



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

September 05, 2018

Gary Petersen  
Rainier Springs LLC  
2805 NE 129th St  
Vancouver, WA 98686-3324

Dear Mr. Gary Petersen

This document contains information regarding the recent inspection of Rainier Springs, 2805 NE 129th St, Vancouver, WA. 98686-3324 by the Washington State Department of Health. Your state licensing inspection was completed on 08/27/2018 in accordance with WAC 246-341 pertaining to Behavioral Health Agency Licensure and Certification for providing one or more mental health, substance use disorder, and/or problem and pathological gambling services.

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 address: [Lisa.Westlund@doh.wa.gov](mailto:Lisa.Westlund@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 [lisa.westlund@doh.wa.gov](mailto:lisa.westlund@doh.wa.gov) or (360) 489-5297.

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

Sincerely,



Lisa M. Westlund, LMHC, CMHS, CDP, MAC  
*Behavioral Health Reviewer  
Office of Investigation & Inspection  
Health Systems Quality Assurance  
Washington State Department of Health*

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

September 04, 2018

Rainier Springs, 2805 NE 129th St, Vancouver, WA. 98686-3324		Gary Petersen
Agency Name and Address		Administrator
NEW LICENSURE - INITIAL	08/27/2018	Lisa M Westlund LMHC CMHS CDP
Inspection Type	Inspection Onsite Dates	Inspector
X2018-735	BHA.FS.60888597	
Inspection Number	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
0670 Administrator key responsibilities WAC 246-341-0410(2)(f) (2) The administrator must: (f) Ensure that there is an up-to-date personnel file for each employee, trainee, student, volunteer, and for each contracted staff person who provides or supervises an individual's care.	The Washington Administrative Code STANDARD is NOT MET as evidenced by:  Based upon review of personnel files and interview, it was determined the Rainier Springs failed to maintain personnel records that contained up-to-date records for their hired personnel.  Findings include: 1. 17 Personnel files were randomly selected for review across multiple planned service elements and did not include any documentation regarding position description, scope of practice, agreed provision of services, or identified supervisor. 2. Interview with the Director of Quality and Risk	Plan to correct the deficiency: HR will review all active employees' files and make corrections as needed. Job descriptions and competencies are to be signed and placed into all employee files.  Procedure for implementing plan: All new hires sign job descriptions on their first day as their initial paperwork. Competencies are done on the job within the first few weeks. HR will create a check list that identifies required documents in personnel file and use this as an auditing tool.  Monitoring of procedure:

	<p>Management on 08/27/18 revealed that agency has recently formalized hiring of roughly 75% of the staff and orientation is occurring this week. The Agency Administrator is from Oregon and just becoming familiar with Washington WAC requirements. Agency HR is from parent company, Springstone, and also just becoming familiar with Washington WAC requirements.</p>	<p>HR Director will audit charts for the next 90 days and submit audit tools for Quality Committee for review to ensure 100% accuracy.  Employee file checklist that ensures this is done, HR director will review check list  Title of person responsible for plan of correction: Director of Human Resources  How the deficiency was corrected: HR review each personnel file  Completion date:  Employees who attended New Orientation on 8/28 and 8/29 personnel files will be completed 30 days upon hire since employees are still in training and completing their competencies. JD completed by 9-14-2018.  How the plan will prevent possible recurrence of deficiency: The employee file checklist that ensures personnel files are meeting the WAC</p>
<p>0675 Administrator key responsibilities  WAC 246-341-0410(2)(g)  (2) The administrator must:  (g) Ensure that personnel records document that Washington state patrol background checks consistent with chapter 43.43 RCW have been completed for each employee in contact with individuals receiving services.</p>	<p>The Washington Administrative Code STANDARD is NOT MET as evidenced by:   Based upon review of personnel files and interview, it was determined the Rainier Springs failed to maintain a personnel record that documents that Washington state patrol background checks performed consistent with chapter 43.43 RCW for each employee in contact with individuals receiving services. Additionally Rainer Springs failed to follow their own agency policy and procedure regarding conducting WATCH.   Findings include:</p>	<p>Plan to correct the deficiency:  Implement a process that all employee who are hired have a WATCH background check completed. Update Policy to reflect this practice.  Procedure for implementing plan:  HR Director will run Watch reports alongside standard background checks for all employees for all new employees.  Monitoring of procedure:  HR Director will audit charts for the</p>

