

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/30/2023
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NAME OF PROVIDER OR SUPPLIER
RAINIER SPRINGS

STREET ADDRESS, CITY, STATE, ZIP CODE
**2805 NE 129TH ST
 VANCOUVER, WA 98686**

(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 Hospitals, conducted this health and safety investigation.</p> <p>On site dates: 01/24/23 to 01/27/23 and 01/30/23</p> <p>Case number: 2022-10002</p> <p>Intake number: 125091</p> <p>The Investigation was conducted by:</p> <p>Investigator #3 Investigator #5</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:</p> <p>The regulation number and/or the tag number;</p> <p>HOW the deficiency will be corrected;</p> <p>WHO is responsible for making the correction;</p> <p>WHAT will be done to prevent reoccurrence and how you will monitor for continued compliance; and</p> <p>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 March 6, 2023.</p> <p>4. Sign and return the Statement of Deficiencies and Plans of Correction via email as directed in the cover letter.</p>	
L 390	<p>322-035.1R POLICIES-PATIENT TRANSFER</p> <p>WAC 246-322-035 Policies and Procedures. (1) The licensee shall develop and implement the following written policies and procedures</p>	L 390		

State Form 2567

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

Toni Long *Toni Long, CEO*

TITLE

(X6) DATE

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L 390	Continued From page 1 consistent with this chapter and services provided: (r) Transferring patients to other health care facilities or agencies; This Washington Administrative Code is not met as evidenced by: Based on interview, record review, and review of hospital policies and procedures, the hospital failed to ensure that staff notified the emergency contact when patients experienced a change in condition that required a transfer to an acute care hospital for emergency medical treatment for 2 of 4 patients reviewed (Patient #308, #309). Failure of the hospital to ensure that staff followed the policies and procedures when transferring patients requiring emergency medical care risks delay in emergency contacts being informed. Findings included: 1. Document review of the hospital's policy and procedure titled, "Transfer to Another Facility," PolicyStat ID number 12635818, last approved 12/22, showed the following: a. The Registered Nurse (RN) assesses and determines the patient has an unstable medical condition. The RN contacts the physician, and they provide orders to transfer the patient to the emergency department. b. The staff will discuss with the patient whether they wish to have relatives notified. If yes, have the patient complete a Consent to Release Information form. Contact the relative and notify them of the transfer and the receiving facility's telephone number. In an emergency situation, a transfer can be completed without consent.	L 390		

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L 390	Continued From page 2 c. Complete a transfer form and place a copy in the chart. d. The RN will document in the nursing progress notes, the name and discipline of the individual in which a patient report was given and reason for the transfer. The RN will also document if a family/next of kin was notified. Document review of the hospital form titled, "Patient Demographic Form," Form number IP-ADW-054-14, last updated 01/25/22, showed a section labeled "Emergency Contact Information". The section included a statement "Patient consents to have emergency contact notified if patient is transferred to another hospital (including an ER)" with a space for the patient to elect YES or NO and sign their initials. 2. On 01/30/23, Investigator #3 reviewed the medical records for 4 patients who had been transferred to an Emergency Room for treatment for changes in condition. The review showed the following: a. On 06/07/22, Patient #308 was transferred on 08/07/22 to an outside local hospital for acute delirium and confusion. The Patient Demographic Form was signed and initialed on 08/05/22 consenting for the patient's emergency contact to be notified if the patient was transferred to another hospital. The transfer form (From Inpatient to Medical Hospital) was blank under the section labeled emergency contact notified. Investigator #3 found no documentation that the patient's emergency contact was notified. b. On 01/01/23, Patient #309 was transferred to a	L 390		

