



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

*PO Box 47874 • Olympia, Washington 98504-7874*

Thursday, January 26, 2023

Wellfound Behavioral Hospital  
3402 S 19<sup>th</sup> Street  
Tacoma, WA 98405

Dear Ms. Naylor:

This letter contains information regarding the recent investigation at Wellfound Behavioral Hospital by the Washington State Department of Health. Your state licensing investigation was completed on Tuesday, January 17, 2023.

During the investigation, deficient practice was found in the areas listed on the attached Statement of Deficiency Report. A written Plan of Correction is required for each deficiency listed on the Statement of Deficiency Report and will be due 14 days after you receive this letter.

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 Deficiency Report.

You may receive notice of the Department's intent to take enforcement action against your license under RCW 71.24.037, 71.12, WAC 246-337-021 and WAC 246-341-0335 based on any deficiency listed on the enclosed report. Your submission of a Plan of Correction or any other action you take in response to this Statement of Deficiency Report may be taken into consideration in an enforcement action but does not prevent the Department from proceeding with enforcement action.

Please email the report and Plans of Correction to the Investigator. You can also sign and send the original reports and Plans of Correction to the Investigator at following address:

Investigator: 33894  
Department of Health  
HSQA/Office of Health Systems Oversight  
PO Box 47874  
Olympia, Washington 98504-7874

Enclosures: Statement of Deficiency Report  
Plan of Correction Instructions

## Statement of Deficiency Report

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

Wellfound Behavioral Hospital, 3402 S 19<sup>th</sup> St, Tacoma, WA 98405-2487

Agency Name and Address

Angela Naylor

Administrator

Investigation

Inspection Type

2021-12053

Case Number

Monday, November 7, 2022

Investigation Start Date

BHA.FS.60925415

License Number

33894

Investigator Number

MH Evaluation and Treatment

BHA/RTF Agency Services Type

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 investigation.

Deficiency Number and Rule Reference	Findings	Plan of Correction
<p><b>WAC 246-341-0410(4)(a)</b> Agency administration-Administrator key responsibilities. (4) The administrator or their designee must ensure: (a) Administrative, personnel, and clinical policies and procedures are adhered to and compliant with the rules in this chapter and other applicable state and federal statues and regulations;</p>	<p>Based on policy and procedure review, facility document review, clinical record review, and interview, the administrator or their designee failed to ensure that clinical policies and procedures were adhered to for 1 of 7 patients reviewed (Patient #3).</p> <p>Failure to ensure that clinical policies and procedure are adhered to can result in inconsistent and unsafe care, and in patient harm.</p> <p>Findings included:</p>	

1. Review of the facility's policy titled, "Assault Precautions," revised 05/2022, showed the following:
  - a. The facility recognized patients right to receive care in a safe environment free from acts of aggression.
  - b. When patient behavior appeared likely to cause imminent danger to themselves or others, assault precautions could be instituted to provide for the safety and security of patients.
  - c. A registered nurse (RN) would assess all newly admitted patients for potential assaultive behavior as soon as possible after admission by completing the "Risk To Others" section of the Violence Risk flow sheet.
2. Review of the clinical records for Patient #3 showed that the patient was involuntarily admitted to the facility on 11/05/22 with a history of assaultive behavior and was not placed on assault precautions based on the following:
  - a. Review of the patient's "Intake Note," dated 11/05/22, showed that the patient had "aggressive/violent behaviors towards staff" and "assaulted several residents at [their] AFH [adult family home]."
  - b. Review of the patient's "Aggression Assessment," dated 11/05/22 at 8:20 AM, showed that the patient was not assessed to be at risk for assaultive behavior and that the question regarding the patient's assaultive history stated, "not currently."

	<p>c. Review of the patient's observation sheets for 11/05/22 and 11/06/22 showed that the boxes to check to indicate the patient was on assault precautions were not checked.</p> <p>3. Review of the facility's incident reports showed that on 11/06/22 at 9:07 AM, Patient #3 assaulted another patient unprovoked by hitting them in the head with a closed fist.</p> <p>4. During an interview on 12/06/22 at 1:05 PM with Staff D, CNO, Staff D stated that in reviewing the record of Patient #3 with a history of assaults prior to admission, the patient should have been placed on assault precautions when they came in.</p>	
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**Plan of Correction Instructions**

## **Introduction**

We require that you submit a plan of correction for each deficiency listed on the statement of deficiency form. Your plan of correction must be Submitted to DOH within fourteen calendar days of receipt of the list of deficiencies.

You are required to respond to the statement of deficiencies by submitting a plan of correction (POC). Be sure to refer to the deficiency number. If you include exhibits, identify them and refer to them as such in your POC.

## **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, 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 investigator who conducted the investigation.



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

PO Box 47874 • Olympia, Washington 98504-7874

Thursday, January 26, 2023

Wellfound Behavioral Hospital  
3402 S 19<sup>th</sup> Street  
Tacoma, WA 98405

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## Statement of Deficiency Report

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

Wellfound Behavioral Hospital, 3402 S 19<sup>th</sup> St, Tacoma, WA 98405-2487  
Agency Name and Address

Angela Naylor  
Administrator

Investigation  
Inspection Type

Monday, November 7, 2022  
Investigation Start Date

33894  
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2021-12053  
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1. Review of the facility's policy titled, "Assault Precautions," revised 05/2022, showed the following:
  - a. The facility recognized patients right to receive care in a safe environment free from acts of aggression.
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  - b. Review of the patient's "Aggression Assessment," dated 11/05/22 at 8:20 AM, showed that the patient was not assessed to be at risk for assaultive behavior and that the question regarding the patient's assaultive history stated, "not currently."

Providers on following the Assault Precaution Assessment policy and placing patients on precautions and documenting the assessment in the EMR. Social Workers and Providers will complete an in-person training with a sign-in sheet. The RNs will receive 1:1 training with the Educator and a nursing leader. The RNs will sign off on an attestation.

Staff Responsible:

Angie Conklin, CNO  
 Brian Neal, CMO  
 Rhiannon Service, CCO  
 Paul Bridgeman, Educator

Monitoring Compliance:

A weekly tracer is being conducted to monitor compliance with this requirement; the tracer will review charts for all new admissions to ensure appropriate precautions were assigned. The tracer will continue until 8 weeks' consecutive compliance at ≥95% is maintained.

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c. Review of the patient's observation sheets for 11/05/22 and 11/06/22 showed that the boxes to check to indicate the patient was on assault precautions were not checked.

3. Review of the facility's incident reports showed that on 11/06/22 at 9:07 AM, Patient #3 assaulted another patient unprovoked by hitting them in the head with a closed fist.

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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

February 10, 2023

Wellfound Behavioral Health Hospital  
3402 S 19<sup>th</sup> Street  
Tacoma, WA 98405

Re: Case Number: 2021-12053  
License Number: BHA.FS.60925415  
Acceptable Plan of Correction

Dear Ms. Naylor:

This letter is to inform you that after careful review of the Plan of Correction (POC) you submitted for the investigation recently conducted at your facility, the Department has determined that the POC is acceptable. You stated in your plan that you will implement corrective actions by the specified timeline. By this, the Department is accepting your Plan of Correction as your confirmation of compliance.

Based on the scope and severity of the deficiencies listed in your statement of deficiency report, the Department will not conduct an unannounced follow-up compliance visit to verify that all deficiencies have been corrected.

The Department reserves the right to pursue enforcement action for any repeat and/or uncorrected deficiencies based on applicable statute and rules.

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HSQA/Office of Health Systems Oversight  
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Olympia, Washington 98504-7874