STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
]				A. BUILDII	NG			
		504009		B. WING		01/20	0/2017	
NAME OF I	PROVIDER OR SUPPLIER	1	2600 SOU	ADDRESS, CITY, STATE, ZIP CODE OUTHWEST HOLDEN LE, WA 98126				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL.	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
L 000	INITIAL COMMENT	rs		L 000				
	Navos Psychiatric F 1/20/2017 by Tyler I Cathy Strauss BSN ASE #HZP911	nsing survey was cor lospital on 1/18/2017 Henning ScM, MHS;	' to		1. A written PLAN OF CORRECT required for each deficiency lister Statement of Deficiencies.  2. EACH plan of correction stater must include the following: The regulation number and/or the number; HOW the deficiency will be coverection; WHAT will be done to prever reoccurrence and how you will monitor for contrompliance; and WHEN the correction will be completed.  3. Your PLANS OF CORRECTION be returned within 10 business days from the date you the Statement of Deficiencies.	d on the ment e tag corrected; ing the nt inued		
					Your Plans of Correction must be postmarked by 2-15-2017  4. Return the ORIGINAL REPOR the required signatures.	•		
L 350	322-035.1J POLICIE	ES-INFECTION CON	ITROL	L 350				
	WAC 246-322-035 F Procedures. (1) The develop and implem written policies and p consistent with this of services provided: (j control as required b 246-322-100; This RULE: is not m	licensee shall ent the following procedures chapter and ) Infection by WAC						
	246-322-100; This RULE: is not m	•	te to continue	d program pa	rdicination			

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

STATE FORM

TITLE

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If continuation sheet 1 of 27

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL AND PLAN OF CORRECTION IDENTIFICATION NUMBER			1 ' '	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		504009	• .	B. WING		01/2	0/2017	
NAME OF F	PROVIDER OR SUPPLIER		2600 SOL	DDRESS, CITY, STATE, ZIP CODE  DUTHWEST HOLDEN E, WA 98126				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
L 350	Based on observation policies and proced ensure patient care between patients.  Failure to clean pat contamination between patients.  Failure to clean pat contamination between patients.  1. On 1/19/2017 at observed the medication to Patients blood pressure made without disinfecting.  2. On 1/19/2017 at observed with the Member #2) about the cleaning and sanitize machine between process was unable to located.	ion, interview and reviewes, the hospital fair equipment was clear equipment care equipment reen patients and state (BP) and deliver and #1, then return the chine to the nurses safter use.  9:00 AM, Surveyor #2 Nurse Manager, (State hospital's policy faing of the BP cuff and atients. The Nurse Murse	led to ined risks cross ff. 2 ember #1) a portable station 2 aff or d fanager	L 350	DET ICIENCY)			
L 420	Officer/ Infection Co	ontrol Professional, (Sined the above finding	Staff	1.400				
L 420	WAC 246-322-040 of Administration. The shall: (1) Adopt writt concerning the purp maintenance of the safety, care and treapatients;	Governing Body and governing body ten policies coses, operation and hospital, and the		L 420				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ER/CLIA MBER:		TPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		504009		B. WING_		01/2	0/2017	
NAVOS	PROVIDER OR SUPPLIER		2600 SOL SEATTLE	DDRESS, CITY, UTHWEST H , WA 98126				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIE: Y MUST BE PRECEDED BY .SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
L 420	Continued From Pa	age 2.		L 420				
ļ	policies and proced ensure the patient of free from risks of ha	ion, interview and rev dures the hospital fail comfort rooms were s arm in 2 of 2 comfor	led to safe and rt rooms.					
T T T T T T T T T T T T T T T T T T T		atient areas are safe /or death and harm to						
	Findings:					İ		
	the 3rd floor patient (Staff Member #2). mounted on the wal	10:30 AM, Surveyor t areas with the Charg There was a televis Il in the "Comfort Ro ne of the visible cable	ge Nurse, sion oom" with				,	
	not have a policy reg areas for specific sa facilities staff did a ' Review of the last 2 through" by the faci	se stated that the hose garding looking at parafety issues, but that "monthly walk throught months of the month illities staff indicated to the community of the form.	atient the gh" hly "walk that floor 2					
	clinical staff do moniminutes and that the monthly "Infection Concluded infection convironmental and e	g Officer reported tha nitoring of all patients e Administrative staff Control Rounding Log ontrol observation as equipment checks. Lot t 2 months without no er safety issues.	every 15 do a g", which well as ogs were					
L 545	322-050.6A ORIENT	TATION-ORG		L 545				
	WAC 246-322-050 S shall: (6) Provide and orientation and appre	ıd document						

If continuation sheet 4 of 27

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED				
		504009		B. WING		01/2	20/2017		
NAME OF P	ROVIDER OR SUPPLIER		2600 SOL	DDRESS, CITY, STATE, ZIP CODE  UTHWEST HOLDEN  E, WA 98126					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM/	FULL.	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
L 545	Based on documer hospital failed to er oriented to the organization of the for inadequate care. Reference: Washin 246-324-010 (43), employees, tempor contractors." Findings:  1. On 1/19/2017 be Surveyor #1 review documents for six s staff members, a complex for member #4), did no orientation and apporganization of the 2. During the review assistant (Staff Member #4) assistant (Staff Member #	ng: (a) hospital; met as evidenced by it review and intervie issure that contracted anization of the hospital intracted staff to the hospital places patie it. gton Administrative (interview) " 'Staff' means permitary employees, voluities where the properties of the pointracted housekeep of thave documentation or private training regar	w, the staff were ital.  Ints at risk  Code hanent heers, and the 6 per (Staff on of arding the contracted same al. S/he maintains						
L 550	hospital.	oyees were kept on : ITATION-PHYSICAL		L 550					
		Staff. The licensee	·						