	<ol style="list-style-type: none"> <li>17 of 17 Personnel files reviewed did not contain documentation of Washington state patrol background checks consistent with chapter 43.43 RCW.</li> <li>Conducted interview with HR Representative on 08/27/18 and it was revealed that Springstone conducts a Nationwide background check, however it does not specifically indicate that WATCH is searched and only 7 years of Washington records are searched.</li> <li>Review of Policy and Procedure, Policy Stat ID: 5199997, reveals that policy specifically indicates that the <i>“Chief Executive Officer (hospital administrator) and Director of Clinical Services must complete the Washington Access to Criminal History (WATCH) background check in addition to the procedures listed above [pre-employment checks].”</i></li> </ol>	<p>next 90 days and submit audit tools for Quality Committee for the next 90 days to ensure 100% accuracy in personnel files.</p> <p>Checklist addendum that is used internally to ensure this is being run.</p> <p>Title of person responsible for plan of correction: Director of Human Resources</p> <p>How the deficiency was corrected: HR Director completed WATCH reports on all employees who were hired during initial DOH audit.</p> <p>Completion date: For current employees 09/05 completed. For future employees, at the same time as background check before hire/start date</p> <p>How the plan will prevent possible recurrence of deficiency: Checklist addendum that is used internally to ensure this is being run upon hire and annual there after</p>
<p>0915 Personnel Agency P&amp;P 0920 Personnel Agency P&amp;P WAC 246-341-0500(2)(a) and (b)</p> <p>Each agency licensed by the department to provide any behavioral health service must develop, implement, and maintain personnel policies and procedures. The policies and procedures must meet the minimum requirements of this chapter and include the following, as applicable: (2) Excluded provider list. A description of how the agency conducts a review of the list of excluded individuals/entities (LEIE) searchable database (found on the Office of Inspector General, U.S. Department</p>	<p>The Washington Administrative Code STANDARD is NOT MET as evidenced by:</p> <p>Based upon review of personnel file and interview, it was determined the Rainier Springs failed to maintain a policy and procedure for conducting a review of the LEIE for each employee in contact with individuals receiving services. Additionally Rainier Springs failed to follow their own agency policy and procedure regarding conducting LEIE review.</p> <p>Failure to conduct a review of the Office of Inspector General, U.S. Department of Health and Human Services website list of excluded individuals/entities (LEIE) potentially jeopardizes</p>	<p>Plan to correct the deficiency: HR Director will run LEIE for all employees who are currently employed and all future employees. Updated in policy.</p> <p>Procedure for implementing plan: HR Director will audit charts for the next 90 days and submit audit tools for Quality Committee for the next 90 days to ensure 100% accuracy in personnel files.</p> <p>HR Director will run LEIE alongside standard license checks for all</p>

<p>of Health and Human Services website at <a href="http://oig.hhs.gov">http://oig.hhs.gov</a>) for each employee in contact with individuals receiving services, to include a procedure on how the agency:</p> <p>(a) Reviewed the LEIE database at the time of the employee's hire and annually thereafter, and</p> <p>(b) Assured the employee is not currently debarred, suspended, proposed for debarment, declared ineligible, or voluntary excluded from participating in transactions involving certain federal funds.</p>	<p>public safety, agency integrity, and can result in lack of service repayment and civil monetary penalties. The provider itself could face exclusion from participating in receiving federal funds.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. 9 of 17 Personnel files reviewed did not contain documentation of LEIE being conducted.</li> <li>2. Review of Policy and Procedure, Policy Stat ID: 5199997, reveals that policy specifically indicates that the <i>"Human Resources will review the LEIE database maintained by the Office of Inspector General at time of hire and annually thereafter."</i></li> <li>3. Conducted interview with HR Representative on 8/27/18 and it was revealed that agency does not have LEIE report for all employees and has not been running the LEIE review consistently upon hire.</li> </ol>	<p>employees at time of hire and annual thereafter.</p> <p>Monitoring of procedure: Checklist addendum used internally by HR to ensure this is being run on all hires.</p> <p>Title of person responsible for plan of correction: Director of Human Resources</p> <p>How the deficiency was corrected: HR Director ran LEIE on all current employees</p> <p>Completion date: Current employees LEIE Run 08/22. Future to be done before start date. All completed at 9-10-2018.</p> <p>How the plan will prevent possible recurrence of deficiency: Checklist addendum used internally to ensure this is being run on all hires.</p>
<p>0945 Personnel Agency record req. WAC 246-341-0510(1)(a)</p> <p>Each agency licensed by the department to provide any behavioral health service must maintain a personnel record for each person employed by the agency.</p> <p>(1) The personnel record must contain all of the following:</p> <p>(a) Documentation of annual training including documentation that the employee successfully completed training on cultural competency.</p>	<p>The Washington Administrative Code STANDARD is NOT MET as evidenced by:</p> <p>Based upon review of personnel file, it was determined the Rainier Springs failed to maintain a personnel record that contains documentation of annual training, including training on cultural competency.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. 17 of 17 Personnel files reviewed did not contain any documentation regarding annual training, including required cultural competency training.</li> </ol>	<p>Plan to correct the deficiency: All employee are required to complete HealthStream upon hire and annual thereafter. The batch of files reviewed the employees were in New Orientation, therefore to correct this plan those employees completed their Health Stream.</p> <p>Procedure for implementing plan: All employee are assigned Cultural Competency in HealthStream and required to be completed 30 days upon hire and annually thereafter. Training modules in Healthstream are automatically assigned to all employees.</p> <p>Monitoring of procedure:</p>