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L 390	<p>Continued From page 3</p> <p>local hospital Emergency Department for the treatment of decreasing level of consciousness and increased respiratory rate (breathing). The Patient Demographic Form was signed and initialed on 12/29/22 consenting for the patient's emergency contact to be notified if the patient was transferred to another hospital. The transfer form (From Inpatient to Medical Hospital) was marked "No" under the section labeled emergency contact notified.</p> <p>Investigator #3 found no documentation that the patient's emergency contact was notified.</p> <p>3. On 01/30/23 at approximately 12:30 PM, Investigator #3 discussed the above findings with the Director of Quality (Staff #306) who acknowledged the patients emergency contact should have been notified.</p>	L 390		
L1375	<p>322-210.3C PROCEDURES-ADMINISTER MEDS</p> <p>WAC 246-322-210 Pharmacy and Medication Services. The licensee shall: (3) Develop and implement procedures for prescribing, storing, and administering medications according to state and federal laws and rules, including: (c) Administering drugs; This Washington Administrative Code is not met as evidenced by:</p> <p>Item #1- Patient Identification</p> <p>Based on observation, interview, and document review, the hospital failed to ensure staff members followed its procedure for identification</p>	L1375		

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L1375	<p>Continued From page 4</p> <p>of patients prior to medication administration, as demonstrated by 2 of 5 patients observed (Patients #304, #305).</p> <p>Failure to follow the hospital's patient identification process prior to medication administration places patients at risk for medication errors and patient harm.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Document review of the hospital policy and procedure titled, "Medication Administration - General Guidelines," PolicyStat ID number 11667812, last approved 06/22, showed that patients shall be identified before medication is administered utilizing the five rights (right patient, right dose, right route, right time, and right medication) and two patient identifiers (name and date of birth). Other identifiers may be used including date of admission, patient identification number, and patient identification sticker. 2. On 01/24/23 at 8:45 AM, Investigator #3 and the House Supervisor (Staff #303) observed the nursing staff administer morning medications on the "Meadows" inpatient unit. The observation showed the following: <ol style="list-style-type: none"> a. A Registered Nurse (Staff #307) addressed the patient (Patient #304) by their first name. Staff #304 then administered the medications to the patient without using two approved identifiers. b. A Registered Nurse (Staff #307) addressed a patient (Patient #305) at the medication window by their first name. Staff #304 then handed the medication to the patient without using two approved identifiers. 	L1375		

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L1375	<p>Continued From page 5</p> <p>3. Following the morning medication pass, Investigator #3 interviewed the nurse (Staff #307) about what was observed. Staff #307 stated that they (staff) knew their patients and did not always ask them for their full name and date of birth when administering medications. The nurse relayed that patients often remove their hospital identification band which precluded them from using the barcode scanner.</p> <p>Item #2 - Duplicate Drug Therapy</p> <p>Based on record review, interview, and review of hospital policy and procedures, hospital staff failed to follow its procedure and recognized standards of care for duplicate drug therapy for 3 of 3 patient records reviewed (Patient #304, #306, #307).</p> <p>Failure to follow the hospital's medication administration and patient assessment processes places patients at risk for medication errors and patient harm.</p> <p>Findings included:</p> <p>1. Document review of the hospital policy and procedure titled, "Medication Administration - General Guidelines," PolicyStat ID number 11667812, last approved 06/22, showed that medications shall be administered in accordance with orders of the prescribing provider. If medication orders seem to be unrelated to the patient's current condition, the provider is to be contacted for clarification prior to administration of the medication.</p> <p>2. On 01/24/23 at 3:15 PM, Investigator #3 reviewed the medical record for Patient #306 who was admitted on 01/18/23 for treatment of</p>	L1375		