If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATE FORM

		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		1, ,	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			<u> </u>	01/20/2017				
NAME OF D	DOVIDED OD CURRULER	504009	STREET AN	B, WING_	STATE, ZIP CODE	01/20	0/2017	
NAVOS	ROVIDER OR SUPPLIER			ITHWEST H				
IIAIOO				WA 98126				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
L 550	Continued From Pa	ige 4		L 550				
	Based on documen	g: (b) Physical necluding ents, exits, and met as evidenced by at review and intervie	w, the		,			
	hospital failed to ensure that contracted staff were oriented to the physical layout of the hospital.  Failure to orient contracted staff to the physical							
	inadequate care.	al places patients at gton Administrative (						
	246-324-010 (43),	"'Staff' means perr ary employees, volui	nanent					
	Findings:							
	1. On 1/19/2017 between 9:09 AM and 12:00 PM, Surveyor #1 reviewed human resources documents for six staff members. One of the 6 staff members, a contracted housekeeper (Staff Member #4), did not have documentation of orientation and appropriate training regarding the physical layout of the hospital.							
	assistant (Staff Mer staff are not orients manner as staff em also stated that the these staff member	v, the human resourd mber #5) stated that ed and trained in the aployed by the hospit contracted company es' human resources oyees were kept on s	contracted same al. S/he / maintains s files. No					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
······································		504009		B. WING _		01/2	0/2017
NAME OF F	ROVIDER OR SUPPLIER		2600 SOL	DRESS, CITY, J <b>THWEST H</b> , <b>WA 98126</b>		,	
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID PROVIDER'S PLAN OF C PREFIX (EACH CORRECTIVE ACTION TAG CROSS-REFERENCED TO THE DEFICIENCY		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
L 555	Continued From Pa	age 5	•	L 555			
L 555	WAC 246-322-050 shall: (6) Provide all orientation and app for all staff, includin disaster plans, includrills; This RULE: is not all.  Based on documen hospital failed to en oriented on the fire hospital.  Failure to orient correlated to the staff at risk during elementation of the staff at risk during elementation.  Reference: Washing 246-324-010 (43), employees, temporal contractors."  Findings:	ropriate training g: (c) Fire and uding monthly met as evidenced by t review and interview sure that contracted and disaster plan of hospital places patie emergency situations gton Administrative C 'Staff' means pern ary employees, volur	w, the staff were the ire and ints and Code nanent iteers, and	L. 555			
	Surveyor #1 reviewed documents for six staff members, a commember #4), did no orientation and apprifire and disaster place.  2. During the review assistant (Staff Members are not oriented manner as staff emples staff are the staff members.	tween 9:09 AM and 1 and human resources taff members. One of the following of the following on the following of the following	of the 6 er (Staff n of ne hospital es contracted same al. S/he maintains files. No				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			PLE CONSTRUCTION	(X3) DATE S COMPL			
		504009		B. WING		01/20	0/2017		
NAME OF F	ROVIDER OR SUPPLIER		2600 SOU	ADDRESS, CITY, STATE, ZIP CODE OUTHWEST HOLDEN LE, WA 98126					
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION		N SHOULD BE	(X5) COMPLETE DATE			
L 555	Continued From P	age 6		L 555	-				
	hospital.								
L 560	322-050.6D TRAIN	IING-INFECT CONT	ROL	L 560					
	shall: (6) Provide a orientation and app for all staff, including Infection control;	propriate training							
	Based on document review and interview, the hospital failed to ensure that contracted staff were oriented on infection control.								
		ntracted staff on infec ents and staff at risk f							
	246-324-010 (43),	ngton Administrative ( " 'Staff ' means perr rary employees, volui	nanent						
	Findings:								
	Surveyor #1 review documents for six s staff members, a c Member #4), did no	etween 9:09 AM and red human resources staff members. One contracted housekeep of have documentation or priate training regar	of the 6 er (Staff n of			·			
	assistant (Staff Me staff are not oriente manner as staff en also stated that the	w, the human resource mber #5) stated that ed and trained in the s apployed by the hospital contracted company rs' human resources	contracted same al. S/he maintains			·			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER, AND PLAN OF CORRECTION IDENTIFICATION NUMBER			(X2) MULT	TPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
,	CONNECTION	is civil to the track	MIDEIX.	A. BUILDI	NG	COMPLETED	
504009				B. WING		01/20/2017	
NAME OF F	PROVIDER OR SUPPLIER		2600 SOL	DRESS, CITY, JTHWEST H , WA 98126			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY SC IDENTIFYING INFORMA	S FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETE	
L. 560	Continued From Pa	ige 7		L 560			
	files for these employees were kept on site at the hospital.						
L 565	322-050.6E ORIEN	TATION-DUTIES	į	L 565			
~	WAC 246-322-050 Staff. The licensee shall: (6) Provide and document orientation and appropriate training for all staff, including: (e) Specific duties and responsibilities; This RULE: is not met as evidenced by:						
	Based on document review and interview, the hospital failed to ensure that contracted staff were oriented on specific duties and responsibilities.						
		tracted staff on spec places patients at ris					
	246-324-010 (43), "	gton Administrative C ' 'Staff ' means perm ary employees, volun	nanent				
,	Findings:						
	1. On 1/19/2017 bet Surveyor #1 reviewe documents for six st staff members, a co Member #4), did not orientation and appr specific duties and r	aff members. One o ntracted housekeepe have documentation opriate training regal	f the 6 er (Staff n of	,			
	2. During the review assistant (Staff Mem staff are not oriented manner as staff empalso stated that the oriented that t	nber #5) stated that of d and trained in the s ployed by the hospita	ontracted ame l. S/he		·		