		<p>HR Director will audit charts for the next 90 days and submit audit tools for Quality Committee for the next 90 days to ensure 100% accuracy in personnel files.</p> <p>Employees are required to turn in their HealthStream transcript to HR upon completion and this line item was added to the New Orientation Check list.</p> <p>Title of person responsible for plan of correction: Director of Human Resources and Manager of department</p> <p>How the deficiency was corrected: Employees completed their HealthStream</p> <p>Completion date: 9-14-2018</p> <p>How the plan will prevent possible recurrence of deficiency: The New Orientation checklist will identify that each employee completed the required CC training and annual thereafter.</p>
<p>0950 Personnel Agency record req. WAC 246-341-0510(1)(a) Each agency licensed by the department to provide any behavioral health service must maintain a personnel record for each person employed by the agency. (1) The personnel record must contain all of the following: (b) A signed and dated commitment to maintain patient (individual) confidentiality in accordance with state and federal confidentiality requirements.</p>	<p>The Washington Administrative Code STANDARD is NOT MET as evidenced by:</p> <p>Based upon review of personnel file, it was determined the Rainier Springs failed to maintain a personnel record that contains documentation of signed and dated commitment to maintain patient confidentiality in accordance with state and federal confidentiality requirements</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. 16 of 17 Personnel files reviewed did not contain any signed and dated documentation of commitment to</li> </ol>	<p>Plan to correct the deficiency: All employee are required to complete HeathStream and the batch of files reviewed the employees were in New Orientation, therefore to correct this plan those employees completed their Health Stream. Procedure for implementing plan: All employee are assigned Commitment of Patient Confidentially in HealthStream and required to be completed 30 days upon hire.</p>



	<p>maintain patient confidentiality.</p>	<p>Monitoring of procedure: Employees are required to turn in their transcript to HR upon completion of New Orientation Check list.  Title of person responsible for plan of correction: Director of Human Resources and Manager of department  How the deficiency was corrected: Employees completed their HealthStream  Completion date: 9-14-2018  How the plan will prevent possible recurrence of deficiency: The New Orientation checklist will identify that each employee completed the required Commitment to Confidentiality training.</p>
<p>0955 Personnel Agency record req.  0960 Personnel Agency record req.  0965 Personnel Agency record req .  0970 Personnel Agency record req.  WAC 246-341-0510(1)(c)(i)(ii)(iii)(iv)  Each agency licensed by the department to provide any behavioral health service must maintain a personnel record for each person employed by the agency.  (1) The personnel record must contain all of the following:  (c) A record of an orientation to the agency that includes all of the following:</p> <ul style="list-style-type: none"> <li>(i) An overview of the agency's policies and procedures.</li> <li>(ii) The duty to warn or to take reasonable precautions to provide protection from violent behavior when an individual has</li> </ul>	<p>The Washington Administrative Code STANDARD is NOT MET as evidenced by:</p> <p>Based upon review of personnel files and interview, it was determined that Rainier Springs failed to maintain personnel records that contained a record of orientation to the agency that included overview of agency policies and procedures, duty to warn, staff ethical standards and conduct, including reporting of unprofessional conduct to appropriate authorities, or process for resolving client complaints and grievances.</p> <p>Failure to provide orientation to the agency policies and procedures, duty to warn, ethical standards and conduct related to the behavioral health agency credentialed staff scope of practice, including reporting of unprofessional conduct to appropriate authorities including Department of Health, and process for resolving client complaints and</p>	<p>Plan to correct the deficiency: Print out handbook acknowledgement for from 321 forms for everyone and place it in file.  Procedure for implementing plan: 321 forms are filled out prior to hire. It is in the standard checklist for paperwork upon hire.  Monitoring of procedure: HR Director requires 321 Forms before start date. HR Director will audit charts for the next 90 days and submit audit tools for Quality Committee for the next 90 days to ensure 100% accuracy in personnel files.  Title of person responsible for plan of correction: Director of Human Resources</p>



<p>communicated an actual imminent threat of physical violence against a reasonably identifiable victim or victims. Taking reasonable precautions includes notifying law enforcement as required and allowed by law.</p> <p>(iii) Staff ethical standards and conduct, including reporting of unprofessional conduct to appropriate authorities.</p> <p>(iv) The process for resolving client complaints and grievances.</p>	<p>grievances can result in unethical conduct that jeopardizes client safety and wellbeing, violates State regulations, and jeopardizes staff and agency credentialing and licensing. By ensuring proper documentation of orientation specific to these topics, Behavioral Health Agencies ensure that staff are appropriately trained for the agency specific services.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>17 of 17 of the personnel files reviewed did not contain a record of orientation to the agency as required by WAC 246-341-0510(1)(c)(i)-(iv).</li> <li>Interview with the Director of Quality and Risk Management on 08/27/18 revealed that agency has recently formalized hiring of roughly 75% of the staff and orientation is occurring this week. There was no explanation for lack of documentation for individuals hired prior to 8/27/18.</li> </ol>	<p>How the deficiency was corrected: Added Duty to Warn, Staff Ethical Standards and Conduct, Employee Handbook, Inappropriate and Disruptive Behavior, Reporting of Unprofessional Conduct to Appropriate Authorities and Process of Resolving Client Complaints and Grievances to 321 forms which are required by all new employees prior to start date. Each employee will sign attestation of Receipt for each policy and this will be place in their personnel file. Completion date: 9-14-2018 How the plan will prevent possible recurrence of deficiency: 321 forms are filled out prior to hire. It is in the standard checklist (Rainier Springs specific check list) for paperwork upon hire.</p>
<p>0975 Personnel Agency record req. WAC 246-341-0510(1)(d) Each agency licensed by the department to provide any behavioral health service must maintain a personnel record for each person employed by the agency. (1) The personnel record must contain all of the following: (d) A copy of the staff member's valid current credential issued by the department for their scope of practice</p>	<p>The Washington Administrative Code STANDARD is NOT MET as evidenced by:</p> <p>Based upon review of personnel files and interview, it was determined that Rainier Springs failed to maintain personnel records that contained a record of the staff member's valid current credential issued by the department for the individual's scope of practice.</p> <p>Failure to ensure that staff are licensed or credentialed for their scope of practice potentially jeopardizes client safety. Credentialing of staff for scope of practice ensures the agency is only having staff perform duties limited to that which the law allows for specific education and experience, and specific demonstrated competency.</p>	<p>Plan to correct the deficiency: HR director will ask employees to send in copies of their license along with the license verification. HR director will inform Directors/Managers/Employees that annual employees are to submit their current license to HR for personnel file. Once Rainier Springs becomes licensed all Patient Care Advocates will apply for their Agency Affiliated license. DOH has been contacted regarding the fastest process to apply for this application with a large group. DOH informed Director of Quality once initial license is stated, to call DOH and</p>

