



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

September 6, 2019

Matt Crockett
Alliance for South Sound Health
3402 S 19th St
Tacoma, WA 98405-2487

Dear Mr. Matt Crockett

This document contains information regarding the recent inspection of Wellfound Behavioral Health Hospital, 3402 S 19th St, Tacoma, WA. 98405-2487 by the Washington State Department of Health. Your state licensing inspection was completed on 08/15/2019.

Throughout the change in administration, DOH has had continued communication with new agency leadership as to the process for initial licensure application as well as determining programming as it pertains to the WAC. A Change of Administration Form was submitted to DOH 8/21/2019 to reflect current leadership as of 6/19/2019.

During the inspection, deficient practice was found in the areas listed on the attached Statement of Deficiencies. A written Plan of Correction is required for each deficiency listed on the Statement of Deficiencies and will be **due 10 business days** after you receive this document.

Each plan of correction statement must include the following:

- The regulation number;
- How the deficiency will be corrected;
- Who is responsible for making the correction;
- When the correction will be completed
- How you will assure that the deficiency has been successfully corrected. When monitoring activities are planned, objectives must be measurable and quantifiable. Please include information about the monitoring time frame and number of planned observations.

You are not required to write the Plan of Correction on the Statement of Deficiencies form.

Please return the Plans of Correction to me at the following address OR return via electronically email Jewelya.Ianniciello@doh.wa.gov:

Jewelya M Ianniciello CDP LICSW CIYT CCTP MAC
Department of Health, Office of Health Systems Oversight
111 Israel Rd SE
Tumwater, WA 98501

Please contact me if there are questions regarding the inspection process, deficiencies cited, or completion of the Plans of Correction. I may be reached at (360) 480-5666. I am also available by email at Jewelya.Ianniciello@doh.wa.gov

I want to extend another “thank you” to you and to everyone that assisted me during the survey.

Sincerely,

Jewelya M Ianniciello CDP LICSW CIYT CCTP MAC
Behavioral Health Reviewer
Office of Health Systems Oversight
Health Systems Quality Assurance

Enclosures: DOH Statement of Deficiencies

Behavioral Health Agency Inspection Report

Department of Health
P.O. Box 47874, Olympia, WA 98504-7874
TEL: 360-236-4732

September 6, 2019

Wellfound Behavioral Health Hospital, 3402 S 19th St, Tacoma, WA. 98405-2487
Agency Name and Address

Matt Crockett
Administrator

NEW LICENSURE - OPERATIONAL 08/15/2019
Inspection Type Inspection Onsite Dates

Jewelya M Ianniciello CDP LICSW
CIYT CCTP MAC
Inspector

X2019-833 BHA.FS.60925415
Inspection Number License Number

Please note that the deficiencies/violations/observations noted in this report are not all-inclusive, but rather were deficiencies/violations/observations that were observed or discovered during the on-site inspection.

Deficiency Number and Rule Reference	Observation Findings	Plan of Correction – Agency Use
<p>1430 Clinical Add record content WAC 246-341-0640(4)(a) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(4) Documentation of the individual's response when asked if:(a) The individual is under department of corrections (DOC) supervision</p>	<p>Based on documentation review of the agency Policy and Procedure manual, clinical charts and the agency administrator; the agency did not meet the Washington Administrative Code (WAC) requirements that led to all the noted deficiencies within this report.</p> <p>The current EHR format does not capture the WAC required element.</p>	
<p>1435 Clinical Add record content WAC 246-341-0640(4)(b) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(4) Documentation of the individual's response when asked if(4) Documentation of the individual's</p>	<p>Based on documentation review of the agency Policy and Procedure manual, clinical charts and the agency administrator; the agency did not meet the Washington Administrative Code (WAC) requirements that led to all the noted deficiencies within this report.</p>	

