

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/20/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 504012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 10/18/2017
NAME OF PROVIDER OR SUPPLIER SMOKEY POINT BEHAVIORAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3955 158TH ST NE MARYSVILLE, WA 98271		
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A 000	INITIAL COMMENTS EMTALA MEDICARE HOSPITAL COMPLAINT INVESTIGATION A Medicare Hospital EMTALA (Emergency Medical Treatment and Labor Act) complaint investigation survey was conducted at Smokey Point Behavioral Hospital in response to Complaint#76514 by Surveyor #27347 on October 18, 2017. There were violations found pertinent to the complaint. Determination of compliance/non-compliance will be made by the Centers for Medicare and Medicaid services.	A 000			
A2409	489.24(e)(1)-(2) APPROPRIATE TRANSFER (1) General If an individual at a hospital has an emergency medical condition that has not been stabilized (as defined in paragraph (b) of this section), the hospital may not transfer the individual unless - (i) The transfer is an appropriate transfer (within the meaning of paragraph (e)(2) of this section); and (ii)(A) The individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations under this section and of the risk of transfer. The request must be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer. (B) A physician (within the meaning of section 1861(r)(1) of the Act) has signed a certification	A2409	A 2409 489.24 (e)(1)-(2) The hospital acknowledges that the documentation of the transfer of the patient for inpatient care was inadequate, which showed deviation from standard. The hospital also acknowledges that it failed to follow the hospital's transfer policy and procedure. The Memorandum of Transfer was not filled out for the transfer of this patient. The Memorandum of Transfer should have included the acceptance of the patient and the accepting Physician. The manner of transport was not by ambulance. The accepting facility issued an EMTALA complaint alleging that the patient had been sent from Smokey Point Behavioral Hospital without acceptance from the facility. There was no supporting documentation that Smokey Point Behavioral Hospital had received acceptance from the facility. In fact, there was no Memorandum of Transfer Documented, an error. The Transfer should have been completed with knowledge of, and arrangements made for acceptance, by the receiving facility and physician, prior to the patient being sent.	10/27/2017	

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

TITLE

(X6) DATE

Matt Crockett

CEO

10-25-17

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A2409	<p>Continued From page 1</p> <p>that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based; or</p> <p>(C) If a physician is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as determined by the hospital in its bylaws or rules and regulations) has signed a certification described in paragraph (e)(1)(ii)(B) of this section after a physician (as defined in section 1861(r)(1) of the Act) in consultation with the qualified medical person, agrees with the certification and subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is based.</p> <p>(2) A transfer to another medical facility will be appropriate only in those cases in which -</p> <p>(i) The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child;</p> <p>(ii) The receiving facility</p> <p>(A) Has available space and qualified personnel for the treatment of the individual; and</p> <p>(B) Has agreed to accept transfer of the individual and to provide appropriate medical treatment.</p> <p>(iii) The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which</p>	A2409	<p>Continued from Page 1</p> <p>The patient should have had a consent for transfer completed, and this form should have accompanied the patient to the receiving hospital, along with the psychiatric screening examination. The assessment was sent to the facility but did not accompany the patient. A Memorandum of Transfer was also not sent with the patient either.</p> <p>The patient and parent should have been given a copy of the assessment and a copy of the Memorandum of Transfer to accompany them to the facility.</p> <p>The action taken by the Hospital to ensure proper documentation and acceptance prior to transfer of patients, is total re-education of all hospital staff. The re-education was started on 10/24/2017 with re-education of the Management Staff, facilitated by the Corporate Vice President of Clinical Services. The next group re-educated were the Assessment and Referral and Nursing Supervisory Staffs, which occurred on 10/24/2017, facilitated by the Director of Assessment and Referral. Finally, all other staff were re-educated prior to 10/27/2017, facilitated by the Director of Assessment and Referral. The person ultimately responsible for these actions is the Chief Executive Officer.</p> <p>The education included the Hospital's EMTALA Policy and Procedures, appropriate transportation methods once a patient is deemed to require inpatient care at another facility, communication with referral facilities, and Federal EMTALA regulations.</p> <p>Following the re-education, all staff must make 100% on a competency examination. Any staff member not meeting the 100% threshold will require additional re-education from the Director of Assessment and Referral.</p> <p>The specific nurse that failed to follow the hospital's policy and procedure on transferring patients received specialized re-education by the Director of Assessment and Referral.</p>		