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L1375	<p>Continued From page 6</p> <p>symptoms of psychosis. Investigator #3 reviewed the physician medication orders and the medication administration reports and observed:</p> <p>a. On 01/18/23, Patient #306 received duplicate medication therapy for agitation including:</p> <ul style="list-style-type: none"> -Haloperidol 5 mg by mouth at 8:05 PM -Lorazepam 2 mg by mouth at 8:06 PM <p>The physician's medication order did not instruct nursing staff on the duplicate medication sequencing or how to administer based on patient symptoms. Investigator #3 found no evidence that hospital staff clarified the physician orders.</p> <p>b. On 01/19/23, Patient #306 received duplicate medication therapy for agitation including:</p> <ul style="list-style-type: none"> -Haloperidol 5 mg by mouth at 3:43 AM -Lorazepam 2 mg by mouth at 3:43 AM -Haloperidol 5 mg by mouth at 9:27 AM -Lorazepam 2 mg by mouth at 9:27 AM -Haloperidol 5 mg by mouth at 2:25 PM -Lorazepam 2 mg by mouth at 2:25 PM -Haloperidol 5 mg by mouth at 10:22 PM -Lorazepam 2 mg by mouth at 10:22 PM <p>The physician's medication order did not instruct nursing staff on the duplicate medication sequencing or how to administer based on patient symptoms. Investigator #3 found no evidence that hospital staff clarified the physician orders.</p> <p>c. On 01/20/23, Patient #306 received duplicate medication therapy for agitation including:</p>	L1375			

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L1375	<p>Continued From page 7</p> <p>-Haloperidol 5 mg by mouth at 10:28 PM -Lorazepam 2 mg by mouth at 10:28 PM</p> <p>The physician's medication order did not instruct nursing staff on the duplicate medication sequencing or how to administer based on patient symptoms. Investigator #3 found no evidence that hospital staff clarified the physician orders.</p> <p>d. On 01/24/23, Patient #306 received duplicate medication therapy for agitation including:</p> <p>-Haloperidol 5 mg by mouth at 5:05 AM -Lorazepam 2 mg by mouth at 5:05 AM</p> <p>The physician's medication order did not instruct nursing staff on the duplicate medication sequencing or how to administer based on patient symptoms. Investigator #3 found no evidence that hospital staff clarified the physician orders.</p> <p>e. On 01/25/23, Patient #306 received duplicate medication therapy for agitation including:</p> <p>-Haloperidol 5 mg by mouth at 9:13 AM -Lorazepam 2 mg by mouth at 9:14 AM</p> <p>The physician's medication order did not instruct nursing staff on the duplicate medication sequencing or how to administer based on patient symptoms. Investigator #3 found no evidence that hospital staff clarified the physician orders.</p> <p>3. On 01/24/23 at 3:15 PM, Investigator #3 reviewed the medical record for Patient #307 who was admitted on 01/22/23 for treatment of acute psychotic disorder. Investigator #3 reviewed the physician medication orders and the medication administration reports and observed:</p>	L1375			

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L1375	<p>Continued From page 8</p> <p>a. On 01/23/23, Patient #306 received duplicate medication therapy for agitation including:</p> <ul style="list-style-type: none"> -Haloperidol 5 mg by mouth at 6:38 AM -Lorazepam 2 mg by mouth at 6:39 AM -Haloperidol 5 mg by mouth at 10:51 AM -Lorazepam 2 mg by mouth at 10:50 AM <p>The physician's medication order did not instruct nursing staff on the duplicate medication sequencing or how to administer based on patient symptoms. Investigator #3 found no evidence that hospital staff clarified the physician orders.</p> <p>4. Investigator #3 found similar duplicate medication therapy administration for Patient # 304 on 01/21/23.</p> <p>5. On 01/30/23 at 1:30 PM, Investigator #3 interviewed the Chief Medical Officer (CMO) (Staff #308) about duplicate drug therapy. Staff #308 stated that he prefers less "prn" (as needed) medications are utilized in the facility. The Investigator reviewed the above referenced incidents of duplicate drug therapy administration with the CMO. Staff #308 acknowledged medication orders should be clarified if similar indications are used.</p> <p>Item #3 - Medication Administration outside of Provider Orders</p> <p>Based on record review, interview, and review of hospital policy and procedures, the hospital failed to ensure staff followed its policy for safe medication administration for 2 of 2 patient records reviewed (Patient #306, #307).</p> <p>Failure to follow the hospital's medication</p>	L1375		