<p>response when asked if:(b) The individual is under civil or criminal court ordered mental health or substance use disorder treatment; and</p>	<p>The current EHR format does not capture the WAC required element.</p>	
<p>1440 Clinical Add record content WAC 246-341-0640(4)(c) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(4) Documentation of the individual's response when asked if:(c) There is a court order exempting the individual participant from reporting requirements. A copy of the court order must be included in the record if the participant claims exemption from reporting requirements;</p>	<p>Based on documentation review of the agency Policy and Procedure manual, clinical charts and the agency administrator; the agency did not meet the Washington Administrative Code (WAC) requirements that led to all the noted deficiencies within this report.</p> <p>The current EHR format does not capture the WAC required element.</p>	
<p>1495 Clinical Add record content WAC 246-341-0640(13) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(13) Properly completed authorizations for release of information, if applicable;</p>	<p>Based on documentation review of the agency Policy and Procedure manual, clinical charts, personnel files and the agency administrator; the agency did not meet the Washington Administrative Code (WAC) requirements that led to all the noted deficiencies within this report.</p> <p>ROIs are to be specific to the requesting entity to include department/role. The current ROI utilized lacked all the required WAC elements for disclosure. Documents reviewed were incomplete, blanks, forms signed without detailed information, vague information to be requested or released and role/department of the requesting entity was board.</p>	
<p>1520 Clinical Add record content WAC 246-341-0640(15)(b)(iii) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(15) Discharge information as follows:(b) Discharge information for an individual who did not leave without notice, completed within seven working days</p>	<p>Based on documentation review of the agency Policy and Procedure manual, clinical charts and the agency administrator; the agency did not meet the Washington Administrative Code (WAC) requirements that led to all the noted deficiencies within this report.</p>	

of the individual's discharge, including:(iii) Legal status, and if applicable; and	The Discharge Summary Form did not contain the WAC requirement of legal status.	
1540 Clinical Add record content WAC 246-341-0640(17) Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(17) Progress notes must include the date, time, duration , participant's name, response to interventions, and a brief summary of the session and the name and credential of the staff member who provided it;	Based on documentation review of the agency Policy and Procedure manual, clinical charts and the agency administrator; the agency did not meet the Washington Administrative Code (WAC) requirements that led to all the noted deficiencies within this report. The current EHR format does not capture duration within the progress note template.	

Introduction

We require that you submit a plan of correction for each deficiency listed on the inspection report form. Your plan of correction must be submitted to the DOH within ten business days of receipt of the list of deficiencies.

Descriptive Content

Your plan of correction must provide a step-by-step description of the methods to correct each deficient practice to prevent recurrence and provide information that ensures the intent of the regulation is met.

An acceptable plan of correction must contain the following elements:

- The plan of correcting the specific deficiency;
- The procedure for implementing the acceptable plan of correction for the specific deficiency cited;
- The monitoring procedure to ensure that the plan of correction is effective and that specific deficiency cited remains corrected and/or in compliance with the regulatory requirements;
- The title of the person responsible for implementing the acceptable plan of correction.

Simply stating that a deficiency has been "corrected" is not acceptable. If a deficiency has already been corrected, the plan of correction must include the following:

- How the deficiency was corrected,
- The completion date (date the correction was accomplished),
- How the plan of correction will prevent possible recurrence of the deficiency.

Completion Dates

The POC must include a completion date that is realistic and coinciding with the amount of time your facility will need to correct the deficiency. Direct care issues must be corrected immediately and monitored appropriately. Some deficiencies may require a staged plan to accomplish total correction. Deficiencies that require bids, remodeling, replacement of equipment, etc., may need more time to accomplish correction; the target completion date, however, should be within a reasonable and mutually agreeable time-frame.

Continued Monitoring

Each plan of correction must indicate the appropriate person, either by position or title, who will be responsible for monitoring the correction of the deficiency to prevent recurrence.

Checklist:

- Before submitting your plan of correction, please use the checklist below to prevent delays.
- Have you provided a plan of correction for each deficiency listed?
- Does each plan of correction show a completion date of when the deficiency will be corrected?
- Is each plan descriptive as to how the correction will be accomplished?
- Have you indicated what staff position will monitor the correction of each deficiency?
- If you included any attachments, have they been identified with the corresponding deficiency number or identified with the page number to which they are associated?

Your plan of correction will be returned to you for proper completion if not filled out according to these guidelines.

Note: Failure to submit an acceptable plan of correction may result in enforcement action.

