

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  60429197	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 05/31/2023
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NAME OF PROVIDER OR SUPPLIER  CASCADE BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 12844 MILITARY ROAD SOUTH TUKWILA, WA 98188
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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
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), 246-322 Private Psychiatric and Alcoholism Hospital, conducted this complaint investigation.</p> <p>On site dates: 05/17/23 to 05/18/23, 05/22/23 to 05/26/23, and 05/31/23</p> <p>Case number: 2023-5003</p> <p>Intake number: 130479</p> <p>This investigation was conducted by Investigator #1.</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:</p> <ul style="list-style-type: none"> <li>* The regulation number and/or the tag number;</li> <li>* HOW the deficiency will be corrected;</li> <li>* WHO is responsible for making the correction;</li> <li>* WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and</li> <li>* WHEN the correction will be completed.</li> </ul> <p>3. Your PLAN OF CORRECTION must be returned within 10 calendar days from the date you receive the Statement of Deficiencies. The Plan of Correction is due on 06/30/23.</p> <p>4. Sign and return the Statement of Deficiencies via email as directed in the cover letter.</p>	
L 325	<p>322-035.1E POLICIES-ABUSE PROTECTION</p> <p>WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided: (e) Protecting against abuse and neglect and reporting suspected incidents</p>	L 325		

State Form 2567  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X8) DATE \_\_\_\_\_

*[Handwritten Signature]*      *[Handwritten Signature]*      *[Handwritten Signature]*

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L 325	<p>Continued From page 1</p> <p>according to the provisions of chapters 71.05, 71.34, 74.34 and 26.44 RCW; This Washington Administrative Code is not met as evidenced by:</p> <p>Based on interview, record review, and review of hospital policies and procedures, the hospital failed to ensure that hospital staff followed the hospital's policies and procedures for when there are patient allegations of a sexual assault by initiating an incident report and investigation, as demonstrated by record review for 1 of 4 records reviewed (Patient #3).</p> <p>Failure to initiate an incident report after a patient's allegations of sexual assault, places the patient at risk for increased harm and violates their right to sexual safety.</p> <p>Findings included:</p> <p>1. Document review of the hospital's policy and procedure titled, "Sexual Safety Precautions," policy number PC.SSP.101, last revised 02/23, showed the following:</p> <p>a. Breach or violation of sexual safety: An experience in which a person is not or does not feel sexually safe.</p> <p>b. Allegation of a breach or violation of sexual safety: A statement from a person that they do not feel or are not sexually safe.</p> <p>Document review of the hospital's policy and procedure titled, "Sexual Activity Among Patients," policy number PC.SAAP.120, last revised 02/23, showed the following:</p>	L 325		

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L 325	<p>Continued From page 2</p> <p>a. The discovery of an allegation can either be witnessed by staff, or reported to staff by a patient, by a third party, or by way of hearsay.</p> <p>b. Upon report or discovery of an allegation of sexual familiarity, staff should immediately separate the patients to maintain safety.</p> <p>c. Then staff would complete an incident report and forward the report to the Risk Manager within 24 hours of the reported incident.</p> <p>d. Any allegations of sexual familiarity are investigated for reasons including the protection of patient rights. In addition, investigations are conducted to ensure safety, to find causes, and to prevent similar occurrences.</p> <p>Document review of the hospital's policy and procedure titled, "Incident Reporting - Risk Management Program," policy number RM.200, last reviewed 12/21, showed the following:</p> <p>a. Any staff member who witnesses, discovers, or has direct knowledge of an incident, must complete an Incident Report before the end of the shift/workday.</p> <p>b. An "incident" is an unanticipated event which was not consistent with the standard of care that results in, or nearly causes, a negative impact on a patient(s) receiving care at the facility. Any harm caused can be temporary, long-term, or permanent, and range in severity from "no obvious or significant injury up to death."</p> <p>c. Incidents of Sexual Allegations include Misconduct/Body Exposure - Patient to Staff/Staff to Patient: Any allegation of deliberate action</p>	L 325		

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L 325	<p>Continued From page 3</p> <p>where genitals were exposed or touched and included kissing and other physical interaction that is interpreted as sensual in nature, such as a lingering hug or embrace.</p> <p>d. The Risk Manager will review the incident report and assign a severity level to the reported incident. The level of severity determines staff's interventions and process for internal and external notifications.</p> <p>2. Patient #3 was a 32-year-old male involuntarily admitted on 04/14/23 for grave disability after he had broken into his sister's store. His psychiatric diagnosis was Schizophrenia. Review of the medical record showed the following:</p> <p>a. On the Psychiatric Evaluation dated 04/14/23, the provider documented that patient's paranoia is that he will be sexually assaulted at night, which caused him to refuse his medications at night.</p> <p>b. On the Initial Nursing Assessment dated 04/14/23, the nursing staff assessed the Patient to be at Medium Risk for Sexually Acting Out (SAO) behaviors based on the records provided by the sending hospital. The RN assessed the Patient to be at Low/No Risk for Sexual Victimization.</p> <p>c. Review of the Nursing Reassessment Notes between 04/14/23 to 04/30/23, found that nursing staff documented on 10 of 33 daily progress notes that the Patient had alleged that another patient or staff member had raped him, or attempted to rape him.</p> <p>d. Review of the Psychiatric Provider Daily Progress Notes between 04/17/23 to 04/29/23,</p>	L 325		