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A2409	<p>Continued From page 2</p> <p>the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) required under paragraph (e)(1)(ii) of this section, and the name and address of any on-call physician (described in paragraph (g) of this section) who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer; and</p> <p>(iv) The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.</p> <p>This STANDARD is not met as evidenced by: Based on interview, record review, and review of facility policies and procedures the hospital failed to confirm the receiving hospital had accepted a patient (Patient #1) for transfer for an inpatient admission.</p> <p>Failure to confirm the receiving hospital has accepted a patient can cause a delay in patients being admitted for inpatient treatment.</p> <p>Findings include:</p> <p>1. Review of the facility policy titled "Transfer</p>	A2409	<p>Continued from page 2</p> <p>In order to ensure ongoing compliance with EMTALA regulations, an audit tool was developed to monitor all patients assessed whom require transfer from Smokey Point Behavioral Hospital. This audit will continue for a period of no less than three months, with 100% compliance achieved. The Director of Assessment and Referral or designee will perform these audits, and will report findings to the Performance Improvement Committee on a monthly basis.</p>	

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A2409	<p>Continued From page 3</p> <p>From Intake Department To Another Facility" effective May 2017; read in part "B. A Psychiatric/Medical Screening Exam, Medical Screening Exam Certification and Consent for Transfer shall accompany the patient being transferred".</p> <p>"C. The transfer shall be completed with knowledge of and arrangements made for acceptance by the receiving facility/physician".</p> <p>2. Review of Patient #1's medical record revealed the patient was did have an intake assessment at the Smokey Point Behavioral Hospital on 9/22/17. It was documented the patient was referred to the receiving hospital due to lack of beds available. The patient did not have a consent for transfer filled out to go with the patient to the receiving hospital or a copy of psychiatric screening exam at the time the patient left the behavioral health hospital.</p> <p>3. Review of Patient #1's medical record at the receiving hospital Swedish Edmonds revealed the patient arrived to the emergency room expecting to be admitted for inpatient psychiatric services. The receiving hospital Behavioral Health Assessment Team (BHAT) had received the patient's assessment from Smokey Point Behavioral Health prior Patient #1 arriving at the emergency room. The receiving hospital had not accepted the patient for admission and no arrangements for transfer had been made. The patient arrived thinking that she would be directly admitted to the inpatient mental health treatment unit.</p> <p>The patient was evaluated again in the emergency room and was eventually admitted to</p>	A2409			

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A2409	<p>Continued From page 4 the receiving hospital's inpatient psychiatric unit.</p> <p>4. Staff A (Registered Nurse) was interviewed on 10/18/17 at 11:30 A.M.. The nurse stated the patient should not have been sent to the receiving hospital until it was confirmed the patient had been accepted as an inpatient. The patient and their parent should also have been given a copy of their assessment and the consent for transfer paperwork.</p> <p>5. Patient #1 was interviewed by phone on 10/18/17 at 1:00 P.M. The patient stated they were evaluated for treatment by Smokey Point Behavioral Hospital but there were no inpatient beds available. The nurse called another hospital and was told the hospital may have inpatient treatment bed available. The nurse instructed the patient and their parent to proceed to the other hospital's emergency room for direct admission to the inpatient psychiatric unit. The patient explained there was some confusion when she arrived at the hospital for admission but after being evaluated again in the emergency room she did get eventually admitted for inpatient treatment.</p> <p>5. Staff B (Director of Assessment and Referral) was interviewed on 10/18/17 at 1:30 P.M. Staff B verified the above information.</p>	A2409			