Approval of POC

Your submitted POC will be reviewed for adequacy by DOH. If your POC does not adequately address the deficiencies in your inspection report you will be sent a letter detailing why your POC was not accepted.

Questions?

Please review the cited regulation first. If you need clarification, or have questions about deficiencies you must contact the inspector who conducted the onsite inspection, or you may contact the supervisor.

Wellfound Behavioral Health Hospital Plan of Correction Attachment A

COP/ID#	Question/Topic	Deficiency	How the deficiency will be corrected	WHO is responsible for making the correction	What will be done to prevent recurrence	When the correction will be completed
WAC 246-341-0540(4)(a)	Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(4) Documentation of the individual's response when asked if:(a) The individual is under department of corrections (DOC) supervision	Based on documentation review of the agency Policy and Procedure manual, clinical charts and the agency administrator; the agency did not meet the Washington Administrative Code (WAC) requirements that led to all the noted deficiencies within this report. The current EHR format does not capture the WAC required element.	EHR templates were updated to include the necessary documentation element related to Department of Corrections supervision status. The updated template and necessary documentation training will occur for all full time staff who function as qualified mental health professionals by September 27, 2019. Per Diem staff will be trained prior to their first scheduled shift.	Director of Clinical Services	Monitoring of compliance through medical record audits will begin on September 30, 2019 by the Director of Clinical Services or designee. At least 50% of all medical records will be audited until 95% compliance is sustained for three months, then intermittent audits will be performed to ensure on-going compliance and reported to appropriate quality committee for oversight. The Director of Clinical Services is responsible for overall compliance and ensuring ongoing, sustained compliance.	1-Oct-19
WAC 246-341-0640(4)(b)	Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include: (4) Documentation of the individual's response when asked if:(b) The individual is under civil or criminal court ordered mental health or substance use disorder treatment; and	Based on documentation review of the agency Policy and Procedure manual, clinical charts and the agency administrator; the agency did not meet the Washington Administrative Code (WAC) requirements that led to all the noted deficiencies within this report. The current EHR format does not capture the WAC required documentation.	EHR templates were updated to include the necessary documentation element related to legal status of patients. The updated template and necessary documentation training will occur for all full time staff who function as qualified mental health professionals by September 27, 2019. Per Diem staff will be trained prior to their first scheduled shift.	Director of Clinical Services	Monitoring of compliance through medical record audits will begin on September 30, 2019 by the Director of Clinical Services or designee. At least 50% of all medical records will be audited until 95% compliance is sustained for three months, then intermittent audits will be performed to ensure on-going compliance and reported to appropriate quality committee for oversight. The Director of Clinical Services is responsible for overall compliance and ensuring ongoing, sustained compliance.	1-Oct-19
WAC 246-341-0640(4)(c)	Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(4) Documentation of the individual's response when asked if:(c) There is a court order exempting the individual participant from reporting requirements. A copy of the court order must be included in the record if the participant claims exemption from reporting requirements;	Based on documentation review of the agency Policy and Procedure manual, clinical charts and the agency administrator; the agency did not meet the Washington Administrative Code (WAC) requirements that led to all the noted deficiencies within this report. The current EHR format does not capture the WAC required documentation.	EHR templates were updated to include the necessary documentation element related to reporting exemptions for patients. The updated template and necessary documentation training will occur for all full time staff who function as qualified mental health professionals by September 27, 2019. Per Diem staff will be trained prior to their first scheduled shift.	Director of Clinical Services	Monitoring of compliance through medical record audits will begin on September 30, 2019 by the Director of Clinical Services or designee. At least 50% of all medical records will be audited until 95% compliance is sustained for three months, then intermittent audits will be performed to ensure on-going compliance and reported to appropriate quality committee for oversight. The Director of Clinical Services is responsible for overall compliance and ensuring ongoing, sustained compliance.	1-Oct-19

