



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47874 • Olympia, Washington 98504-7874

August 08, 2022

Angela Naylor
Alliance for South Sound Health
3402 S 19th St
Tacoma, WA 98405-2487

Dear Ms. Angela Naylor

This document contains information regarding the recent inspection of Wellfound Behavioral Health Hospital, 3402 S 19th St, Tacoma, WA. 98405-2487 by the Washington State Department of Health. Your state licensing inspection was completed on 08/01/2022.

During the inspection, 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 10 business days** after you receive this document.

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 return the Plans of Correction to me at the following email address Jewelya.lanniciello@doh.wa.gov

Please contact me if there are questions regarding the inspection process, deficiencies cited, or completion of the Plans of Correction. I may be reached at (360) 480-5666. I am also available by email at Jewelya.lanniciello@doh.wa.gov.

I want to extend another “thank you” to you and to everyone that assisted me during the survey.

Sincerely,

Jewelya M Ianniciello SUDP LICSW CIYT CCTP MAC
Behavioral Health Reviewer
Office of Health Systems Oversight

Enclosures: DOH Statement of Deficiencies
Plan of Correction Required Information

Behavioral Health Agency Inspection Report

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

August 08, 2022

Wellfound Behavioral Health Hospital, 3402 S 19th St, Tacoma, WA. 98405-2487	Angel Naylor
Agency Name and Address	Administrator
ONGOING - ROUTINE	08/01/2022
Inspection Type	Inspection Onsite Dates
X2021-214	JMI03
Inspection Number	Inspector
	BHA.FS.60925415
	License Number

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 inspection.

Deficiency Number and Rule Reference	Observation Findings	Plan of Correction
0395 Administrator key responsibilities WAC 246-341-0410(4)(g)(ii) (4) The administrator or their designee must ensure: (g) A written internal quality management plan, human resources plan or similarly specialized plan, as appropriate, is developed and maintained that: (ii) Monitors compliance with the rules in this chapter, and other state and federal rules and laws that govern agency licensing and certification requirements.	This Washington Administrative Code (WAC) is not met as evidenced by: Based on the agency's Policies and Procedure (P&P) review, clinical documentation review, agency internal processes and interview, it was determined the agency failed to maintain the monitoring of the agency's documentation in compliance with the rules in this chapter, and other state and federal rules and laws that govern agency licensing and certification requirements. WACs were updated from 388-877 to 246-341 in 7/2018 and revised to the latest version of 5/25/2021. Failure to meet the standard of the WAC places clients at risk of not receiving the minimum standard of care. Failure of the Administrator or their designee to maintain monitoring of the agency's QMP according to WAC may jeopardize the BHA license, may lead to investigation and fines, compromised service processes and potentially places staff at risk for liability claims.	<div style="background-color: #ffff00; padding: 2px;">ITEM 1</div> The missing and overdue components in the staff personnel sheet will be obtained by 10/12/2022. A weekly report out on how many documents remain missing will be run for tracking and compliance purposes. Senior HR Generalist- Lalonda Hansen <div style="background-color: #ffff00; padding: 2px;">ITEM 2</div> While the Confidentiality Policy did not address substance use disorder protections, the Privacy for Substance Use Disorder policy covers this and will

Findings included:

1. 06/28/2022 Agency Review Notification email was sent with request for agency internal documents of the QMP and updated P&Ps.
 - 6/28/2022 Agency acknowledged Review Notification email received and informed reviewer of leadership changes within the Behavioral Health Agency (BHA) structure. Information provided for Change of Administration form.
 - 6/30/2022 Agency Staff A – Director of Quality Management requested a phone debrief to discuss review processes due to agency leadership changes.
 - 7/11/2022 via email, agency pre-review documents received with request for virtual clinical chart review via TEAMS on 7/25/2022.
 - 7/14/2022 reviewer request for personnel sheet clarity and to confirm virtual clinical chart request date.
 - 7/15/2022 additional personnel sheet clarification request.
 - 7/25/2022 revised personnel sheet received. Staff A – Director of Quality Management indicated human resource (HR) processes are part of the agency’s leadership restructuring. There are areas of the Personnel Sheet that have missing or overdue components. * WAC reference 246-341-0510(1)(c) – orientation within 90 days of hire, 245-341-0410(4)(e) – up-to-date personnel files.
2. The agency organizational P&Ps across all sites and services indicate all WAC and RCW regulations will be implemented, monitored, ensured compliance and maintained for WA State BHA licensure standards.
 - P&Ps received indicate last revision date of 10/22/2020, agency quality management P&P stated maintenance was annual and P&Ps are broad hospital based with inability to clearly determine specifics to behavioral health agency services. Confidentiality P&P did not address 42 C.F.R. Part 2 to protect population served from unintentional disclosure of Private Health Information (PHI) shared that may have substance use disorder information. *WAC reference 246-341-0600, 246-341-0410(4)(a).
3. 7/25/2022 during the virtual clinical chart review process with agency Staff A – Director of Quality Management and Staff B –

be submitted with the Plan of Correction (POC) for review by DOH by 08/12/2022.

Director of Governance/Compliance-
John McDowell

08/25/2022 - Per email correspondence from provider – 42 CFR Part 2 law will be included in the Confidentiality notice provided to individuals receiving services.

ITEM 3

Wellfound Behavioral Health Hospital (WBHH) is not providing Outpatient Services (OP).

If WBHH were to provide OP services in the future, a review of all previous regulatory agency reports would be conducted to ensure citations are addressed in the OP processes that are implemented. Furthermore, tracers will be conducted on each area WBHH previously had citations to ensure that changes have been made and maintained. The Quality Assurance Process Improvement Committee (QAPI) will be involved in reviewing the delivery of this service to ensure regulatory requirements are met.

Director of Quality- Shikha Gapsch

ITEM 4

WBHH will work with the Information Technology (IT) department to add an additional section to the discharge summary that will capture legal status.

	<p>Agency Utilization Manager at 9:30 AM, the agency Electronic Health Record system (EHR) – EPIC inconsistencies were discussed for streamlining to clearly reflect the agency’s internal processes and agency Golden Thread.</p> <ul style="list-style-type: none"> • Staff A confirmed Outpatient Mental Health Services were currently not active – services were provided in June to Sept 2020. Clinical charts were reviewed for the noted period excluding Least Restrictive Alternative (LRA) services WAC 246-341-0805. Date to restart outpatient services was not indicated – agency identified plan to stabilize internal structure for behavioral health programing prior to restart. • Outpatient (specifically) clinical documents had old WAC language with new WAC numbers – <i>Individual Rights, Healthcare Authority (HCA) grievance</i> process will need the new WAC reference of 182-538-180, scanned paper clinical documents were inconsistent in reflecting the clinician’s Department of Health (DOH) credential/role/title and education level if the clinician had an Agency Affiliate (CAAR). WAC reference 246-341-0425(3)(d) – clinical records to clearly identify author, 246-341-0640(1)(f) – documentation of staff member who provided the service of the note. Inability to identify staff by their Role/Title/DOH credential and education level if the staff member holds an agency affiliate leaves the reader unable to identify scope of practice - 246-341-0410(4)(c), 246-341-0420(18)(c). The agency’s EHR – EPIC was inconsistent in capturing actual role/title of staff that matched their noted title with the agency’s Human Resource department and inconsistent in displaying the providers DOH credential with their agency role/title. Example “Care Coordinator/Mental Health Technician” was the Designated Crisis Responder (DCR) – this example is noted as the agency is part of a larger hospital system that intertwines with the specific BHA program and <i>Rec Therapist</i> with no DOH credential. Inconsistencies of a larger system has a direct impact on specific programs, terminology and identification. • Outpatient (specifically) services did not have a Program Team Provider Disclosure. * WAC reference for the provider disclosure requirements WAC 246-810-031. • Outpatient (specially) Treatment plans were inconsistent in 	<p>Providers will be trained on this change. This will be completed by 10/12/22.</p> <p>A tracer will be completed to review compliance with adding in the legal status until 8 weeks of ≥95% compliance is met.</p> <p>CMO- Dr. Brian Neal</p> <p>ITEM 5 The release of information form will be updated to assist staff in completing with appropriate specificity by 08/31/2022.</p> <p>A tracer will be completed to review compliance with form completion until 8 consecutive weeks of ≥95% compliance is met.</p> <p>HIM Manager- Kara Glover</p> <p>ITEM 6 All roles/titles of staff within Wellfound will be confirmed a match within EPIC, and if not, updated by 10/12/22.</p> <p>Director of Quality- Shikha Gapsch</p> <p>ITEM 7 WBHH will work with the Information Technology (IT) department to have the medication indications and frequency for all scheduled and PRN medication into the discharge</p>
--	--	--