		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		1, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		SURVEY LETED	
		504009		B. WING		01/2	0/2017	
NAME OF F	ROVIDER OR SUPPLIER		2600 SOU	ADDRESS, CITY, STATE, ZIP CODE  OUTHWEST HOLDEN  LE, WA 98126				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION S		(X5) COMPLETE DATE	
L 565	Continued From Pa	age 8		L 565				
		rs' human resources oyees were kept on						
L 570	322-050.6F ORIEN	ITATION-P&P		L 570				
	WAC 246-322-050 Staff. The licensee shall: (6) Provide and document orientation and appropriate training for all staff, including: (f) Policies, procedures, and equipment necessary to perform duties; This RULE: is not met as evidenced by:  Based on document review and interview, the hospital failed to ensure that contracted staff were oriented to policies, procedures, and equipment necessary to perform duties.  Failure to orient contracted staff to policies, procedures, and equipment necessary to perform			And an interest of the second				
;	duties places patie	nts at risk for inadeq	uate care.					
	Reference: Washington Administrative Code 246-324-010 (43), "'Staff' means permanent employees, temporary employees, volunteers, and contractors."		manent					
	Findings:		;	:				
	Surveyor #1 review documents for six staff members, a c Member #4), did no orientation and app	etween 9:09 AM and yed human resource staff members. One ontracted housekee ot have documentation opinate training reges, and equipment ne	s of the 6 per (Staff on of arding					
	2. During the review	w, the human resour	ces					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		<b>5</b> 0 (000						
		504009	01/2 STREET ADDRESS, CITY, STATE, ZIP CODE			0/2017		
	PROVIDER OR SUPPLIER			DRESS, CITY, 8 ITHWEST H	· · · · · · · · · · · · · · · · · · ·			
NAVOS				WA 98126	OLDEN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
L 570	Continued From Pa	ige 9		L 570				
	staff are not oriente manner as staff em also stated that the these staff member	mber #5) stated that d and trained in the ployed by the hospit contracted company s' human resources byees were kept on s	same al. S/he maintains files. No					
L 575	322-050.6G ORIEN	ITATION-PATIENT R	IGHTS	L 575				
	and 71.34 RCW an	nd document ropriate training g: (g) Patient chapters 71.05 RCW						
		t review and intervie sure that contracted rights and abuse.						
		ntracted staff on pation attents at risk for ina						
	246-324-010 (43),	gton Administrative ( " 'Staff' means perm ary employees, volur	nanent					
	Findings:							
	Surveyor #1 review documents for six s staff members, a co Member #4), did no	tween 9:09 AM and ed human resources taff members. One contracted housekeep thave documentation ropriate training regabuse.	of the 6 er (Staff on of					