	<p>Findings include:</p> <ol style="list-style-type: none"> <li>1. 4 of 17 of the personnel files reviewed did not contain a copy of the staff member's valid current credential issued by the department.</li> <li>2. 3 of 17 of the personnel files reviewed have copies of current CAAR credential which only pertains to their duties at their previous employer, not at Rainier Springs.</li> <li>3. Staff hired as Patient Care Attendants do not have documentation of application for DOH Credentials.</li> <li>4. Interview with the Director of Quality and Risk Management on 08/27/18 revealed that agency was unaware of need to seek credentialing for Patient Care Attendants. Discussed that all staff providing patient care under the Behavioral Health Agency License must be credentialed by Department of Health. <ol style="list-style-type: none"> <li>a. Reviewed that facility is not yet licensed by DOH therefore unable to apply for Agency Affiliated employer status. Agency must plan to directly apply for Agency Affiliated status once DOH facility license granted. All staff providing direct patient care will need licensed or submit applications for Agency Affiliated. These applications should be ready to submit as soon as Agency Employer Status is granted.</li> <li>b. Individuals credentialed as CAAR with other agencies will need Employment re-verified with DOH once Agency Employer Status is granted.</li> </ol> </li> </ol>	<p>will provide with CASE # which needs to be applied to all applications since Rainier Springs may not show up on the official list by DOH upon time of application. All PCAs will apply online. During the 60 day window between application and license, PCAs will be under the supervision per WAC.</p> <p>Procedure for implementing plan: Prior to hire, request copies of license as well as run license verification through respective state license verification sites.</p> <p>Monitoring of procedure: HR Director will audit charts for the next 90 days and submit audit tools for Quality Committee for the next 90 days to ensure 100% accuracy in personnel files.</p> <p>Added to checklist to ensure HR Director receives all copies of valid credential. HR Director will review personnel files to check for current license in file.</p> <p>Title of person responsible for plan of correction: Director of Human Resources</p> <p>How the deficiency was corrected: HR Director asked licensed employees to send in copies of their license and added to New Orientation Checklist that will be placed in HR personnel file.</p> <p>Completion date: 9-14-2018 for credential employees TBD for all Agency Affiliated counselor for PCAs.</p> <p>How the plan will prevent possible</p>
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		<p>recurrence of deficiency: Educating the employees that they need to turn in their licenses upon hire and annual after that will ensure that staff member's valid current credential is in the file. In addition, the HR Director will audit files to ensure valid and current licenses are in the personnel file.</p>
<p>0990 Personnel Staff req. WAC 246-341-0515(1)(a)(i) Each agency licensed by the department to provide one or more behavioral health service must ensure that all of the following staff requirements are met: (1) An agency providing mental health services must ensure all of the following: (a) Each mental health service is provided by qualified staff members who meet the following for their scope of practice and services provided: (i) Professional standards, including documented coursework, continuing education, and training;</p>	<p>The Washington Administrative Code STANDARD is NOT MET as evidenced by:</p> <p>Based upon review of personnel files and interview, it was determined that Rainier Springs failed to ensure personnel records document mental health services will be provided by qualified staff members who meet their scope of practice and services provided as indicated by documented coursework, continuing education, and professional standards.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. 3 of 17 personnel files reviewed did not include verifiable documentation of educational attainment such as copies of diplomas or transcripts. <ol style="list-style-type: none"> <li>a. 2 of 3 of these files (L.R. and J.R) had discrepancies in reported educational attainment as evidenced by incongruity in information reported on agency application and individual resume.</li> <li>b. 1 of 3 of these files (J.J.) does not have an educational attainment that matches the requirements of the job description.</li> </ol> </li> <li>2. Interview with the Director of Quality and Risk Management on 08/27/18 who reviewed discrepancies of file documentation and will follow up on exploring matter.</li> </ol>	<p>Plan to correct the deficiency: Final education report on L.R confirmed she has a Masters of Education in Counseling Psychology from Cambridge College graduating on 8/1/93. Confirming her personnel file had typos in it. Final education report on J.R confirms she has a MA in Counseling from Spring Arbor University completed on 2/5/2005. Confirming her personnel file had typos in it. Job Description will be updated to reflect current requirements for duties. Procedure for implementing plan: Employees will be asked to send in copies of their Diploma and this was added to the New Orientation Checklist. Monitoring of procedure: HR Director will audit charts for the next 90 days and submit audit tools for Quality Committee for the next 90 days to ensure 100% accuracy in personnel files. Added to checklist to ensure HR Director receives all copies of valid</p>