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L 325	Continued From page 4  found that the providers documented on 6 of 12 daily progress notes that the Patient reported that he was being raped by staff and other patients.  e. Review of the hospital's incident reports during the Patient's admission found that staff failed to initiate an incident report for any of the Patient's allegations of sexual assault documented in the nursing staff and psychiatric providers daily progress notes.  3. On 05/18/23 at 1:45 PM, during an interview with the Investigator, Registered Nurse (RN) (Staff # 6) stated that when there is an incident of a patient's allegation of sexual assault, the first thing that the nursing staff would do was to separate the patients. After ensuring that the patients are safe, the RN would notify the House Supervisor and the Provider. The RN would complete an incident report before the end of the shift. Staff #6 reported that she remembered Patient #3, and he did report that he had been raped. Staff #6 stated that there should have been an incident report completed.	L 325		

POC received 06/30/23  
 POC received 07/19/23  
 POC Approved  
 Mandy Mousinski, RN  
 Doff

**Cascade Behavioral Hospital**  
 Plan of Correction for  
 State Health Investigation  
 (Case #2023-5003)

Mousinski  
 6/30/23  
 Mousinski

Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	Monitoring procedure & Target for Compliance
L325 322-035.1E POLICIES-ABUSE PROTECTION WAC 246-322-035	<p>The Chief Nursing Officer (CNO), Director of Clinical Services (DCS), Director of Risk Management (DRM), Chief Executive Officer (CEO), and Corporate Director of Quality and Compliance (Corp DQC) reviewed the policy titled "Sexual Activity Among Patients" and numbered PC.SAAP.120 effective 3/2023 and determined that policy met requirements. No changes were made.</p> <p>An audit process has been developed to review the psychiatric evaluation, provider progress notes, initial nursing assessment, nursing re-assessments and progress notes for any allegations of sexual abuse. Any allegations will be reconciled with the RISKQUAL electronic incident reporting system to ensure an incident report was completed and that an investigation was initiated.</p> <p>The CNO, DCS, and CEO determined actions to be taken, post allegation of sexual assault and or incident and these steps will include : { All staff currently caring for patients have been educated }</p> <ul style="list-style-type: none"> <li>▪ Ensuring the investigations will be initiated immediately:</li> <li>▪ Interventions for maintaining safety are implemented and will be added to each patient's treatment plan.</li> <li>▪ Patient's will be assessed for SUX/SAO and placed on appropriate precautions.</li> <li>▪ Obtaining staff witness statements.</li> <li>▪ Obtaining statements of patients involved.</li> <li>▪ Obtaining statement of patient witnesses.</li> <li>▪ Reviewing rounding documentation.</li> <li>▪ Reviewing the medical record.</li> <li>▪ Reviewing pertinent policies.</li> <li>▪ Patient(s) Information discussed in safety &amp; flash &amp; treatment plan meetings.</li> </ul> <p>Ensuring proper notifications are made to:</p> <ul style="list-style-type: none"> <li>▪ Charge Nurse</li> </ul>	CEO/CMO/ Dir. Of Intake/CNO	6/15/2023	<p><b>Monitoring Process:</b></p> <p>100% of psych eval, nursing assessments, and current progress will be audited to ensure documented evidence of sexually inappropriate behavior has a corresponding incident report and subsequent investigation.</p> <p>The results of the review reported monthly to the Quality Council and Medical Executive Committee and quarterly to the Governing Board.</p> <p><b>Target for Compliance</b></p> <p>100% of allegations of sexual abuse will have corresponding incident reports and subsequent investigations.</p>

# Cascade Behavioral Hospital

Plan of Correction for  
State Health Investigation  
(Case #2023-5003)

<p>L325 322-035.1E POLICIES-ABUSE PROTECTION WAC 246-322- 035</p>	<ul style="list-style-type: none"><li>▪ House Supervisor</li><li>▪ CNO</li><li>▪ AOC</li><li>▪ Provider</li><li>▪ Family/Guardian if applicable</li><li>▪ Local Police Department</li><li>▪ DOH and other agencies if applicable</li></ul>			
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**Cascade Behavioral Hospital**  
Plan of Correction for  
State Health Investigation  
(Case #2023-5003)

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

July 20, 2023

Shaun Fenton  
Chief Executive Officer  
Cascade Behavioral Hospital  
12844 Military Road South  
Tukwila, WA 98168

**Re: Complaint #130479/2023-5003**

Dear Mr. Fenton,

Investigators from the Washington State Department of Health] conducted a state hospital complaint investigation at Cascade Behavioral Hospital on 05/17/23 to 05/18/23, 05/22/23 to 05/26/23, and 05/31/23. Hospital staff members developed a plan of correction to correct deficiencies cited during this investigation. This plan of correction was approved on 07/19/23.

Under the Washington State Psychiatric regulations (WAC 246-322), typically there is a requirement for the submission of a Progress Report, however with the upcoming closure of the hospital on 07/31/23, a Progress Report will not be required.

The Department of Health accepts Cascade Behavioral Health's attestation that it will correct all deficiencies cited at Chapter WAC 246-322. We sincerely appreciate your cooperation and hard work during the investigation process.

Sincerely,

Mary New, MSN, BSN, RN  
Nurse Investigator