		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU			PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		504009		B. WING		. 01/20	0/2017	
NAVOS 260			2600 SOL	DRESS, CITY, S ITHWEST HO , WA 98126	STATE, ZIP CODE OLDEN	<u>.</u>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
L 575	2. During the review assistant (Staff Mer staff are not oriente manner as staff em also stated that the these staff member files for these emples	or, the human resource wher #5) stated that and trained in the apployed by the hospit contracted company s' human resources oyees were kept on	contracted same al. S/he / maintains s files. No					
L 580	WAC 246-322-050 shall: (6) Provide ar orientation and app for all staff, includin patient behavior; This RULE: is not in.	nd document ropriate training		L 580				
	Failure to orient corpatient behavior platharm if disruptive behavior. Reference: Washin 246-324-010 (43),	sure that contracted ng patient behavior.  ntracted staff on markes patients and state havior occurs.  gton Administrative ( " 'Staff' means permary employees, voluing the state of the st	naging iff at risk of Code nanent					
	Surveyor #1 review documents for six s staff members, a co Member #4), did no	tween 9:09 AM and ed human resources staff members. One o ontracted housekeep of have documentation ropriate training rega	of the 6 per (Staff on of					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		1` ′	LE CONSTRUCTION (X3) DATE SUR COMPLETE		ETED	
		504009		B. WING		01/2	0/2017	
NAME OF P	ROVIDER OR SUPPLIER		2600 SOU	DRESS, CITY, STATE, ZIP CODE  JTHWEST HOLDEN  J, WA 98126				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
L 580	Continued From Pa	age 11		L 580				
	assistant (Staff Me staff are not oriente manner as staff em also stated that the these staff member	w, the human resour mber #5) stated that ed and trained in the aployed by the hospit contracted compan rs' human resources loyees were kept on	contracted same al. S/he y maintains s files. No	,				
L 585	WAC 246-322-050 shall: (6) Provide a orientation and app for all staff, includir Appropriate training duties	propriate training ng: (i)		L 585				
	hospital failed to er oriented with appro duties. Failure to orient an	nt review and intervien nsure that contracted opriate training for ex d train contracted st	I staff were pected					
	inadequate care. Reference: Washir 246-324-010 (43), employees, tempo contractors."	aces patients at risk ngton Administrative " 'Staff means pen rary employees, volu	Code nanent					
	Surveyor #1 reviev	etween 9:09 AM and ved human resource staff members. One	s					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1` '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		504009		B. WING _		01/20	0/2017
NAME OF P	ROVIDER OR SUPPLIER		2600 SOU	DRESS, CITY, STATE, ZIP CODE  UTHWEST HOLDEN  I, WA 98126			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
L 585	Continued From Pa	age 12		L 585		***************************************	
	Member #4), did no orientation and app duties.  2. During the review assistant (Staff Mer staff are not oriented manner as staff em also stated that the these staff member	ontracted housekeep of have documentation propriate training for each ov, the human resource mber #5) stated that and trained in the aployed by the hospit contracted company as' human resources oyees were kept on	on of expected ces contracted same al. S/he / maintains s files. No				
	hospital.	oyooo noro kopt on v					
L 615	shall: (9) In addition WISHA requirement from tuberculosis be staff person to have or starting service, thereafter during the association with the tuberculin skin test method, unless the Documents a previous kin test, which is to millimeters of indurforty-eight to seven Documents meeting this subsection with preceding the date (iii) Provides a writte the department or a health department or skin test presents a staff person's health	Staff. The licensee to to following the protect patients or requiring each e upon employment and each year e individual's hospital: (a) A by the Mantoux staff person: (i) ous positive Mantoux or more ation read at ty-two hours; (ii) or the six months of employment; or en waiver from authorized local stating the Mantoux hazard to the	if	L 615			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		504009		B. WING		01/2	0/2017	
NAME OF F	PROVIDER OR SUPPLIER		2600 SOL	DRESS, CITY, JTHWEST H , WA 98126				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
L 615	review, and interviethat staff members testing for 1 of 6 states in part, "II. A will be required to his defined as any error shared space with need to have an animous to have an information of the states in part, "II. A will be required to his defined as any error shared space with need to have an animous the policy also state a HCW? Maintenan 2. On 1/19/2017 from Surveyor #1 reviewed documents for six six members, an inform Member #7), did not tuberculin skin test we recorded test was from the staff perform mainter staff perform staff perform mainter staff perform	d procedure review, w, the facility failed to received annual tuber aff members reviewed annual tuberculosis to the departments and staff in.  The cy titled, "Tuberculosis to the departments and staff in.  The cy titled, "Tuberculosis to the departments and staff in.  The cy titled, "Tuberculosis to the care Worker (Rev. 4 and 18 the care wave an annual TB team ployee who has anyth patients. Non-HCV mual TB test."  The sylvanian resources the consideration technologist (Staff members. One contains the company of the contains the last year.	o ensure erculosis d. esting for at risk of sis Testing /2016)" workers) st. A HCW / contact / do not ered to be PM, of the staff of The last #1 and #2 e O) (Staff echnology ent care	L 615	DEFICIENCY)			

	TEMENT OF DEFICIENCIES PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		504009	·	B. WING _		01/2	0/2017	
NAME OF P	ROVIDER OR SUPPLIER		2600 SOU SEATTLE,	DDRESS, CITY, STATE, ZIP CODE UTHWEST HOLDEN E, WA 98126				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE  Y MUST BE PRECEDED BY  SC IDENTIFYING INFORM	FULL	ID . PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE	
L 670	Continued From Page 14			L 670				
L 670	WAC 246-322-050 Staff. The licensee shall: (12) Maintain a record on the hospital premises for each staff person, during employment and for two years following termination of employment, including, but not limited to: (g) Annual performance evaluations. This RULE: is not met as evidenced by:  Based on document review, the hospital failed to ensure that annual performance evaluations were performed and retained for 1 of 6 staff members reviewed.  Failure to conduct annual performance evaluations limits the facility 's ability to ensure that staff members are satisfactorily performing required job duties.		L 670					
L 675	#1 reviewed human members. One state technologist (Staff documentation of a evaluation from the performance evaluation at 222-060.1 HIV/AID	HIV/AIDS Education nsee shall: (1) ppropriate ning of staff within pyment on the	3 staff nation have ce n 9/2013.	L 675				

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1, ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	•	504009		B. WING	· · · · · · · · · · · · · · · · · · ·	01/2	0/2017
NAME OF P	ROVIDER OR SUPPLIER		2600 SOU	DRESS, CITY, S THWEST HO WA 98126	STATE, ZIP CODE DLDEN		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY  SC IDENTIFYING INFORM	FULL /	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
L 675	Continued From Pa	age 15		L 675			
	virus (HIV) and accimmunodeficiency consistent with RC' This RULE: is not . Based on documer ensure that staff merequired HIV training reviewed Failure to ensure the	syndrome (AIDS) W 70.24.310; met as evidenced by nt review, the hospita embers had docume ng for 2 of 6 staff men nat staff have HIV tra	I failed to ntation of mbers				-
	places patients and	l staff at risk for infec	tion.				
	Findings:						
	On 1/19/2017 from 9:09 AM to 12:00 PM, Surveyor #1 reviewed human resources documents for 6 staff members. Two staff members, an information technologist and a mental health specialist (Staff Members #7 and #8), did not have documented HIV training in their personnel files.						
L 715	322-100.1E INFEC	T CONTROL-PROV	ISIONS	L 715			
	WAC 246-322-100 The licensee shall: implement an effection control proincludes at a minim for: (i) Providing co regarding patient c equipment and sup influence the risk o (ii) Providing consu- appropriate proced for cleaning, disinfe- sterilizing; (iii) Providing control information	(1) Establish and ctive hospital-wide ogram, which num: (f) Provisions onsultation are practices, oplies which may f infection; altation regarding lures and products ecting and riding infection					