		<p>credential. HR Director will review personnel files to check for current license in file.</p> <p>Title of person responsible for plan of correction: Director of Human Resources</p> <p>How the deficiency was corrected: HR Director asked licensed employees to send in copies of their degree and added to New Orientation Checklist that will be placed in HR personnel file.</p> <p>Completion date: 9/11/2018</p> <p>How the plan will prevent possible recurrence of deficiency: Adding this line item to the New Orientation checklist will ensure a copy of the degree is placed in the HR file and the HR Director will review personnel files. Updating the Job Description for Therapist-CD ensures all therapist are working with in their scope of practice.</p>
<p>1000 Personnel Staff req. WAC 246-341-0515(1)(a)(iii)</p> <p>Each agency licensed by the department to provide one or more behavioral health service must ensure that all of the following staff requirements are met:</p> <p>(1) An agency providing mental health services must ensure all of the following:</p> <p>(a) Each mental health service is provided by qualified staff members who meet the following for their scope of practice and services provided:</p> <p>(iii) Licensure and credentialing requirements.</p>	<p>The Washington Administrative Code STANDARD is NOT MET as evidenced by:</p> <p>Based upon review of personnel files and interview, it was determined that Rainier Springs failed to ensure personnel records document mental health services will be provided by qualified staff members who meet their scope of practice and services provided as indicated by verification of licensure and credentialing requirements.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Staff hired as Patient Care Attendants do not have documentation of application for DOH Credentials.</li> </ol>	<p>Plan to correct the deficiency: Rainier Springs will ensure all PCAs providing patient care under the Behavioral Health Agency License will be credentialed by Department of Health as an Agency Affiliated.</p> <p>Procedure for implementing plan: Once Rainier Springs gets licensed all PCAs will apply for a DOH credential. All hires post license will apply for their credential 7 days upon hire.</p> <p>Monitoring of procedure: HR director will monitor all pending Agency Affiliated counselor application</p>

	<ol style="list-style-type: none"> <li>2. 3 of 17 of the personnel files reviewed have copies of current CAAR credential which only pertains to their duties at their previous employer, not at Rainier Springs.</li> <li>3. Interview with the Director of Quality and Risk Management on 08/27/18 revealed that agency was unaware of need to seek credentialing for Patient Care Attendants. Discussed that all staff providing patient care under the Behavioral Health Agency License must be credentialed by Department of Health.</li> </ol>	<p>in DOH to ensure employees are working with in the 60 day window. HR Director will audit charts for the next 90 days and submit audit tools for Quality Committee for the next 90 days to ensure 100% accuracy in personnel files.</p> <p>Added to checklist to ensure HR Director receives all copies of valid credential. HR Director will review personnel files to check for current license in file.</p> <p>Title of person responsible for plan of correction: Director of Human Resources</p> <p>How the deficiency was corrected: Educated senior leadership of WA requirement and will initiate process once licensee arrives.</p> <p>Completion date: unable to complete at this time due to no current license. Once license is received will have all PCAs apply for credential.</p> <p>How the plan will prevent possible recurrence of deficiency: Rainier Springs will require all PCAs to have an active credential with DOH, therefore this will ensure all employees are practicing with scope of practice under a Behavioral Health Agency.</p>
<p>1010 Personnel Staff req. WAC 246-341-0515(1)(b)(ii) Each agency licensed by the department to provide one or more behavioral health service must ensure that all of the following staff requirements are met: (1) An agency providing mental health services must</p>	<p>The Washington Administrative Code STANDARD is NOT MET as evidenced by:</p> <p>Based upon review of personnel files and interview, it was determined that Rainier Springs failed to ensure personnel records document each staff member has received violence</p>	<p>Plan to correct the deficiency: Agency will provide CPI training to all staff members working directly with individuals receiving mental health services. Rainier Springs have a designated trainer for CPI. Annually all</p>