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L1375	Continued From page 9 administration and patient assessment processes places patients at risk for medication errors and patient harm. Findings included: 1. Document review of the hospital policy and procedure titled, "Medication Administration - General Guidelines," PolicyStat ID number 11667812, last approved 06/22, showed that medications shall be administered in accordance with orders of the prescribing provider. 2. On 01/24/23 at 3:15 PM, Investigator #3 reviewed the medical record for Patient #306 who was admitted on 01/18/23 for treatment of symptoms of psychosis. Investigator #3 reviewed the provider medication orders and the medication administration report and found the following: a. A provider wrote an order for the patient to receive trazodone (an antidepressant medication) 50 mg by mouth at bedtime as needed for insomnia. The provider's medication orders stated the medication may be repeated (given again) one hour after the initial dose of medication is given if the initial dose is not effective. b. On 01/23/23 at 9:37 PM, a nurse administered 50 mg of trazodone to Patient #306 for insomnia. c. On 01/23/23 at 10:16 PM, a nurse administered a second additional dose of 50 mg of trazodone which was 21 minutes too early before the minimal time between medication doses as stated in the provider's order. Investigator #3 found no evidence that the hospital staff notified the provider prior to	L1375			

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L1375	Continued From page 10 administering the medication outside of the stated medication order instructions. d. A provider wrote an order for the patient to receive haloperidol 5 mg by mouth as needed for psychotic agitation. The provider's medication order also stated the medication was not to exceed three doses in a twenty-four-hour period. e. A provider wrote an order for the patient to receive diphenhydramine 50 mg by mouth for dystonia prevention whenever haloperidol is given (linked medications). The provider's medication order also stated the medication was not to exceed three doses in a twenty-four-hour period. f. A provider wrote an order for the patient to receive lorazepam 2 mg by mouth for agitation. The provider's medication order also stated the medication was not to exceed three doses in a twenty-four-hour period. g. On 01/19/23, Patient #306 received the following as needed medications: -Haloperidol 5 mg by mouth at 3:43 AM, 9:27 AM, 2:25 PM and 10:22 PM -Diphenhydramine 50 mg by mouth at 3:43 AM, 9:26 AM, 2:25 PM, and 10:22 PM. -Lorazepam 2 mg by mouth at 3:43 AM, 9:27 AM, 2:25 PM, and 10:22 PM The investigator noted the patient received three different medications 4 times in 18 hours and 39 minutes which is outside the stated parameters of the medication order instructions. Investigator #3 found no evidence that the hospital staff notified the provider prior to administering the medication	L1375		

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L1375	<p>Continued From page 11</p> <p>outside of the stated medication order instructions.</p> <p>3. At the time of the review, Investigator #3 interviewed the House Supervisor (Staff #303) who confirmed the findings that staff had administer medications outside of the provider orders.</p> <p>Item #4 - CIWA Assessment and Reassessment</p> <p>Based on record review, interview, and review of hospital policy and procedures, the hospital failed to ensure staff members completed and documented assessments and reassessments after each "as needed" (PRN) medication intervention for alcohol withdrawal as evidenced by 5 of 5 medical records reviewed (Patient #308, #310, #311, #312, and #313).</p> <p>Failure to assess and reassess patients after medication administration as part of an alcohol withdrawal protocol risks inconsistent, inadequate, or delayed relief of symptoms including anxiety, agitation, tremors, and sensorium.</p> <p>Findings included:</p> <p>1. Document review of the hospital policy titled, "CIWA-AR and COWS," PolicyStat ID number 12152810, last approved 09/22, showed the purpose of the policy was to provide guidelines for early recognition and appropriate interventions based on a symptom triggered assessment of adult patients at risk for experiencing substance (alcohol) withdrawal.</p> <p>Each item on the scale for CIWA-AR (Clinical Institute Withdrawal Assessment of Alcohol</p>	L1375			

