If continuation sheet 1 of 2

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 504011 B. WING 05/20/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH CASCADE BEHAVIORAL HOSPITAL **TUKWILA, WA 98168** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) L 000 **INITIAL COMMENTS** L 000 Tag L420 STATE COMPLAINT INVESTIGATION SURVEY FINDING: Physician orders in cursive and/or partially illegible. This onsite State complaint investigation survey was conducted on June 28, 2016, by Mary Wood. HOW: Education of medical staff & nursing MN, BSN, RN in response to complaint # 65314 staff on the requirement to PRINT all orders LEGIBLY. This will also go out in the August Shell #: EIBU11 all-employee newsletter and on email. L 420 322-040.1 ADMIN-ADOPT POLICIES L 420 WHO Chief Medical Officer for medical staff & Chief Nursing Officer for nursing staff WAC 246-322-040 Governing Body and Administration. The governing body WHAT: Monthly monitoring of at least shall: (1) Adopt written policies twenty (20) charts per month will be audited concerning the purposes, operation and to ensure compliance that orders are maintenance of the hospital, and the PRINTED and are LEGIBLE. Individual safety, care and treatment of counseling will be conducted with those who patients: do not comply. Audits to be done by Chief Nursing Officer & Director of Quality and/or This WAC is not met as evidenced by: Based on interview and review of medical records. their designees. PI Director will collate data it was determined that the hospital failed to adapt and take to Medical Executive Committee and written policies concerning the safety of patients Performance Improvement Committee. relative to medication orders. The hospital's failure placed 4 or 4 patients whose medical records WHEN: 8/15/2016 were reviewed, at risk for incorrectly administered medications, and potentially placed all patients in the hospital at risk for incorrectly administered medications. Reference: The State of Washington Department of Health Board of Pharmacy issued a LAW CHANGE, which stated: "As of June 7, 2006, all prescriptions "must be hand printed, typewritten, or electronically generated. Cursive writing will be considered illegible pursuant to RCW 69.41.010(13) and 69.41.120.... Findings include: By signing, I understand these findings and agree to correct as noted: LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X6) DATE

STATE FORM

War/hington State Department of Health

approved 83/16021100 Mulow MU 1550 KC

PRINTED: 07/14/2016 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 504011 B. WING 05/20/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CASCADE BEHAVIORAL HOSPITAL 12844 MILITARY ROAD SOUTH TUKWILA, WA 98168 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DATE **DEFICIENCY**) L 420 Continued From Page 1 L 420 The Director of Pharmacy and the Chief Nursing Officer were interviewed on June 28, 2016. Both stated that they were unaware of the Board of Pharmacy law change of 2006, which prohibited medication orders written in cursive. Review of the medical record for Patient #1 revealed the following examples of medication orders that were written in cursive, and/or were partially illegible: The medication administration sheet documented the following: 8/23/15 - "Gabapentin"...in cursive 8/23/15 - "minipress"...in cursive By signing, I understand these findings and agree to correct as noted: STATE FORM If continuation sheet

Wachington State Department of Health