<p>ensure all of the following:</p> <p>(b) Each staff member working directly with an individual receiving mental health services receives:</p> <p>(ii) Annual violence prevention training on the safety and violence prevention topics described in RCW 49.19.030.</p>	<p>prevention training as described in RCW 49.19.030.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. 16 of 17 of the personnel files reviewed did not include any documentation of training meeting the requirement of RCW 49.19.030.</li> <li>2. 1 of 17 of the personnel files reviewed does include documentation of training which only includes an indicated expiration date or the training, not an indication of date of training received to ensure Annual requirement is met.</li> <li>3. Interview with the Director of Quality and Risk Management on 08/27/18 revealed that agency is currently conducting CPI training today, 08/27/18, and tomorrow, 08/28/18, as part of agency orientation. Agency will need to ensure that documentation of training received is included in personnel files for all staff working directly with clients.</li> </ol>	<p>staff working directly with mental health services will be assigned trainings in Healthstream and/or in person trainings that address topics of violence prevention and safety.</p> <p>Procedure for implementing plan: Rainier Springs requires all staff members working directly with patient care attend CPI within 30 days of start date. Schedule CPI trainer during New Orientation to ensure all employees are properly trained.</p> <p>Monitoring of procedure: HR Director will audit charts for the next 90 days and submit audit tools for Quality Committee for the next 90 days to ensure 100% accuracy in personnel files.</p> <p>HR Director will ensure CPI training is allotted in every orientation training program.</p> <p>Title of person responsible for plan of correction: Director of Human Resources</p> <p>How the deficiency was corrected: All employees who completed CPI training on 8/27/2018 provided HR with a copy of their CPI training card.</p> <p>Completion date: 8/27 New employees (providing pt care) completed CPI training on 8/27/2018. The next scheduled CPI training is 9/19/2018.</p> <p>How the plan will prevent possible recurrence of deficiency: Providing CPI training in New Orientation ensures all employees providing direct care will be</p>
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		trained in safety and violence.
<p>1045 Personnel Staff req. WAC 246-341-0515(2)(d) Each agency licensed by the department to provide one or more behavioral health service must ensure that all of the following staff requirements are met: (2) An agency providing substance use disorder treatment services must ensure all of the following: (d) Each staff member that provides individual care has a copy of an initial tuberculosis (TB) screen or test and any subsequent screenings or testing in their personnel file.</p>	<p>The Washington Administrative Code STANDARD is NOT MET as evidenced by:</p> <p>Based upon review of personnel files and interview, it was determined that Rainier Springs failed to ensure personnel records document each staff member has received an initial tuberculosis (TB) screening or testing.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. 14 of 17 of the personnel files reviewed did not include any documentation of initial TB screen.</li> <li>2. Interview with the Director of Quality and Risk Management on 08/27/18 revealed that not all agency staff will be providing substance use disorder treatment services. Agency will ensure appropriate documentation of testing for those staff specifically working in the SUD treatment services. Discussed the benefits of having all staff screened and tested given the inpatient setting.</li> </ol>	<p>Plan to correct the deficiency: Get copies of test results from employee who attended new orientation from 8/27-8/29 in chart. All employees will get a TB test during New Orientation or provide proof of or alternative proof of testing. Procedure for implementing plan: TB testing is a required process of the New Orientation program. Monitoring of procedure: HR Director will audit charts for the next 90 days and submit audit tools for Quality Committee for the next 90 days to ensure 100% accuracy in personnel files. Rainier Springs requires all employees to complete a TB test. Proof of testing required in the Orientation Process. Title of person responsible for plan of correction: Director of Human Resources and Director of Nursing How the deficiency was corrected: Director of Nursing provided Director of HR copies of all TB test results. Completion date: 9-14-2018 How the plan will prevent possible recurrence of deficiency: Since TB testing is required part of New Orientation or proof of this will ensure all staff members have a copy of their initial TB screen or test in their personnel file.</p>



<p>1050 Personnel Staff req. WAC 246-341-0515(2)(e) Each agency licensed by the department to provide one or more behavioral health service must ensure that all of the following staff requirements are met: (2) An agency providing substance use disorder treatment services must ensure all of the following: (e) All staff members are provided annual training on the prevention and control of communicable disease, blood-borne pathogens, and TB, and document the training in the personnel file.</p>	<p>The Washington Administrative Code STANDARD is NOT MET as evidenced by:</p> <p>Based upon review of personnel files and interview, it was determined that Rainier Springs failed to ensure that personnel records included verification of annual training on the prevention and control of communicable disease, blood-borne pathogens, and TB.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. 17 of 17 personnel files reviewed did not include any documentation of training on the prevention and control of communicable disease, blood-borne pathogens, and TB.</li> <li>2. Interview with the Director of Quality and Risk Management on 08/27/18 revealed that not all agency staff will be providing substance use disorder treatment services. Agency will ensure appropriate documentation of training for those staff specifically working in the SUD treatment services. Discussed the benefits of having all staff trained in these topics given the inpatient setting.</li> </ol>	<p>Plan to correct the deficiency: Print HealthStream transcript that shows completion of prevention and control of communicable disease, blood-borne pathogens, and TB. Upon hire and annual thereafter. All employees are pre-loaded into Healthstream upon hire and annually therefore all employees will receive training as needed.</p> <p>Procedure for implementing plan: Employees are required to turn in their HealthStream transcript to HR upon completion and line item added to New Orientation check list.</p> <p>Monitoring of procedure: HR Director will audit charts for the next 90 days and submit audit tools for Quality Committee for the next 90 days to ensure 100% accuracy in personnel files.</p> <p>Employees are required to turn in their HealthStream transcript to HR upon completion and this line item was added to the New Orientation Check list.</p> <p>Title of person responsible for plan of correction: Director of Human Resources</p> <p>How the deficiency was corrected: Employees completed their HealthStream</p> <p>Completion date: 9-14-2018</p> <p>How the plan will prevent possible recurrence of deficiency: The New Orientation checklist will identify that</p>
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		each employee completed the required CC training and annual thereafter.
<p>4400 Withdrawal management Adults  4405 Withdrawal management Adults  4410 Withdrawal management Adults  WAC 246-341-1100(4)(a),(b),(c)  (4) Ensure that each staff member providing withdrawal management services to an individual, with the exception of licensed staff members and chemical dependency professionals, completes a minimum of forty hours of documented training before being assigned individual care duties. This personnel training must include the following topics:  (a) Substance use disorders;  (b) Infectious diseases, to include hepatitis and tuberculosis (TB); and  (c) Withdrawal screening, admission, and signs of trauma.</p>	<p>The Washington Administrative Code STANDARD is NOT MET as evidenced by:</p> <p>Based upon review of personnel files and interview, it was determined that Rainier Springs failed to ensure that personnel records for those staff providing withdrawal management services included verification of a minimum of forty hours documented training in substance use disorders, infectious diseases, including hepatitis and tuberculosis (TB), and withdrawal screening, admission, and signs of trauma.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Interview with the Director of Quality and Risk Management on 08/27/18 revealed that not all agency staff will be providing substance use disorder treatment services. Agency was unaware of credentialing and training requirements for Personal Care Assistants. Agency will ensure appropriate documentation of training for those staff specifically working in the SUD treatment services. Discussed the benefits of having all staff trained in these topics given the inpatient setting.</li> </ol>	<p>Plan to correct the deficiency:  Created form to verify 40 hours of training for all Withdrawal management employees. (see attached). This line item will also be added to the New Orientation Checklist.  Procedure for implementing plan:  This will be included in the New Orientation Process for all withdrawal management employees. Once an employee who is going to work on the unit providing withdrawal management this plan will be implemented.  Monitoring of procedure:  HR Director will audit charts for the next 90 days and submit audit tools for Quality Committee for the next 90 days to ensure 100% accuracy in personnel files. <i>*once withdrawal management employees are hired</i>  HR Director and Director of Nursing will sign off on 40 hours to ensure all employees are properly trained and certification will be in personnel file.  Title of person responsible for plan of correction: Director of Human Resources  How the deficiency was corrected:  Form was created for future employees who will be working with Withdrawal management.</p>