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L1375	Continued From page 12 -Revised) is scored separately. A sum of the scores for each category provides a value that correlates with the severity index and intervention type and dose of medication. Medication will be administered based on the system triggered score. Document review of the hospital policy titled, "Medication Administration - General Guidelines," PolicyStat ID number 1167812, last approved 06/22, showed that medications should be administered in accordance with the orders of the prescribing provider. If the dose seems excessive considering the patient's age, condition, and other factors, the provider is contacted for clarification prior to the administration of the medication. Document review of the hospital form titled, "Clinical Institute Withdrawal Assessment (CIWA)," form number (CIWA) SPR-FSW-014-05, last updated 08/23/22, showed under procedures that prophylactic medication should be started for any patient with a total CIWA-AR score of 8 or greater. Document vital signs and CIWA-AR assessment scores. "The CIWA-AR scale is the most sensitive tool for assessment of the patient experiencing alcohol withdrawal. Nursing assessment is vitally important. Early intervention for CIWA-AR score of 8 or greater provides the best means to prevent the progression of withdrawal." Document review of the alcohol withdrawal protocol medication orders showed that lorazepam (a medication used for anxiety) 2 mg by mouth is to be given every two hours as needed for alcohol detoxication. If CIWA score is greater than 8 or less than or equal to 15. Give until CIWA score is less or equal to 8.	L1375		

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L1375	<p>Continued From page 13</p> <p>Document review of the alcohol withdrawal protocol medication orders showed that lorazepam (a medication used for anxiety) 2 mg by mouth is to be given every hour as needed for alcohol detoxication. If CIWA score is greater than 15 or diastolic blood pressure greater than 110 mm Hg. Give until CIWA score is less or equal to 15 or diastolic blood pressure less than 110 mm Hg.</p> <p>2. On 01/24/23 at 10:51 AM, Investigator #3 and Nursing Supervisor (Staff #303) reviewed the medical record of Patient #310 who was admitted for treatment of alcohol dependence. The review showed:</p> <p>a. On 01/24/23 at 10:11 PM, Patient #310 was assessed and evaluated to have a CIWA score of 9 and received appropriate medication. The patient was not assessed until 01/25/23 at 1:34 AM (1 hour and 23 minutes late beyond the required reassessment time of 2 hours). The patient was reassessed with a score of 8 and was given lorazepam 2 mg by mouth which is outside of the provider orders (a score greater than 8 is required for medication to be given).</p> <p>b. On 01/25/23 at 9:06 AM, the patient received a CIWA score of 9 and was appropriately medicated. The patient was not reassessed until 01/25/23 at 12:07 PM (1 hour and 1 minute late beyond the required reassessment time of 2 hours).</p> <p>c. On 01/25/23 at 1:58 PM, the patient received a CIWA score of 12 and was appropriately medicated but was reassessed late (1 hour and 47 minutes).</p> <p>d. On 01/25/23 at 9:26 PM, the patient received a</p>	L1375		