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ER/CLIA MBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		504009		B. WING		01/2	0/2017
NAME OF P	ROVIDER OR SUPPLIER		2600 SOU	DRESS, CITY, ST THWEST HO WA 98126	TATE, ZIP CODE PL <b>DEN</b>		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY  SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
L 715	Continued From Pa	age 16		L 715			
	Based on interview that the infection or consultation regard for contracted environments. Failure to provide of procedures and proservices risks inade	ient care; (iv) dations, consistent and local methods of safe sal of: (A) and liquid wastes; wastes including	o ensure s providing products g ental g practices				
	conducted an inter infection control co control practices in the Chief Nursing ( #2) if the facility co rounding of the cor staff to ensure that best practice and g that the environme supervisor that obs	2:30 PM, surveyors view with members of mmittee regarding in the facility. Surveyor Officer (CNO) (Staff Inducted observation attracted environment housekeeping funct guidelines. The CNO antal services comparts been performing directions.	of the infection or #1 asked Member s or tal services ions meet o stated ny has a staff, but	·			
•	CNO if the infection and approved the	ing, surveyor #1 ask n control committee cleaning products tha used. S/he stated th	reviewed at the				

		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		· ·	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		504009		B. WING 01/20/2		0/2017	
NAME OF P	ROVIDER OR SUPPLIER		2600 SOU	RESS, CITY, S THWEST HC WA 98126			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
L 715	Continued From Pa	age 17		L 715	-		
	contractors provide their own products and that the committee did not perform a thorough review prior to allowing their use in patient care areas.  322-120.1 SAFE ENVIRONMENT		gh review				
L 780				L 780			
	WAC 246-322-120 Physical Environment. The licensee shall: (1) Provide a safe and clean environment for patients, staff and visitors; This RULE: is not met as evidenced by:						
,	Based on observation, the facility failed to provide a safe environment for patients.						
	Failure to provide a patients at risk of ir	a safe environment p njury or death.	laces				
	Findings:						
	a tour of the facility inspected the bath outlet receptacle of above the toilet and plate. This area promethe ceiling. The large for the opening noticeable rim on a This rim was large around the protrud	00 AM, Surveyor #1 During the tour, the room in room 208. Ar opening located on d sink was covered votruded approximate he metal cover plateing it was covering, call sides of the protrule enough to support a ing area for a ligature by an individual stares.	e surveyor on old the ceiling with a metal ely 2 inches was too reating a ding area. n item tied e and could	ALLA CONTRACTOR OF THE PARTY OF			
L 815	322-120.7 MAINTE	ENANCE P&P	·	L 815	·		
	WAC 246-322-120 The licensee shall: current, written pol and schedules for	licies, procedures,	ent.				