	<p>measurability and terminology. * WAC reference 246-341-0640(1)(d)(iii) and (v).</p> <ul style="list-style-type: none"> • Outpatient (specifically) treatment progress narrative was inconsistent to understand the treatment team <i>Golden Thread</i>. • Outpatient (specifically) progress notes had over a two-week period between date of service and sign off to complete. • Legal status is not built into the EHR – EPIC <i>Discharge Plan</i>, it is only identified IF it is active and the provider includes the information. Current legal identifier is “<i>Routine</i>” for voluntary status. If the EHR system is unable to pull the legal status forward from the admission to the discharge plan, it may be missed and lack support of the individual’s needs upon discharge. Internal agency hospital language may also be misinterpreted to the community. * WAC reference 246-341-0420(18)(d) – staff training, 246-341-0640. • Release of Information (ROI)s were inconsistent in identifying the <i>Role/Title</i> to whom the release was made or blank ie: a name of a person or a large entity with many departments “<i>Harborview Medical Center</i>” – will need specificity of <i>Records Department</i> added. Clear identification follows the confidentiality regulations of WAC 246-341-0600, 42 C.F.R. Part 2, 246-341-0640(2)(f), HIPAA and RCWs. *WAC reference 246-341-0640(2)(f). • The agency’s EHR – EPIC inconsistently captured medication purpose ie: did not pull forward from the <i>Short Version Hospital Medication Detail section</i>, was not filled out in the <i>Frequency Identification</i> heading, not identified in the Medication Administration Record (MAR) and not part of the Discharge Plan medication list. Consistent identification of the medication purpose supports the individual’s understanding of why they take their medication, what is in the EHR medication record will be part of the individual’s discharge summary and what is on the doctor’s medication order will be what is identified on the prescription bottle; all supporting the individual’s health continuum of care. *WAC reference 246-341-0600 	<p>summary. This will be completed by 10/12/22.</p> <p>A tracer will be completed to review compliance with adding in the legal status until 8 weeks of ≥95% compliance is met.</p> <p>CMO- Dr. Brian Neal</p>
--	---	--

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 the DOH within ten business days of receipt of the list of deficiencies.

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 inspector who conducted the onsite inspection, or you may contact the supervisor.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH

August 30, 2022

RE: Inspection Number - X2021-214 License Number - BHA.FS. 60925415

Alliance for South Sound Health
3402 S 19th St
Tacoma, WA 98405-2487

Dear Ms. Angela Naylor

The Washington State Department of Health conducted a Behavioral Health Review of Wellfound Behavioral Health Hospital, 3402 S 19th St, Tacoma, WA. 98405-2487 on 08/01/2022.

The final revised Plan of Correction that was submitted on 08/26/2022 has been approved with no further action required.

I sincerely appreciate your cooperation and hard work during the review process and look forward to working with you again in the future. Please contact me if there are questions regarding the review process. I may be reached at (360) 480-5666. I am also available by email at Jewelya.lanniciello@doh.wa.gov

Sincerely,

Jewelya M Ianniciello SUDP LICSW CIYT CCTP MAC
Behavioral Health Reviewer
Office of Health Systems Oversight