. Ongoing training will occur with any newly hired staff.
4. **Ongoing compliance monitoring:** A call to the top 10 agencies used by Cascade on a monthly basis to assure their needs are being met. Additionally, 30 Monthly Closed chart audits to assure a minimum of greater than 90% compliance regarding documentation requirements with any collateral contacts including but not limited to; family meetings, meetings with outside service providers, will be in patient's record via a progress note from the Social Worker. If any specific staff are noted by chart audit to be out of compliance, they will be counseled one on one with the

		<p>Director of Social Services. Repeated violations of the procedure may result in progressive discipline up to and including termination of employment.</p>
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**Behavioral Health Agency
Telephone Contact Numbers**

Management and Other Resources

Trent Kelly, Executive Director	360-236-4852
Shannon Walker, Operations Manager	360-236-2933
Judy Holman, Survey and Investigation Manager	360-236-2962

Introduction

We require that you submit a plan of correction for each deficiency listed on the inspection report form. Your plan of correction must be submitted to DOH within fourteen calendar days of receipt of the list of deficiencies.

You are required to respond to the Inspection Report with Noted Deficiencies by submitting a plan of correction (POC). Be sure to refer to the deficiency number. If you include exhibits, identify them and refer to them as such in your POC.

Descriptive Content

Your plan of correction must provide a step-by-step description of the methods to correct each deficient practice to prevent recurrence and provide information that ensures the intent of the regulation is met.

An acceptable plan of correction must contain the following elements:

- The plan of correcting the specific deficiency;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction.

Simply stating that a deficiency has been "corrected" is not acceptable. If a deficiency has already been corrected, the plan of correction must include the following:

- How the deficiency was corrected,
- The completion date (date the correction was accomplished),
- How the plan of correction will prevent possible recurrence of the deficiency.

Completion Dates

The POC must include a completion date that is realistic and coinciding with the amount of time your facility will need to correct the deficiency. Direct care issues must be corrected immediately and monitored appropriately. Some deficiencies may require a staged plan to accomplish total correction. Deficiencies that require bids, remodeling, replacement of equipment, etc., may need more time to accomplish correction; the target completion date, however, should be within a reasonable and mutually agreeable time-frame.

Continued Monitoring

Each plan of correction must indicate the appropriate person, either by position or title, who will be responsible for monitoring the correction of the deficiency to prevent recurrence.

Checklist:

- Before submitting your plan of correction, please use the checklist below to prevent delays.
- Have you provided a plan of correction for each deficiency listed?
- Does each plan of correction show a completion date of when the deficiency will be corrected?
- Is each plan descriptive as to how the correction will be accomplished?
- Have you indicated what staff position will monitor the correction of each deficiency?
- If you included any attachments, have they been identified with the corresponding deficiency number or identified with the page number to which they are associated?

Your plan of correction will be returned to you for proper completion if not filled out according to these guidelines.

Note: Failure to submit an acceptable plan of correction may result in enforcement action.

Approval of POC

Your submitted POC will be reviewed for adequacy by DOH. If your POC does not adequately address the deficiencies in your inspection report you will be sent a letter detailing why your POC was not accepted.

Questions?

Please review the cited regulation first. If you need clarification, or have questions about deficiencies you must contact the investigator who conducted the onsite investigation, or you may contact the supervisor.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

January 30, 2019

Cascade Behavioral Hospital
12844 Military Road South
Tukwila, WA 98168

Subject: Case Number: 2018-13207

Dear Ms.Huff:

The Washington State Department of Health conducted a Behavioral Health investigation at Cascade Behavioral Hospital. Your investigation review was conducted on 11/27/2018. The Plan of Correction that was submitted was approved on 1/30/2019. No further action is required.

I sincerely appreciate your cooperation and hard work during the investigation process and look forward to working with you again in the future.

Sincerely,

A handwritten signature in cursive script that reads "Jennifer Ross".

Behavioral Health Reviewer
Investigations and Inspections Office
Washington State Department of Health