Wellfound Behavioral Health Hospital Plan of Correction Attachment A

Code/ID#	Violation/Topic	Deficiencies	HOW the deficiency will be corrected	WHO is responsible for making the correction	WHAT will be done to prevent reoccurrence	WHEN the correction is to be complete
WAC 246-341-0640(13)	Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(13) Properly completed authorizations for release of information, if applicable	Based on documentation review of the agency Policy and Procedure manual, clinical charts and the agency administrator; the agency did not meet the Washington Administrative Code (WAC) requirements that led to all the noted deficiencies within this report. ROIs are to be specific to the requesting entity to include department/role. The current ROI utilized lacked all the required WAC elements for disclosure. Documents reviewed were incomplete, blanks, forms signed without detailed information, vague information to be requested or released and role/department of the requesting entity was board.	The Release of Information document has been updated to include necessary elements. All full time staff will be trained to the new form and required elements by September 27, 2019. Per Diem staff will be trained prior to their first scheduled shift.	HIM Manager	All Release of Information forms will be reviewed daily by Health Unit Coordinators to ensure proper completion beginning September 30, 2019. If necessary, staff will initiate corrections to the form with the patient. Continued monitoring of compliance through medical records audits will begin September 30, 2019 by the HIM Manager. At least 75% of all medical records will be audited until 95% compliance is sustained for three months, then intermittent audits will be performed to ensure ongoing compliance and reported to appropriate quality committee for oversight. The HIM Manager is responsible for overall compliance and ensuring ongoing, sustained compliance.	1-Oct-19
WAC 246-341-0640(15)(b) and	Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(15) Discharge information as follows:(b) Discharge information for an individual who did not leave without notice, completed within seven working days of the individual's discharge, including:(iii) Legal status, and if applicable;	Based on documentation review of the agency Policy and Procedure manual, clinical charts and the agency administrator; the agency did not meet the Washington Administrative Code (WAC) requirements that led to all the noted deficiencies within this report. The discharge summary form did not contain the WAC requirement of legal status.	EHR templates were updated to include legal status on the discharge summary documents. The updated template and necessary documentation training will occur for all full time staff who function as qualified mental health professionals by October 1, 2019. Per Diem staff will be trained prior to their first scheduled shift.	Director of Clinical Services	Monitoring of compliance through medical record audits will begin on September 23, 2019 by the Director of Clinical Services or designee. At least 75% of all medical records until 95% compliance is achieved for three months, then intermittent audits will be performed to ensure on-going compliance. The Director of Clinical Services is responsible for overall compliance and ensuring ongoing, sustained compliance.	1-Oct-19
WAC 246-341-0640(17)	Each agency licensed by the department to provide any behavioral health service is responsible for an individual's clinical record content. The clinical record must include:(17) Progress notes must include the date, time, duration, participant's name, response to interventions, and a brief summary of the session and the name and credential of the staff member who provided it;	Based on documentation review of the agency Policy and Procedure manual, clinical charts and the agency administrator; the agency did not meet the Washington Administrative Code (WAC) requirements that led to all the noted deficiencies within this report. The current EHR format does not capture duration within the progress note template.	EHR templates were updated to include duration of the meeting within the progress note. The updated template and necessary documentation training will occur for all full time staff who function as qualified mental health professionals by September 27, 2019. Per Diem staff will be trained prior to their first scheduled shift.	Director of Clinical Services	Monitoring of compliance through medical record audits will begin on September 30, 2019 by the Director of Clinical Services or designee. At least 50% of all medical records will be audited until 95% compliance is sustained for three months, then intermittent audits will be performed to ensure on-going compliance and reported to appropriate quality committee for oversight. The Director of Clinical Services is responsible for overall compliance and ensuring ongoing, sustained compliance.	1-Oct-19



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September 13, 2019

Matt Crockett
Alliance for South Sound Health
3402 S 19th St
Tacoma, WA 98405-2487

Subject: Inspection Number X2019-833

Dear Mr. Matt Crockett

The Washington State Department of Health conducted a Behavioral Health Review at Wellfound Behavioral Health Hospital, 3402 S 19th St, Tacoma, WA. 98405. Your review was conducted on 8/15/2019. The final Plan of Correction that was submitted on 9/11/2019 was approved on 9/12/2019. No further action is required.

I sincerely appreciate your cooperation and hard work during the inspection process and look forward to working with you again in the future.

Sincerely,

Jewelya M Ianniciello CDP LICSW CIYT CCTP MAC
Behavioral Health Reviewer
Office of Health Systems Oversight
Health Systems Quality Assurance