

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 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
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), 246-320 Hospital Licensing Regulations, conducted this health and safety complaint investigation.</p> <p>Onsite review dates: 05/17/23-05/18/23; 05/22/23-05/25/23 Off-site dates: 05/30/23-05/31/23 Intake number: 111912 Case number: 2021-5064</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. The Plan of Correction is due on 06/24/23.</p> <p>4. Sign and return the Statement of Deficiencies via email as directed in the cover letter.</p>	
L 315	<p>322-035.1C POLICIES-TREATMENT</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: (c) Providing or arranging for the care and treatment of patients; This Washington Administrative Code is not met as evidenced by:</p>	L 315		

State Form 2567

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

TITLE

(X6) DATE

[Signature]

CEO 6/24/23

State of Washington

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L 315	<p>Continued From page 1</p> <p>Based on interviews, review of policies and procedures, and review of medical records, the hospital failed to ensure that the hospital's policies and procedures related to vital signs assessment and documentation were followed for 6 of 8 patients reviewed.</p> <p>Failure to assess and document vital signs may result in providers and nurses being unaware of a change in a patient's condition and can lead to untreated illness and exacerbation of symptoms.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Review of the document titled, "Vital Signs and Parameters," #PC.VS.101, last revised 07/22, showed that all patients are to have vital signs assessed upon admission, daily, and more frequently as ordered by the provider or as the patient's condition warrants. 2. In interviews with 2 Registered Nurses (RNs), Staff #1 and Staff #2, on 05/25/23 at 4:45 PM and 5:00 PM, respectively, both stated that there is no policy for obtaining vital signs at discharge. Staff #2 stated that usually they have already gotten the vital signs earlier on the day of discharge. She stated that the nurse's role at discharge is to check medications, ensure belongings, including valuables, are returned, and give the patient prescriptions. <p>Patient #1</p> <ol style="list-style-type: none"> 3. Patient #1 was a 28-year-old male involuntarily admitted on 02/12/21 for schizophrenia and polysubstance use disorder. The patient was discharged on 04/08/21. <ol style="list-style-type: none"> a. Review of the medical record showed that the 	L 315		

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L 315	<p>Continued From page 2</p> <p>admission orders, dated 02/12/21, included an order for vital signs to be taken daily.</p> <p>b. Review of the medical record showed no documented daily vital signs throughout his stay on either the vital signs graphic sheets, the nurses' notes, or the Medication Administration Record.</p> <p>Patient #2</p> <p>4. Patient #2 was a 25-year-old FTM (female to male) transgender patient admitted on 05/01/23 for depression and suicidal ideation. The patient was discharged on 05/04/23.</p> <p>a. Review of the medical record showed that the admission orders, dated 05/01/23, did not contain an order for vital signs.</p> <p>b. Review of the medical record showed no documented daily vital signs throughout her stay on the nurses' notes or the Medication Administration Record. Vital Sign graphic sheets showed vital signs taken twice on 05/03/23, once in the AM and once in the PM. No vital signs were documented in nurses' notes or the MAR, and no other vital signs were documented elsewhere.</p> <p>Patient #3</p> <p>5. Patient #3 was a 19-year-old female admitted voluntarily on 05/03/23 for depression and suicidal ideation. She was discharged 05/10/23.</p> <p>a. Review of the medical record showed that the admission orders, dated 05/03/21, included an order for vital signs to be taken twice per day (BID).</p>	L 315		

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L 315	<p>Continued From page 3</p> <p>b. Review of the medical record showed that the Vital Signs Graphic Sheet contained vital signs twice on 05/08/23 and 05/09/23, each showing once in the AM and once in the PM. No vital signs were documented in nurses' notes or the MAR, and no other vital signs were documented elsewhere for any of the other dates of the patient's inpatient stay.</p> <p>Patient #4</p> <p>6. Patient #4 was a 29-year-old male admitted involuntarily on 03/12/21 for schizophrenia and polysubstance use. He was discharged 04/19/21.</p> <p>a. Review of the medical record showed that the admission orders, dated 03/12/21, did not include an order for vital signs.</p> <p>b. Review of the medical record showed no documented daily vital signs throughout his stay on the nurses' notes, vital signs graphic sheets, or the Medication Administration Record.</p> <p>Patient #5</p> <p>7. Patient #5 was a 32-year-old male admitted involuntarily on 04/14/23 for schizophrenia. He was discharged on 05/08/23.</p> <p>a. Review of the medical record showed that vital signs were ordered BID on the admission orders, dated 04/14/23.</p> <p>b. Review of the medical record showed that the initial nursing treatment plan addressed the patient's cellulitis, present on admission, and showed that nursing would monitor his temperature.</p>	L 315		

