

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013319	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2020
--------------------------------------------------	------------------------------------------------------------------	-----------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER SOUTH SOUND BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 605 WOODLAND SQUARE LOOP SE LACEY, WA 98503
---------------------------------------------------------------------	-----------------------------------------------------------------------------------------

(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), Chapter 246-322 Private Psychiatric and Alcoholism Hospital Regulations conducted this health and safety investigation.</p> <p>Onsite date: 09/16/20 Administrative review dates: 09/18/20 Case number: 2020-12867; 2020-12735; 2020-12729 Intake number: 104128; 104410; 104403</p> <p>The investigation was conducted by: Surveyor #27347 & #42740</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: OCTOBER 15, 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 350	<p>322-035.1J POLICIES-INFECTION CONTROL</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: (j) Infection control as required by WAC 246-322-100; This Washington Administrative Code is not met as evidenced by: Based on interview and document review the hospital failed to ensure N 95 respirator fit testing</p>	L 350		

State Form 2567

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

TITLE

(X6) DATE

Richard Romley

Interim CEO

10/7/2020

STATE FORM

6899

XNMB11

If continuation sheet 1 of 3

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013319	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/16/2020
--------------------------------------------------	------------------------------------------------------------------	-----------------------------------------------------------------------	---------------------------------------------------

NAME OF PROVIDER OR SUPPLIER SOUTH SOUND BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 605 WOODLAND SQUARE LOOP SE LACEY, WA 98503
---------------------------------------------------------------------	-----------------------------------------------------------------------------------------

(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 350	<p>Continued From page 1</p> <p>(tests to ensure proper fit and seal between a respirator's facepiece and the face) for all direct care employess and/or housekeeping staff that may have to clean the rooms of patient's with infectious respiratory illness for 6 of 6 personnel files reviewed (Staff #1, #2, #4, #5, #7 & #8).</p> <p>Failure to have fit testing for employees completed before having to care for a patient a with respiratory illness puts staff and patients at risk for the spread of respiratory borne illnesses.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Document review of the hospital policy titled " Limiting Tranmission During Community Outbreak of Coronavirus (Covid-19)", approved 03/20 and review the "Infection Control Inservice", approved 03/20 policy showed that all direct care staff were to be fit tested yearly and on hire should they have to care for a patient with any type infectious respiratory illness. 2. On 09/16/20 at 12:20 PM, Investigator #1 and #2 interviewed the Infection Control Nurse (Staff #1). The infection control nurse stated that fit testing had not been done for direct care staff and housekeepers that may have to enter patient rooms with a respiratory illness. 3. On 09/16/20 at 2:00 PM, Investigator #1 and #2 verified the above findings with the Chief Nursing Officer (Staff #2). 	L 350		
L 560	322-050.6D TRAINING-INFECT CONTROL	L 560		
	WAC 246-322-050 Staff. The licensee shall: (6) Provide and document orientation and appropriate training			

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013319	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/16/2020
--------------------------------------------------	-------------------------------------------------------------------------	------------------------------------------------------------------------	-----------------------------------------------------------------

NAME OF PROVIDER OR SUPPLIER SOUTH SOUND BEHAVIORAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 605 WOODLAND SQUARE LOOP SE LACEY, WA 98503
----------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------

(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 560	<p>Continued From page 2</p> <p>for all staff, including: (d) Infection control; This Washington Administrative Code is not met as evidenced by: Based on interview and document review, the hospital failed to document the training that staff received regarding Covid-19 (virus that causes respiratory illness).</p> <p>Failure to document the training in a systematic manner put patients at risks for receiving care from staff that is not adequately trained.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of employee files for Staff #1, #2, #4, #5, #7, & #8 did not have evidence of Covid-19 training. There was documentation in the daily shift reports that the infection control nurse talked to staff about Covid 19 precautions. The staff that attended the shift report was documented in the daily notes. 2. On 09/16/20 at 12:20 PM, Investigator #1 and #2 interviewed the Infection Control Nurse (Staff #1). The infection control nurse stated that screening of staff was done daily for Covid-19. Before staff could enter the hospital staff had to attest whether or not they had symptoms of Covid-19 and have their temperature taken. If a staff member had any symptoms of Covid-19 they were not allowed to enter the hospital. Staff #1 stated that she was working on a formal Covid-19 training for staff but it is not finished yet. 3. On 09/16/20 at 2:00 PM, Investigator #1 and #2 verified the above findings with the Chief Nursing Officer (Staff #2). 	L 560		

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013319	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/18/2020
NAME OF PROVIDER OR SUPPLIER SOUTH SOUND BEHAVIORAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 605 WOODLAND SQUARE LOOP SE LACEY, WA 98503		
(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	INITIAL COMMENTS STATE COMPLAINT INVESTIGATION The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-322 Private Psychiatric and Alcoholism Hospital Regulations conducted this health and safety investigation. Onsite date: 09/16/20 Administrative review dates: 09/17/20 and 09/18/20 Case number: 2020-12867; 2020-12735; 2020-12729 Intake number: 104128; 104410; 104403 The investigation was conducted by: Surveyor #27347 & #42740 There were violations found pertinent to this complaint.	L 000	1. A written PLAN OF CORRECTION is required for each deficiency listed on the Statement of Deficiencies. 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 recurrence and how you will monitor for continued compliance; and * WHEN the correction will be completed. 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: OCTOBER 15, 2020 4. The Administrator or Representative's signature is required on the first page of the original. 5. Return the original report with the required signatures.	
L 350	322-035.1J POLICIES-INFECTION CONTROL 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: (j) Infection control as required by WAC 246-322-100; This Washington Administrative Code is not met as evidenced by: Based on interview and document review the hospital failed to ensure N 95 respirator fit testing	L 350		10/23/20

