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State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>60429197</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/08/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CASCADE BEHAVIORAL HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>12844 MILITARY ROAD SOUTH TUKWILA, WA 98168</b>
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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><b>INITIAL COMMENTS</b></p> <p><b>STATE COMPLAINT INVESTIGATION</b></p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 Private Psychiatric &amp; Alcoholism Hospital Regulations, conducted this health and safety investigation.</p> <p>Onsite date: 12/08/20 Case number: 2020-360 Intake number: 97773</p> <p>The investigation was conducted by: Investigator #27347 &amp; Investigator #33674</p> <p>There were violations 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: DECEMBER 28, 2020</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>	
L 870	<p><b>322-140.1G SECURITY WINDOWS</b></p> <p>WAC 246-322-140 Patient living areas. The licensee shall: (1) Provide patient sleeping rooms with: (g) Only security or maximum security windows; This Washington Administrative Code is not met as evidenced by: Based on observation and interview, the hospital failed to ensure that the materials used to replace windows in the the sunroom met the security window requirements appropriate for psychiatric hospitals.</p>	L 870	<p><b>322-140.1G SECURITY WINDOWS</b></p> <p>Who  Director of Environment of Care</p>	

State Form 2567 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	Sonli Helmicki, PhD Cascade Behavioral Hospital 12/18/2020	TITLE 12/18/2020	(X6) DATE
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L 870	<p>Continued From page 1</p> <p>Failure to go through the approval process prior to replacing windows places patients at risk of injury or elopement.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>On 11/08/20 between 8:40 AM and 9:40 AM, Investigator #1, and the facilities manager (Staff #1), toured the 3rd and 4th floor of the hospital. Surveyor #1 observed that the interior portion of the windows in the sunroom were replaced with a thick plastic.</li> <li>On 11/08/20 at 10:00 AM, investigator #1 interviewed the facilities manager (Staff #1) about materials used to replace the sunroom windows. Staff #1 stated that the interior of the windows in the sunroom were replaced with "Lexan Plastic" 3/16-inch-thick and were sealed with an adhesive caulking to the window frame. Investigator #1 asked the facility manager if the state was notified. Staff #1 stated that he didn't think it was considered a remodel, so he did not notify the state.</li> <li>On 11/09/20 at 10:00 AM, Investigator #1 received notification from the Washington State Department of Health Construction Review Services (CRS) that CRS should have been notified.</li> </ol>	L 870	<p>Continued from page 1</p> <p>How</p> <p>Under the guidance of the facility CEO, the Director of Environment of Care Services contacted Washington Department of Health – Construction Review Services – Steve Pennington to initiate the process of approval for materials used to replace the window.</p> <p>What</p> <p>Director of Environment of Care Services is sending application, facility plans and needed documentation to the Washington Department of Health Construction Review Services approval process of the materials used to replace the windows.</p> <p>When</p> <p>The approval process for the materials will be completed in January 2021.</p> <p>How Monitored</p> <p>Director of Environment of Care Services will provide all updates of the Washington Department of Health Construction Review Board to the weekly Environment of Care Services meeting. Final approval will be reviewed by the Monthly EOC and Quality meetings. Final approval and update will be provided to Department of Health 90 day Review of the action plan.</p>	01/15/2021
L 895	<p>322-140.2A SECURITY ROOMS-WINDOWS</p> <p>WAC 246-322-140 Patient living areas. The licensee shall: (2) Provide, in addition to the requirements in subsection (1) of this section, when security rooms are used: (a) Security</p>	L 895	<p>322-140.2A SECURITY ROOMS-WINDOWS</p> <p>Who</p> <p>Director of Environment of Care</p>	03/2021

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L 895	<p>Continued From page 2</p> <p>or maximum security windows appropriate to the area and program; This Washington Administrative Code is not met as evidenced by: Based on observation and interview, the hospital failed to ensure that the materials used to replace windows in the patient rooms met the security window requirement appropriate for psychiatric hospitals.</p> <p>Failure to go through the approval process prior to replacing windows places patients at risk of injury or elopement.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>On 11/08/20 between 9:00 AM and 9:40 AM, Investigator #1, and the facilities manager (Staff #1), toured the 3rd and 4th floor of the hospital. Surveyor #1 observed that the interior portion of the windows in all the patient rooms on the 3rd and 4th floor were replaced with a thick plastic.</li> <li>On 11/08/20 at 10:00 AM, investigator #1 interviewed the facilities manager (Staff #1) about materials used to replace windows in the patient rooms. Staff #1 stated that the interior of the windows in the patient rooms were replaced 6 months ago. The windows in the patient rooms were replaced with a thicker ¼ inch "Lexan Plastic" using an adhesive caulking to seal the windows to the window frames. Investigator #1 asked the facility manager if the state was notified. Staff #101 stated that he didn't think it was considered a remodel, so he did not notify the state.</li> <li>On 11/09/20 at 10:00 AM, Investigator #1 received notification from the Washington State Construction Review Services (CRS) that CRS</li> </ol>	L 895	<p>Continued From page 2</p> <p>How</p> <p>Under the guidance of the facility CEO, the Director of Environment of Care Services contacted Washington Department of Health – Construction Review Services – Steve Pennington to initiate the process of approval for materials used to replace the window.</p> <p>What</p> <p>Director of Environment of Care Services is sending application, facility plans and needed documentation to the Washington Department of Health Construction Review Services approval process of the materials used to replace the windows.</p> <p>When</p> <p>The approval process for the materials is anticipated to be completed in January 2021.</p> <p>How Monitored</p> <p>Director of Environment of Care Services will provide all updates of the Washington Department of Health Construction Review Board to the weekly Environment of Care Services meeting. Final approval will be reviewed by the Monthly EOC and Quality meetings. Final approval and update will be provided to Department of Health 90 day Review of the action plan.</p>	<p>01/15/2021</p> <p>03/2021</p>
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L 895	Continued From page 3 should have been notified.	L 895		
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