		<p>Completion date: TBD</p> <p>How the plan will prevent possible recurrence of deficiency: The form will ensure all employees require the needed training before providing services on the unit that supports withdrawal management.</p>
<p>4640 Secure Withdrawal and Stabilization Adults 4645 Secure Withdrawal and Stabilization Adults 4650 Secure Withdrawal and Stabilization Adults WAC 246-341-1104(6)(a),(b),(c)</p> <p>(6) An agency certified to provide secure withdrawal management and stabilization services must ensure that each staff member providing withdrawal management services to an individual, with the exception of licensed staff members and CDPs, completes a minimum of forty hours of documented training before being assigned individual care duties. This personnel training must include the following topics:</p> <p>(a) Substance use disorders; (b) Infectious diseases, to include hepatitis and tuberculosis (TB); and (c) Withdrawal screening, admission, and signs of trauma.</p>	<p>The Washington Administrative Code STANDARD is NOT MET as evidenced by:</p> <p>Based upon review of personnel files and interview, it was determined that Rainier Springs failed to ensure that personnel records for those staff providing withdrawal management services included verification of a minimum of forty hours documented training in substance use disorders, infectious diseases, including hepatitis and tuberculosis (TB), and withdrawal screening, admission, and signs of trauma.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Interview with the Director of Quality and Risk Management on 08/27/18 revealed that not all agency staff will be providing substance use disorder treatment services. Agency was unaware of credentialing and training requirements for Personal Care Assistants. Agency will ensure appropriate documentation of training for those staff specifically working in the SUD treatment services. Discussed the benefits of having all staff trained in these topics given the inpatient setting.</li> </ol>	Duplicate
<p>5110 Mental health inpatient services 5115 Mental health inpatient services 5120 Mental health inpatient services 5125 Mental health inpatient services WAC 246-341-1118(3)(a),(b),(c),(d)</p>	<p>The Washington Administrative Code STANDARD is NOT MET as evidenced by:</p> <p>Based upon review of personnel files and interview, it was determined that Rainier Springs failed to ensure that</p>	<p>Plan to correct the deficiency:</p> <ol style="list-style-type: none"> <li>a) Director of Marketing Development will add Education about least restrictive alternatives option</li> </ol>

**Commented [WLM(1):** For inpatient care, staff must be trained on Seclusion and Restraint prior to providing face-to-face care. This is to ensure staffing competency prior to any incidents on the unit. CPI covers restraints, does this not count?