State Form 2667
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

6899

XNM811

If continuation sheet 1 of 3

Richard D. King Jr. CEO 2/8/21

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013319	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/18/2020
NAME OF PROVIDER OR SUPPLIER SOUTH SOUND BEHAVIORAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 605 WOODLAND SQUARE LOOP SE LACEY, WA 98503		
(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 350	Continued From page 1 (tests to ensure proper fit and seal between a respirator's facepiece and the face) for all direct care employess and/or housekeeping staff that may have to clean the rooms of patient's with infectious respiratory illness for 6 of 6 personnel files reviewed (Staff #1, #2, #4, #5, #7 & #8). Failure to have fit testing for employees completed before having to care for a patient a with respiratory illness puts staff and patients at risk for the spread of respiratory borne illnesses. Findings included: 1. Document review of the hospital policy titled " Limiting Transmission During Community Outbreak of Coronavirus (Covid-19)", approved 03/20 and review the "Infection Control Inservice", approved 03/20 policy showed that all direct care staff were to be fit tested yearly and on hire should they have to care for a patient with any type infectious respiratory illness. 2. On 09/16/20 at 12:20 PM, Investigator #1 and #2 interviewed the Infection Control Nurse (Staff #1). The infection control nurse stated that fit testing had not been done for direct care staff and housekeepers that may have to enter patient rooms with a respiratory illness. 3. On 09/16/20 at 2:00 PM, Investigator #1 and #2 verified the above findings with the Chief Nursing Officer (Staff #2).	L 350		
L 560	322-050.6D TRAINING-INFECT CONTROL WAC 246-322-050 Staff. The licensee shall: (6) Provide and document orientation and appropriate training	L 560		10/23/20

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013319	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/18/2020
NAME OF PROVIDER OR SUPPLIER SOUTH SOUND BEHAVIORAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 605 WOODLAND SQUARE LOOP SE LACEY, WA 98503		
(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 560	<p>Continued From page 2</p> <p>for all staff, including: (d) Infection control; This Washington Administrative Code is not met as evidenced by: Based on interview and document review, the hospital failed to document the training that staff received regarding Covid-19 (virus that causes respiratory illness).</p> <p>Failure to document the training in a systematic manner put patients at risks for receiving care from staff that is not adequately trained.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of employee files for Staff #1, #2, #4, #5, #7, & #8 did not have evidence of Covid-19 training. There was documentation in the daily shift reports that the infection control nurse talked to staff about Covid 19 precautions. The staff that attended the shift report was documented in the daily notes. 2. On 09/16/20 at 12:20 PM, Investigator #1 and #2 interviewed the Infection Control Nurse (Staff #1). The infection control nurse stated that screening of staff was done daily for Covid-19. Before staff could enter the hospital staff had to attest whether or not they had symptoms of Covid-19 and have their temperature taken. If a staff member had any symptoms of Covid-19 they were not allowed to enter the hospital. Staff #1 stated that she was working on a formal Covid-19 training for staff but it is not finished yet. 3. On 09/16/20 at 2:00 PM, Investigator #1 and #2 verified the above findings with the Chief Nursing Officer (Staff #2). 	L 560		

1/12/20 approved
 progress report
 Deane L. R. L.
 Arrest - #27347

**South Sound Behavioral Hospital
 Plan of Correction for
 State Licensing or Medicare Hospital/Critical Access Hospital Survey
 9/16/2020 to 9/18/2020**

Tag Number	How Corrected	Date Completed	Results of Monitoring
L 350	<p>Fit Testing</p> <p>Complete fit testing of N95 respirators for all staff who have contact with patients and housekeeping staff. To be completed by vendor, Northwest Response, on dates of services 10/19, 10/21, and 10/32 of 2020.</p> <p>Schedule return of Northwest Response for fit testing of new employees every two weeks during New Employee Orientation beginning the week of 10/29/2020 or as orientation schedule requires.</p>	10/23/2020 and ongoing.	100% of all staff were completed by Northwest Response on service dates. SSBH due to concern of future scheduling conflicts, had the Infection Control officer and two other selected employees additionally were trained to complete the fit test for future employees. This was completed on 12/18/2020. The company used was Forensic Analytical Consulting Services (FACS). The training was completed for ongoing compliance.
L 560	<p>Training and Documentation:</p> <p>Documentation of staff training related to COVID-19 is completed for each staff member who have direct patient care and/or housekeeping responsibilities.</p>	10/23/2020 and ongoing	100% of all SSBH employees have completed the training. 100% of all New Employees during orientation complete the COVID-19 training and is placed into the employees HR file and maintained by human resources.



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

01/12/21

Tamra McClurken
Performance Improvement and Risk Manager
South Sound Behavioral Hospital
605 Woodland Square Loop SE
Lacey, WA 98503

Re: Complaint #2020-12867; 2020-12735; 2020-12735

Dear Ms. McClurken:

Investigators from the Washington State Department of Health conducted a state hospital licensing complaint investigation at South Sound Behavioral Hospital on 09/17/20 to 09/18/20. Hospital staff members developed a plan of correction to correct deficiencies cited during this investigation. This plan of correction was approved on 10/09/20.

Hospital staff members sent a Progress Report dated 01/12/21 that indicates all deficiencies have been corrected. The Department of Health accepts South Sound Behavioral Hospital's attestation that it will correct all deficiencies cited at Chapter 246-322 WAC.

We sincerely appreciate your cooperation and hard work during the investigation process.

Sincerely,

/s/Deborah Barrette

Deborah Barrette, RN
Nurse Investigator
Health Systems Quality Assurance
Deborah.Barrette@doh.wa.gov/360-236-4696