	INTO DEPOCIONAL INTERPORTATION NUMBER		, ·			SURVEY ETED		
		504009		B. WING		01/2	0/2017	
NAME OF P	ROVIDER OR SUPPLIER		2600 SOU	DDRESS, CITY, STATE, ZIP CODE UTHWEST HOLDEN E, WA 98126				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIE YMUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE	
L 815	Continued From Page 18			L 815				
	housekeeping functions; This RULE: is not met as evidenced by: Based on observation, the hospital failed to					•		
		embers properly per						
	Failure to properly perform housekeeping functions places staff and patients at risk of infection.  Reference: Guidelines for environmental infection control in health-care facilities. Recommendations from CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). 2004. Pg 134. "E. Recommendations - Environmental Services. I. Cleaning and Disinfecting Strategies for Environmental Surfaces in Patient-Care Areas. G. Avoid large-surface cleaning methods that produce mists or aerosols or disperse dust in patient-care areas."							
	observed a daily cl third floor. Two ho #6) sprayed disinfe the surfaces of the which is a large-su same cleaning pro	9:38 AM, Surveyor a eaning of a patient rousekeepers (Staff Mectant from a spray be room, bathroom, and irface cleaning methologies cedure was observed	oom on the embers #4, ottle onto d furniture, od. This d during a					
	observed a discha on the third floor. #6) placed a mattr bed frame. S/he to to the recently clea	t 12:50 PM, Surveyor rge cleaning of a pal A housekeeper (Stat ess on the floor and hen returned the dirt aned bed frame in or cing dirty items onto	ient room f Member cleaned the y mattress der to clear					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		URVEY ETED
		504009		B. WING 01/2 ET ADDRESS, CITY, STATE, ZIP CODE		01/20	0/2017
NAME OF F	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	<b>I</b>	
NAVOS				THWEST HO , WA 98126	OLDEN		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY  SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
L 815	5 Continued From Page 19			L 815			
	cleaned items has the potential to reintroduce contaminants to the cleaned items.						
L 985	5   322-150.3B EXAM ROOM-LIGHT			L 985			
	Based on observation provide an examination room provide a examination room provide a examination room provide a examination room provide a examination room of acility. No examination room of acility. No examination room of acility.	provide: (3) One camination rooms, exterior window, Examination met as evidenced by ion, the hospital faile ation light in the examination light in examination light iolaces patients at ris on the second floor cation light was preser (CNO) (Staff Memore).	d to nination  n the k from  toured the of the ent. The				
L1145		RAINT OBSERVATIO	ONS	L1145			
	WAC 246-322-180 Seclusion Care. (1 shall assure seclus are used only to the duration necessary safety of patients, s property, as follows observe any patien seclusion at least e	) The licensee sion and restraint e extent and to ensure the staff, and s: (c) Staff shall t in restraint or					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVID IDENTIFIED		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		504009	l	B. WING	1	01/2	0/2017	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	DDRESS, CITY, STATE, ZIP CODE				
NAVOS				JTHWEST HOLDEN , WA 98126				
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIE BY MUST BE PRECEDED BY LSC IDENTIFYING INFORMA	/ FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
L1145	Continued From F	Page 20		L1145		,		
L1145	minutes, interveni recording observa interventions in the record; This RULE: is no a seed on observation medical records, evidence that state and restraints acceptation of the records of the record of the re	ng as necessary, and titions and e clinical timet as evidenced by ation, interview and rethe hospital failed to provide the hospital failed to provide the hospital failed to provide the hospital policy (Patient #2, #3, #4, laces these patients a cline in status.  Dicy titled "Seclusion #3024739, Rev. 4/20 point or the patient in seatint and document per	y:  view of provide n seclusion icy for 4 of , and #7.) at risk of  and 016) states eclusion or r flow sheet					
	seclusion and 4-p 09:45 AM. The S document observe There was no do- indicate the staff monitoring at 12: outlined in the hole b. Patient #3's re S/R on 10/3/2016 directed staff to of minute intervals, the record to indi	cord indicated s/he was oint restraints on 12//R flow sheet directed rations at 15 minute in cumentation in the recommenders completed 00 PM, 2:30 PM or 10 spital 's policy.  Cord indicated s/he was at 1:00 PM. The S/locument observation There was no documented the staff membert monitoring at 2:00 F	7/2016 at I staff to Intervals. cord to patient 0:15 PM, as as placed in R flow sheel is at 15 ientation in					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU						
		504009		B. WING		01/2	0/2017	
NAME OF P	ROVIDER OR SUPPLIER	·	2600 SOU	DRESS, CITY, STATE, ZIP CODE THWEST HOLDEN WA 98126				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From Page 21		'FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
L1145	Continued From P	age 21		L1145				
	in S/R on 9/25/201 sheet directed stat 15 minute intervals in the record to incompleted patient outlined in the hose.  d. Patient #7's rec S/R on 8/8/2016 a directed staff to do minute intervals. The record to indic completed patient 8/9/2016 at 11:00 AM, 9:15 AM, and hospital's policy.	cord indicated s/he wa 16 at 10:45 AM. The ff to document observa- s. There was no docu- dicate the staff memb monitoring at 12:30 Finital's policy. ord indicated s/he want t 7:30 AM. The S/R to becoment observations here was no document ate the staff members monitoring at 8:30 Al PM and on 8/10/2019 9:30 AM, as outlined	S/R flow vations at imentation ers PM, as as placed in flow sheet at 15 entation in s M, on D at 9:00 I in the					
L1150	WAC 246-322-186 Seclusion Care. (shall assure secluare used only to the duration necessare safety of patients, property, as follow notify, and received a physician within initiating patient reseclusion; This RULE: is no	sion and restraint ne extent and y to ensure the staff, and vs: (d) Staff shall e authorization by, one hour of	y: hospital	L1150				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDE IDENTIFIE		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	504009		l	B. WING		01/2	0/2017	
NAME OF P	ROVIDER OR SUPPLIER	•	2600 SOU	DDRESS, CITY, STATE, ZIP CODE  UTHWEST HOLDEN E, WA 98126				
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L1150	Continued From P	age 22		L1150				
	ensure staff released patients from seclusion at the earliest possible time in 2 of 5 records reviewed (Patient #2 and #7).  Failure to release patients from seclusion and restraint at the earliest possible time places patients at risk for loss of dignity and personal freedom.  Findings:  1. The hospital policy titled "Seclusion and Restraint" (Policy #3024739, Rev. 4/2016), states in part: "Seclusion and Restraint shall be used only to protect patients from harm to self and others, and only after less restrictive alternatives have been attempted and found to be ineffective. Seclusion and restraint shall be discontinued at the earliest possible time."  2. On 1/19/2017 between 10:00 AM and 5:00 PM, Surveyor #2 reviewed 5 records of patients that							
	noted the following		·			,		
	placed in restraints assault on another in restraints until 8 states "in locked s Patient behavior w	t 10:00 AM, Patient # s at 10:00 AM followi r patient. The patient t:45 PM when the chaseclusion" [a form of t/as noted as "Quiet" tient had not been re 100 PM.	ng an remained art note restraint]. on the S/R					
-	placed in restraint staff during manua restraint and sectu the S/R Flow sheet removed", no furth	t 6:14 PM, Patient #7 s for an attempt to as al escort of the patier usion room at 5:45 Pl et notes "remaining r ner behavior was not e patient remained in	ssault the nt to the M. At 7:15 restraints ed to harm			•		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		504009		B. WING			0/2017
NAME OF P	ROVIDER OR SUPPLIER		2600 SOU	RESS, CITY, S THWEST HO WA 98126	TATE, ZIP CODE DLDEN		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM/	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
L1150	seclusion [a form of restraint] until release at 9:4 PM.			L1150			
L1155	WAC 246-322-180 Seclusion Care. (1 shall assure seclus are used only to the duration necessary safety of patients, s property, as follows shall examine each secluded patient ar for every twenty-for of restraint and sec This RULE: is not . Based on record re policies and procee ensure staff obtain seclusion in 2 of 5 and #7).  Failure to obtain pl restrictive seclusio of dignity, persona patient rights.  Findings:  1. The hospital pol Restraint" (Policy in part: "Seclusion	Patient Safety and I) The licensee sion and restraint e extent and to ensure the staff, and s: (e) A physician n restrained or nd renew the order ur continuous hours clusion; met as evidenced by eview and review of h dures, the hospital fa ed an order for locke records reviewed, (F hysician orders for a n places patients at I freedom and violation #3024739, Rev. 4/20 and Restraint shall	nospital iled to ed Patient #2 new risk for loss on of and 016), states be used	L1155			
	others, and only at have been attemp	ients from harm to se fter less restrictive al ted and found to be i traint shall be discon le time."	ternatives neffective.				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1` '	PLE-CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED			
		504009		B. WING _		01/2	0/2017		
NAME OF F	ROVIDER OR SUPPLIER		2600 SOU	DDRESS, CITY, STATE, ZIP CODE UTHWEST HOLDEN E, WA 98126					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
L1155	Surveyor #2 review	tween 10:00 AM and ed 5 patient records lusion or restraints (S	that had	L1155					
	a. On 12/7/2016 at placed in restraints patient. The patient and released from a documented behave described as "Quie further behavior is replaced in "locked serom 8:45 PM to 10	10:00 AM, Patient #2 following an assault was in restraints at restraints at 8:45 PM ior on the flow sheet et" after 6:45 PM and noted to justify the pa- eclusion" [a form of :00 PM. There was r	to another 10:00 AM I. The was d no atient being restraint]						
	placed in restraints hospital staff members the patient to the State in restraints from 5: documented behaved escribed as "Quiefurther behavior is replaced in "locked sfrom 7:15 PM to 10 evidence in the characteristics."	6:14 PM, Patient #7 for attempt to assau per during the manua /R room. The patient 45 PM until 7:15 PM ior on the S/R flow set" after 6:45 PM and noted to justify the patient of PM. There was rurt of a physicians 'common the locked seclusion in the locked seclusion.	It a Il escort of remained The heet was dono atient being restraint						
L1220		zed clinical record with recognized management, nd equipped to: complete and		L1220					

AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		' '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED				
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NAVOS 2600 SEAT			2600 SOU	FADDRESS, CITY, STATE, ZIP CODE SOUTHWEST HOLDEN FLE, WA 98126						
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L1220	Continued From F	age 25		L1220		•				
	Based on interview failed to develop a medical records w timely, as demons reviewed (Patients Failure to ensure r and complete risks medical errors and Findings:		he hospital ensure te, and ecords ccurate care, narm.							
	Restraint" (S/R) (P states in part: "Pa reintegrated into the	icy titled "Seclusion a olicy #3024739, Rev. rt ?. E. Patients will be e milieu as soon as th l/Charge Nurse/ traine "	4/2016) e hey are							
	S/R room for "agg and assaultive beh face sheet. The Pa time of release wa indicates observat "quiet" between 1: no chart notes indi	1:00 PM, Patient #3 gressive, hostile, threa avior as noted on the atient debriefing form as 2:00 pm. The S/R fon of the patients' be 15 PM and 2:00 PM; cating a trained RN, Cothe patient was clinical into the milieu.	atening face to states the low sheet chavior as there are Charge RN							
	point restraints for disorganized beha	t 10:45 AM, Patient # hostile, agitated, para vior. The flow sheet in ts and the above beh	anoid and adicates							

		(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MULT	IPLE CONSTRUCTION  NG	(X3) DATE S COMPLI	(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER	00-1000	STREET ADI		STATE, ZIP CODE	Oliza	7/2011	
NAVOS 2600 SOUTHWEST HOLDEN SEATTLE, WA 98126								
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L1220	Continued From Pa	age 26		L1220				
	12:00 and 12:15 ch released from all re are no chart notes i RN or LIP determin	AM, 11:15 AM, 11:30 ecks when the patiel estraints and seclusion indicating a trained Red the patient was crated into the milieu.	nt was on. There RN, Charge		*.			
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e constitution						•		
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## Navos Plan of Correction for State Licensing 1/17/2017-1/20/2017

FEB 17 2017

DEPARTMENT OF HEALTH
Office of Investigation and Inspession

Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	Target for Compliance	Action Level Indicating Need for Change of POC
L350	<ol> <li>A hospital policy will be developed for the cleaning and sanitizing of medical equipment between patient uses.</li> <li>All nursing staff will receive education on the new policy and procedure</li> <li>Managers or designee will observe blood pressure checks once weekly X 4 weeks for disinfecting and sanitizing between uses.</li> </ol>	Hospital Administrator	3/1/17	95%	90%
L420	<ol> <li>TV and wires were immediately removed from the area.         The room is closed to patient use until all changes have been made.     </li> <li>Implement policy requiring a monthly walkthrough with Facilities Manager and Nurse Manager to identify patient safety issues including ligature risk.</li> <li>Implement policy to ensure that all newly installed equipment is assess for risk and approved by Facility Manager and Nurse Manager</li> </ol>	Marlene Love Facility Manager	3/24/17	100 %	90%
L545	<ol> <li>All housekeeping staff received orientation on the organization of the hospital.</li> <li>All staff including contract staff will receive orientation at the time of employment.</li> </ol>	Thom McKeon Facilities	2/8/17	100%	98%
L550	<ol> <li>All housekeeping staff received orientation on the physical layout of the hospital.</li> <li>All staff including contract staff will receive orientation at the time of employment.</li> </ol>	Thom McKeon Facilities	2/8/17	100%	98%
L555	<ol> <li>All housekeeping staff received orientation on fire and disaster plans and monthly drills.</li> <li>All housekeeping staff will receive orientation at the time of hire.</li> </ol>	Thom McKeon Facilities	2/8/17	100%	98%
L560	<ol> <li>All housekeeping staff received infection control training</li> <li>All housekeeping staff will receive orientation at the time of hire</li> </ol>	Thom McKeon Facilities	1/26/17	100%	98%

