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FORM APPROVED

State of Washington

SEP 05 2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 60429197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ DEPARTMENT OF HEALTH Office of Investigation and Inspection	(X3) DATE SURVEY COMPLETED C 08/15/2018
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NAME OF PROVIDER OR SUPPLIER CASCADE BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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L 000	<p>INITIAL COMMENTS</p> <p>STATE COMPLAINT INVESTIGATION</p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 Private Psychiatric and Alcoholism hospitals , conducted this health and safety investigation.</p> <p>Service categories: Private Psychiatric and Alcoholism Hospital Licensing Regulations</p> <p>Onsite dates: 08/15/18 Examination number: 2018-10283 Intake number: 83394</p> <p>The investigation was conducted by: Surveyor #27347</p> <p>There was a violation found pertinent to this complaint.</p>	L 000	<p>1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies.</p> <p>2. EACH plan of correction statement must include the following: * The regulation number and/or the tag number; * HOW the deficiency will be corrected; * WHO is responsible for making the correction; * WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and * WHEN the correction will be completed.</p> <p>3. Your PLAN OF CORRECTION must be returned within 10 calendar days from the date you receive the Statement of Deficiencies. PLAN OF CORRECTION DUE: AUGUST 30, 2018</p> <p>4. The Administrator or Representative's signature is required on the first page of the original.</p> <p>5. Return the original report with the required signatures.</p>	
L1080	<p>322-170.2H DISCHARGE PLAN</p> <p>WAC 246-322-170 Patient Care Services. (2) The licensee shall provide medical supervision and treatment, transfer, and discharge planning for each patient admitted or retained, including but not limited to: (h) A discharge plan including a review of the patient's hospitalization, condition upon discharge, and recommendations for follow-up and continuing care; This Washington Administrative Code is not met</p>	L1080	<p>L1080 322-170.2H Discharge Plan</p> <p><u>Corrective Action:</u></p> <ol style="list-style-type: none"> 1. A meeting was held with the CNO, Director of Social Services and Director of Risk to review the discharge process, patient discharge policies, discharge documentation forms and requirements. The focus of this meeting was to refine and clarify the patient discharge processes and responsibilities of social services staff and nursing staff and treatment team. 2. The Director of Social Services will retrain all staff on the requirements of discharge planning for all types of patients (planned discharges, AMA and court 	

ordered). Training will include copies of current policies: PC.D.401 Discharge Planning and Aftercare; PC.D.400 Discharge and Transfer Criteria and PC.D.420 AMA Discharge (Against Medical Advice) as well as demonstrate discharge planning for each patient admitted or retained, including but not limited to: A discharge plan including a review of the patients hospitalization, condition upon discharge and recommendations for follow-up and continuing care. This training will be completed with all Social Workers by 9/14/18.

3. The Chief Nursing Officer will re-educate nursing staff regarding the appropriate documentation forms, process and responsibility in assuring these forms are fully completed prior to the patients discharge. This education will occur during the mandatory monthly Nursing Staff meeting that will occur on 9/27/18. The Chief Nursing Officer will provide an example of correctly completed Discharge Plan documents and the current policies: PC.D.401 Discharge Planning and Aftercare; PC.D.400 Discharge and Transfer Criteria and PC.D.420 AMA Discharge (Against Medical Advice).

Monitoring Plan:

1. The Director of Social Services will audit each of the Social Workers documentation for completion, compliance and accuracy of the Discharge Plan document. There will be "current" and "closed" chart audits.
2. The "current patient" audits will be completed within 48 hours of the patients discharge and will include various types of discharges (planned, AMA or court

- ordered). There will be a minimum of 1 of each type of discharge audited per month.
3. The closed chart audits of 50 charts per month will start in October to ascertain the effectiveness of training and whether additional training/education is indicated.
 4. The Director of Social Services will track individual staff compliance for potential 1:1 re-education if indicated.
 5. The Director of Nursing will also add discharge plans to the monthly closed chart audits of 50 charts per month. If any Discharge Plan documentation is found to be incomplete the Director of Social Services will be notified and the nurse in charge of the patients discharge will be re-educated.
 6. Results of these audits will be provided to the Director of Risk and Quality on a monthly basis. The results will also be brought to the monthly Performance Improvement Committee meeting and reported up through the Medical Executive and Governing Board meetings.
 7. Audits will continue monthly until results are consistently compliant for 100% of staff for a minimum of 3 consecutive months.

Persons Responsible:

1. Director of Social Services:
Jessi Winn, MSW
2. Chief Nursing Officer:
Patricia Brewer
3. Director of Risk and Quality:
Janet Huff, RN
4. Chief Executive Officer:
Michael Uradnik

State Form 2567

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

Michael J. Uradnik

TITLE

CEO

(X6) DATE

8/29/2018

STATE FORM

6899

X63S11

If continuation sheet 1 of 2

State of Washington

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L1080	<p>Continued From page 1</p> <p>as evidenced by: Based on interview and review of hospital policies and procedures the hospital failed to have a clear follow-up discharge plan for a patient (Patient #1).</p> <p>Failure to have a clear discharge plan for patients puts patients at risk for rehospitalization if post discharge care is not arranged for the patients at the time of discharge.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The hospital policy titled "Discharge Planning and Aftercare" last reviewed January 2018 read in part " Follow up appointments based on the patient's clinical needs". 2. Review of Patient #1's record revealed the patient was admitted on an involuntary hold for suicide ideations on 06/30/2018. The patient's principal diagnosis was listed as major depressive disorder. The patient was discharged from the hospital on 07/02/2018. <p>At the time of discharge no follow-up care appointments were made for the patient out in the community. The discharge plan just stated for the patient to "reach out to emergency services if symptoms worsen".</p> <ol style="list-style-type: none"> 3. On 8/15/2018 at 10:00 AM a registered nurse (Staff A) said the hospital should be making follow-up appointments for patients out in the community at the time of discharge so they can continue to receive the treatment they need. 4. On 8/15/2018 at 11:00 AM the chief executive officer (Staff B) verified the above information. 	L1080		
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