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 01/30/2023
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NAME OF PROVIDER OR SUPPLIER RAINIER SPRINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 2805 NE 129TH ST VANCOUVER, WA 98686
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L1375	<p>Continued From page 14</p> <p>CIWA score of 10 and was appropriately medicated. The patient was not reassessed within 2 hours as required by the protocol nor was assessed at 2:00 AM as required by provider orders (routine CIWA assessments every 6 hours).</p> <p>e. On 01/26/23 at 8:15 AM, the patient received a CIWA score of 9 and was appropriately medicated. The patient was not reassessed within 2 hours as required by the protocol.</p> <p>f. On 01/26/23 at 2:04 PM, the patient received a CIWA score of 11 and was appropriately medicated. The patient was not reassessed within 2 hours as required by the protocol.</p> <p>g. On 01/26/23 at 8:48 PM, the patient received a CIWA score of 8 and was given lorazepam 2 mg by mouth which is outside of the provider orders (a score greater than 8 is required for medication to be given). The patient was not assessed at 2:00 AM as required by provider orders (routine CIWA assessments every 6 hours).</p> <p>h. On 01/27/23 at 8:14 AM, the patient received a CIWA score of 3 and was given lorazepam 2 mg by mouth which is outside of the provider orders (a score greater than 8 is required for medication to be given).</p> <p>3. On 01/25/23 at 12:45 PM, Investigator #3 reviewed the medical record of Patient #311 who was admitted for treatment of alcohol dependence. The review showed:</p> <p>a. On 01/21/23 at 10:32 PM, Patient #311 was assessed and evaluated to have a CIWA score of 9 and received appropriate medication. The patient was not reassessed within 2 hours as</p>	L1375		

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 013220	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/30/2023
NAME OF PROVIDER OR SUPPLIER RAINIER SPRINGS		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 NE 129TH ST VANCOUVER, WA 98686		
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L1375	Continued From page 15 required by the protocol. Next, the patient was not assessed at 2:00 AM as required by provider orders (routine CIWA assessments every 6 hours). b. On 01/22/23, the patient was not assessed at 8:00 AM as required by provider orders (routine CIWA assessments every 6 hours). Eventually, the patient was assessed at 10:34 AM, (12 hours and 2 minutes after the last assessment) and received a CIWA score of 6. c. On 01/22/23 at 3:21 PM, the patient was assessed (1 hour and 21 minutes late) and received a CIWA score of 5 and was given lorazepam 2 mg by mouth which is outside of the provider orders (a score greater than 8 is required for medication to be given). d. On 01/22/23 at 8:49 PM, the patient was assessed and received a CIWA score of 8 and was given lorazepam 2 mg by mouth which is outside of the provider orders (a score greater than 8 is required for medication to be given). e. On 01/23/23 at 3:05 AM, the patient received a CIWA score of 9 and was appropriately medicated. The patient was not reassessed within 2 hours as required by protocol. f. On 01/23/23 at 8:56 AM, the patient received a CIWA score of 9 and was appropriately medicated. The patient was not reassessed within 2 hours as required by protocol. g. On 01/23/23 at 3:38 PM, the patient was assessed (1 hour and 33 minutes late) and received a CIWA score of 9 and was appropriately medicated. The patient was not reassessed within 2 hours as required by	L1375		

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NAME OF PROVIDER OR SUPPLIER RAINIER SPRINGS		STREET ADDRESS, CITY, STATE, ZIP CODE 2805 NE 129TH ST VANCOUVER, WA 98686		
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L1375	Continued From page 16 protocol. h. On 01/23/23 at 8:18 PM, the patient was assessed and received a CIWA score of 8 and was given lorazepam 2 mg by mouth which is outside of the provider orders (a score greater than 8 is required for medication to be given). i. On 01/24/23 at 1:30 AM, the patient was assessed and received a CIWA score of 8 and was given lorazepam 2 mg by mouth which is outside of the provider orders (a score greater than 8 is required for medication to be given). j. On 01/24/23, the patient was not assessed at 8:00 AM as required by provider orders (routine CIWA assessments every 6 hours). Eventually, the patient was assessed at 9:52 AM, (1 hours and 52 minutes late) and received a CIWA score of 1. k. On 01/24/23 at 5:59 PM, the patient was assessed (1 hour and 40 minutes late) and received a CIWA score of 10 and was appropriately medicated. l. On 01/24/23 at 9:18 PM, the patient was assessed (1 hour and 16 minutes late) and received a CIWA score of 10 and was appropriately medicated. The patient was not assessed within 2 hours as required by protocol. m. On 01/25/23, the patient was not assessed at 2:00 AM as required by provider orders (routine CIWA assessments every 6 hours). n. On 01/25/23 at 10:11 AM (2 hours and 11 minutes late), the patient was assessed and received a CIWA score of 8 and was given lorazepam 2 mg by mouth which is outside of the	L1375		