Plan of correction received 2/14/17 USWawson

L565	<ol> <li>All housekeeping staff received training on their specific duties and responsibilities</li> <li>All housekeeping staff will receive orientation at the time of hire</li> </ol>	Thom McKeon Facilities	1/26/17	100%	98%
L570	<ol> <li>All housekeeping staff received training/orientation on policies, procedures and equipment</li> <li>All housekeeping staff will receive orientation at the time of hire</li> </ol>	Thom McKeon Facilities	1/26/17	100%	98%
L575	<ol> <li>All housekeeping staff will receive training/orientation on patient rights</li> <li>All housekeeping staff will receive orientation at the time of hire</li> </ol>	Thom McKeon Facilities	2/16/17	100%	98%
L580	<ol> <li>All housekeeping staff will receive training/orientation on managing patient behaviors.</li> <li>All housekeeping staff will receive orientation at the time of hire</li> </ol>	Thom McKeon Facilities	2/16/17	100%	98%
L585	<ol> <li>All housekeeping staff received training/orientation on expected duties to be performed.</li> <li>All housekeeping staff will receive orientation at the time of hire</li> </ol>	Thom McKeon Facilities	1/26/17	100%	98%
L615	<ol> <li>Infection control committee will review the list of staff that is required to have yearly TB testing to ensure it includes all staff that may perform duties in patient care areas and update the policy.</li> <li>All IT staff that performs duties in patient care areas will have TB testing completed.</li> <li>HR will send electronic monthly notifications to staff needing TB testing to maintain compliance.</li> </ol>	Human Resources	3/1/17	100%	98%
L670	<ol> <li>HR will send electronic monthly notifications to supervisors of staff needing performance evaluations</li> <li>The supervisors will be responsible for ensuring the employee evaluation is completed.</li> </ol>	Human Resources	3/1/17	100%	98%
L675	All required staff will complete or provide evidence of HIV training at the time of hire.	Human Resources	3/1/17	100%	98%
L715	<ol> <li>All cleaning products currently being used will be presented to the infection control committee for approval.</li> </ol>	Thom McKeon Facilities	2/28/17	100%	98%

	<ol> <li>All new cleaning products will be approved by the infection control committee prior to use.</li> <li>Monthly walk through of the units completed by the nurse manager or designee will include monitoring of housekeeping staff to ensure practices meet best practices and guidelines</li> </ol>				
L780	<ol> <li>The outlet receptacle in room 208 was repaired and no longer has a protruding rim creating a ligature risk.</li> <li>Facilities will complete a monthly walk through of the units assessing environmental risk factors and repair needs</li> </ol>	Thom McKeon Facilities	3/1/17	100%	98%
L815	<ul> <li>3. All housekeeping staff received education on cleaning including the proper use of spray chemicals and bed cleaning.</li> <li>4. All housekeeping will receive orientation at the time of hire</li> </ul>	Thom McKeon Facilities	1/26/17	100%	98%
L985	<ol> <li>A new exam room light was ordered</li> <li>During the monthly walkthrough by the manager or designee the exam room will be checked to ensure a light is in place and in working condition.</li> </ol>	Hospital Administrator	3/1/17	100%	95%
L1145	<ol> <li>All staff responsible for observing and documenting observations of patients in seclusion or restraint will receive training on documenting every 15 minutes.</li> <li>The nurse manager or designee will review 100% of documentation for accuracy and compliance</li> </ol>	Hospital Administrator	3/1/17	100%	98%
L1150	1. All Staff responsible for observing and documenting observations of patients in seclusion or restraint will receive training on releasing patients when they no longer present as an eminent risk of harm to self or others.  2. The nurse manager or designee will review 100% of documentation for accuracy and compliance	Hospital Administrator	3/1/17	100%	98%
L1155	<ol> <li>All licensed Nursing staff will receive training on obtaining an order for seclusion or restraint at the start of the episode, every 4 hours or when a patient is moved from seclusion to restraints and restraints to seclusion.</li> <li>The nurse manager or designee will review 100% of documentation for accuracy and compliance</li> </ol>	Administrator	3/1/17	100%	98%
L1220	All licensed Nursing staff will receive training on assessing	Hospital	3/1/17	100%	98%

and documenting the patients clinical readiness to be	Administrator	
reintegrated into the milieu.		
2. The nurse manager or designee will review 100% of		
 documentation for accuracy and compliance		

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Navos Plan of Correction for State Licensing 1/17/2017-1/20/2017 Revol 5.1-17 See next title Page.

Tag Number		How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	Target for Compliance	Action Level Indicating Need for Change of POC	Progress
L350		A hospital policy will be developed for the cleaning and sanitizing of medical equipment between patient uses.  All nursing staff will receive education on the new policy and procedure  Managers or designee will observe blood pressure checks once weekly X 4 weeks for disinfecting and sanitizing between uses.	Hospital Administrator	3/1/17	95%	90%	Completed the nurse managers monitored with 92.5 % cleaned between usage will continue to spot check and provide feedback as needed
L420		TV and wires were immediately removed from the area. The room is closed to patient use until all changes have been made.	Marlene Love Facility Manager	3/24/17	100 %	90%	Completed 3/21/17 The TV was
	2.	Implement policy requiring a monthly walkthrough with Facilities Manager and Nurse Manager to identify patient safety issues including ligature risk.					enclosed behind plexiglass to eliminate ligature risk
	3.	• •					inguitation (13K
	4.						
L545	1. 2.	the organization of the hospital.	Thom McKeon Facilities	2/8/17	100%	98%	Completed 2/3/17

Revised 2/23/17

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Progress Repord approved date 5-1.17
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