<p>(3) The behavioral health agency providing inpatient services must document the development of an individualized annual training plan, to include at least:</p> <ul style="list-style-type: none"> <li>(a) Least restrictive alternative options available in the community and how to access them;</li> <li>(b) Methods of individual care;</li> <li>(c) De-escalation training and management of assaultive and self-destructive behaviors, including proper and safe use of seclusion and restraint procedures; and</li> <li>(d) The requirements of chapter 71.05 and 71.34 RCW, this chapter, and protocols developed by the department.</li> </ul>	<p>personnel records document the development of an individualized annual training plan, to include at minimum, training on least restrictive alternative options available in the community and how to access, methods of individual care, de-escalation training and management of assaultive and self-destructive behaviors, including proper and safe use of seclusion and restraint procedures, and the requirements of RCW 71.05 and protocols developed by the department.</p> <p>Failure to ensure proper and specific training pertaining to inpatient treatment may potentially result in jeopardizing client's legal and human rights to treatment.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. 17 of 17 personnel files reviewed did not include documentation of an individualized annual training plan or training verification on these topics.</li> <li>2. Interview with the Director of Quality and Risk Management on 08/27/18 revealed that not all agency staff will be providing mental health inpatient services. Agency is currently in the orientation process for recent hires. Director of Quality and Risk Management will review orientation materials and verify staff receive appropriate training. Verification of training will be documented in personnel files for future review.</li> </ol>	<p>in the community and how to access them during New Orientation (applies to all employees). Annually thereafter employees will be assigned training modules in Healthstream and/or in person trainings.</p> <ul style="list-style-type: none"> <li>b) Methods of individualized care are identified on Competencies Statements that are to be completed by all new hires specific to their job description/duties. Annually thereafter employees will be assigned training modules in Healthstream and/or in person trainings.</li> <li>c) De-escalation training and management of assaultive and self-destructive behaviors, including proper and safe use of seclusion and restraint procedures training is received during CPI training, New Orientation and Competencies Statements. Annually thereafter employees will be assigned training modules in Healthstream and/or in person trainings.</li> <li>d) Clark County Crisis Team is scheduled to present on 9-12-2018 for all staff serving mental health. Specific Healthstream modules were also assigned to mental health</li> </ul>
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		<p>staff specific to 71.05 Mental Illness. Material presented by Clark County Crisis will be used to train staff as needed.</p> <p>Procedure for implementing plan:  All employees providing patient care will enroll and complete CPI training which reviews seclusion/restraint procedures. In addition Rainier Springs is in the process of internally training a staff member in CPI, therefore availability for CPI will be in a timely manner.</p> <p>Employees are required to turn in their HealthStream transcript to HR upon completion and this line item was added to the New Orientation Check list. Clark County Crisis will provide on-going training for Rainier springs.</p> <p>Monitoring of procedure:  HR Director will audit charts for the next 90 days and submit audit tools for Quality Committee for the next 90 days to ensure 100% accuracy in personnel files.</p> <p>Title of person responsible for plan of correction: Director of Human Resources</p> <p>How the deficiency was corrected:  Scheduled training on 9-12-2018 and will scheduled future trainings as needed for requirement (d)</p> <p>Completion date:  By 9-14-2018</p> <p>How the plan will prevent possible recurrence of deficiency:</p>
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		The collaboration with Clark County Crisis and Healthstream education will ensure that employees received education pertaining to 71.05 RCW.
<p>5130 Mental health inpatient services WAC 246-341-1118(4) (4) If contract staff are providing direct services, the facility must ensure compliance with the training requirements outlined in subsection (3) of this section.</p>	<p>The Washington Administrative Code STANDARD is NOT MET as evidenced by:</p> <p>Based upon review of personnel files and interview, it was determined that Rainier Springs failed to ensure that personnel records document the development of an individualized annual training plan; to include at minimum, training on least restrictive alternative options available in the community and how to access, methods of individual care, de-escalation training and management of assaultive and self-destructive behaviors, including proper and safe use of seclusion and restraint procedures, and the requirements of RCW 71.05 and protocols developed by the department.</p> <p>Failure to ensure proper and specific training pertaining to inpatient treatment may potentially result in jeopardizing client's legal and human rights to treatment.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. 3 of 3 contract personnel files reviewed did not include documentation of an individualized annual training plan or training verification on these topics.</li> <li>2. Interview with the Director of Quality and Risk Management on 08/27/18 revealed that not all agency staff will be providing mental health inpatient services. Agency is currently in the orientation process for recent hires. Director of Quality and Risk Management will review orientation materials and verify staff receive appropriate training. Verification of training will be documented in personnel files for future review.</li> </ol>	<p>Plan to correct the deficiency: All contracted employees will do the initial New Orientation process, be assigned Healthstream with an annual renewal. (see above) Procedure for implementing plan: Employees are required to turn in their HealthStream transcript to HR upon completion and this line item was added to the New Orientation Check list. Clark County Crisis will provide ongoing training for Rainier springs. Monitoring of procedure: HR Director will audit charts for the next 90 days and submit audit tools for Quality Committee for the next 90 days to ensure 100% accuracy in personnel files. Title of person responsible for plan of correction: Director of Human Resources How the deficiency was corrected: Scheduled training on 9-12-2018 and will schedule future trainings as needed. Completion date: 9-14-2018 How the plan will prevent possible recurrence of deficiency: The collaboration with Clark County Crisis and Healthstream education will ensure that employees received</p>

		education pertaining to 71.05 RCW.
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**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 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  
PO Box 47874 • Olympia, Washington 98504-7874

September 18<sup>th</sup>, 2018

Gary Petersen  
Rainier Springs LLC  
2805 NE 129th St  
Vancouver, WA 98686-3324

Subject: Inspection Number X2018-735

Dear Mr. Petersen

The Washington State Department of Health conducted a New Licensure - Initial survey for BHA MH/SUD Personnel at Rainier Springs, 2805 NE 129th St, Vancouver, WA. 98686-3324. Your inspection was conducted on August 27<sup>th</sup>, 2018. The Plan of Correction that was submitted was approved on September 18<sup>th</sup>, 2018. A re-visit will be conducted within your first month of service opening to ensure compliance with Plan of Correction.

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

Sincerely,

Lisa M Westlund, LMHC, CMHS, CDP, MAC  
*Public Health Advisor 3 – Behavioral Health Integration*  
*Office of Investigation & Inspection*  
*Health Systems Quality Assurance*  
*Washington State Department of Health*