State of Washington

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L1375	Continued From page 17 provider orders (a score greater than 8 is required for medication to be given). o. On 01/25/23 at 2:44 PM and at 5:31 PM, the patient was assessed and received a CIWA score of 9 and no medication was given although indicated by provider orders. 4. On 01/26/23 at 5:00 PM, Investigator #3 reviewed the medical record of Patient #308 who was admitted for treatment of alcohol dependence. The review showed: a. Staff failed to perform 4 reassessments after administering medications for elevated CIWA scores . b. On 08/07/23 at 1:34 AM, the patient was assessed and received a CIWA score of 8 and was given lorazepam 2 mg by mouth which was outside of the provider orders (a score greater than 8 is required for medication to be given). c. On 08/07/23 at 4:04 PM, the patient was given lorazepam 2 mg by mouth without a documented CIWA score recorded. 5. On 01/27/23 at 10:00 AM, Investigator #3 reviewed the medical record of Patient #312 who was admitted for treatment of alcohol dependence. The review showed: a. Staff failed to perform 12 reassessments after administering medications for elevated CIWA scores . b. Staff failed to perform 4 required scheduled CIWA assessments. c. Staff performed required scheduled CIWA	L1375		

State of Washington

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L1375	Continued From page 18 assessments late on 2 occasions (ranging from 1 hour and 31 minutes to 3 hours and 8 minutes). d. Staff administered medications on 3 occasions where CIWA scores were 8 or below and did not indicate a need. 6. On 01/30/23 at 9:00 AM, Investigator #3 reviewed the medical record of Patient #313 who was admitted for treatment of alcohol dependence. The review showed: a. Staff failed to perform 17 reassessments after administering medications for elevated CIWA scores. b. Staff failed to perform 1 required scheduled CIWA assessment. c. Staff performed required scheduled CIWA assessments late on 3 occasions. d. Staff did not administer medications on 2 occasions where CIWA scores were greater than 8 (Score of 17 and 9 respectively). e. Staff administered medications on 1 occasion where CIWA scores were 8 or below and did not indicate a need. 7. On 01/30/23 between 9:00 AM and 11:00 AM, Investigator #3 interviewed the Infection Preventionist (Staff #301) (assisted with medical records review) and the House Supervisor (Staff #303) about the required CIWA assessments and reassessments. Staff #301 and #303 acknowledged the findings and stated that there had been a large turnover of nursing staff and that many of the staff were new to the facility.	L1375		

Rainer Springs Behavioral Hospital
 Plan of Correction for
 State Licensing Complaint Investigation
 Complaint # 2022-10002

Updated Plan of Correction received
 03/13/23

Plan of Correction approved
 03/13/2023

Patricia Brown
 3/13/23

Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	Monitoring procedure; Target for Compliance
L390 Item #1 Patient transfer	Action plan: <ul style="list-style-type: none"> All staff will receive education and training regarding the importance and processes of informing family members and/or emergency contact of the patient being transported to another medical facility. Nursing staff will ensure they are documenting all contacts (nurse to nurse, provider, family, etc.) 	DON	3/31/23	QAPI: Education and training of all nursing staff by nursing leadership on the transferring of patients. All staff will be trained by 4/9/23. DON will conduct monthly compliance audits to ensure that documentation notifying family members and/or emergency contacts of patients being transferred to another facility which will be reported to QAPI monthly and the governing board quarterly. 10 medical record audits will be completed monthly for compliance with documentation of informing emergency contacts about patient being transferred to another medical facility in accordance with policy. Compliance with this documentation will be reviewed monthly in quality council and quarterly in