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L 315	<p>Continued From page 4</p> <p>c. Review of the medical record showed that the vital signs graphics sheets contained vital signs data for 14 of 23 dates the patient was in residence. Of those 14 dates, vital signs were documented once on 9 days. Vital signs were documented twice per day on 3 days, and they were refused on 2 days.</p> <p>Patient #6</p> <p>8. Patient #6 was a 38-year-old male involuntarily admitted on 03/25/23 for schizophrenia. He was discharged on 04/12/23.</p> <p>a. Review of the medical record showed that the admission orders, dated 03/25/23, showed an order for vital signs BID.</p> <p>b. Review of the medical record showed that the vital signs graphics sheets contained dates for 10 of 18 dates the patient was in residence. Of the 10 dates, vital signs were documented as refused on 3 dates, and vital signs were documented once for 6 days. Vital signs were documented twice in one day on one date, 03/29/23.</p> <p>9. Review of the medical record showed that 6 of 8 patients reviewed did not have vital signs documented per provider's order or hospital policy. Medical records from 2021 did not contain a document for recording vital signs and did not contain that information in sections in the nurses' flow sheets or the Medication Administration Record (MAR). Medical records from 2023 contained a document for recording vital signs, but those documents were often incomplete.</p> <p>10. On 5/25/23 at 4:00 PM, an interview with the Director of Nursing (DON) showed that the hospital was aware that documentation of vital</p>	L 315		

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L 315	Continued From page 5 signs had been an issue in 2021 and had since corrected the problem with the introduction of the vital signs graphic sheet. Upon reviewing the medical records with the DON, she agreed that vital signs were not documented per unit protocol or provider's orders on the graphic sheets for the above patients who were in residence in 2023.	L 315		

Cascade Behavioral Hospital
 Plan of Correction for
 State & CMS Health Investigation
 (Case #2021-5064)

Handwritten notes:
 PO C
 1st rec'd 06/28/23
 approved revision
 rec'd 06/29/23
 6/29/2023
 Russman

Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	Monitoring procedure & Target for Compliance
L000	<p>Initial Comments</p> <p>Submission of this plan of correction is not an admission by the hospital that the citations are true or that the hospital violated the law.</p> <p>Immediately following the receipt of the statement of deficiencies, Hospital Leadership and members of the Governing Board reviewed the findings identified by the surveyors in the statement of deficiencies and began formulating a plan of correction.</p>			
L315 322-035.1C Policies- Treatment	<p>The CEO, CMO, and Corporate Director of Quality and Compliance reviewed Cascade Behavioral Health's policy PC.VS.101 titled "Vital Signs & Parameters" and determined policy met requirements. No changes were made</p> <p>Corrective Action/Education</p> <p>All staff currently employed and caring for current patients have been educated on the required vital signs documentation to be included within the medical record.</p> <p>All vital signs for each current patient are completed and documented as ordered by provider (s) employed and currently caring for current patients. This process will be done with any current patient who may need admission and will continue throughout their stay.</p>	CNO Director of intake	6/15/2023	<p>Monitoring Plan:</p> <p>100% of new admissions will be audited to ensure that vital signs for each current patient are taken and documented within the medical record as ordered by provider(s) currently employed and caring for current patients.</p> <p>This process will be done with any current patient who may need admission and will continue throughout their stay.</p>

Cascade Behavioral Hospital
Plan of Correction for
State & CMS Health Investigation
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<p>L315 322- 035.1C Policies- Treatment</p>	<p>Continue from page 1</p> <p>If vital signs are not completed as ordered, the CNO or designee will contact the assigned nursing staff currently employed and caring for current patients, to provide additional education on documentation requirements per policy.</p>		<p>Any deficiencies will be immediately reported to the CEO, who notifies the Governing Board and Medical Executive Committee.</p> <p>Target for Compliance:</p> <p>100 % of all vital signs completed documented within the medical record.</p> <p>100 % of current patient refusal(s) of vital signs are documented with provider (currently employed and caring for current patients) notification and follow up actions ordered. This process will be done with any current patient who may need admission and will continue throughout their stay</p> <p>Aggregated audit results and actions taken will be reported monthly in Quality Council and Medical Executive Committee meetings and Quarterly to the Governing Board.</p>
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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47874 • Olympia, Washington 98504-7874

06/29/2023

Re: Complaint #2021-5064

Mr Shaun Fenton
12844 Military Road South
Tukwila, WA 98168

Dear Mr. Fenton:

I conducted a state hospital licensing complaint investigation at Cascade Behavioral Health on the following dates: 05/17/23-05/18/23; 05/22/23-05/25/23; 05/30/23-05/31/23. Staff members developed a plan of correction to correct deficiencies cited during this investigation. This plan of correction was approved on 06/29/23.

A Progress Report is due on or before 08/29/23 when all deficiencies have been corrected and monitoring for correction effectiveness has been completed. The Progress Report must address all items listed in the plan of correction, including the WAC reference numbers and letters, the actual correction completion dates, and the results of the monitoring processes identified in the Plan of Correction to verify the corrections have been effective. A sample progress report template has been enclosed for reference.

Please send a scanned copy of this progress report to me at the following email address:

Mary.davanzo@doh.wa.gov

Please contact me if you have any questions. I may be reached at the above email address.

Thank you again to everyone who assisted me in this investigation.

Sincerely,

Mary D'Avanzo, MN, BSN
Nurse Consultant, Institutional
Department of Health