				governing board with a goal of 100% for 4 months.
L1375 Item #1 Patient Identification	<p>Action Plan:</p> <p>All nursing staff will be educated by nursing leadership on:</p> <ol style="list-style-type: none"> 1. Safe medication administration – General Guidelines policy, highlighting patient identification. 2. Standards of care surrounding duplicate drug therapy 3. Clarifying medication orders. 	DON	3/31/23	<p>QAPI: The education and training of all nursing staff by nursing leadership on safe medication administration, therapeutic duplication, and clarifying medication orders will be monitored daily in the flash meeting to ensure all staff are educated. If someone had not received the training by 4/9/2023 they will not be able to work the unit until training has been completed. Compliance with this training will be reviewed daily in flash, monthly in quality council and quarterly in governing board with a goal of 100% of nursing staff trained by 4/9/2023.</p> <p>The New hire orientation will be updated by nursing leadership with the training and will audit for 4 months that all new hire staff receive this training with a goal of 100% of new hire nurses receiving the training. Compliance with this update to new hire orientation will be reviewed monthly in quality council and quarterly in governing</p>

				<p>board with a goal of 100% of nursing staff trained. 20 med pass audits will be completed monthly for compliance with the medication administration-General Guidelines policy, Compliance with this policy will be reviewed monthly in quality council and quarterly in governing board with a goal of 100% of med pass audits using two identifiers and bar code scanning for 4 months. 10 medical record audits will be completed monthly for compliance with the documentation of clarifying any orders which need clarification per policy. Compliance with this documentation will be reviewed monthly in quality council and quarterly in governing board with a goal of 100% for 4 months.</p>
L1375 Item #2 Duplicate Drug Therapy	<p>Action plan: All nursing staff will be educated by nursing leadership on:</p> <ul style="list-style-type: none"> • Safe medication administration (Five Rights) – General Guidelines policy, highlighting patient identification. • Standards of care surrounding duplicate drug therapy 	DON	3/31/23	<p>QAPI: The education and training of all nursing staff by nursing leadership on safe medication administration, therapeutic duplication, and clarifying medication orders will be monitored daily in the flash meeting to ensure all staff</p>

			<p>are educated. If someone had not received the training by 4/9/2023 they will not be able to work the unit until training has been completed. Compliance with this training will be reviewed daily in flash, monthly in quality council and quarterly in governing board with a goal of 100% of nursing staff trained by 4/9/2023.</p> <p>The New hire orientation will be updated by nursing leadership with the training and will audit for 4 months that all new hire staff receive this training with a goal of 100% of new hire nurses receiving the training. Compliance with this update to new hire orientation will be reviewed monthly in quality council and quarterly in governing board with a goal of 100% of nursing staff trained. 20 med pass audits will be completed monthly for compliance with the medication administration-General Guidelines policy, Compliance with this policy will be reviewed monthly in quality council and quarterly in governing board with a goal of 100% of med pass audits using</p>
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				<p>two identifiers and bar code scanning for 4 months. 10 medical record audits will be completed monthly for compliance with the documentation of clarifying any orders which need clarification per policy. Compliance with this documentation will be reviewed monthly in quality council and quarterly in governing board with a goal of 100% for 4 months.</p>
<p>L1375 Item #3 Medication administration outside of provider orders</p>	<p>Action plan:</p> <p>All nursing staff will be educated by nursing leadership on:</p> <ul style="list-style-type: none"> • Safe medication administration (Five Rights) – General Guidelines policy, highlighting patient identification. • Standards of care surrounding duplicate drug therapy • Revise admission order set to provide clarity on administration frequencies, to provide clarity on linked orders, and to reduce opportunity for nurse discretion. 	DON	3/31/23	<p>QAPI: The education and training of all nursing staff by nursing leadership on safe medication administration, therapeutic duplication, and clarifying medication orders will be monitored daily in the flash meeting to ensure all staff are educated. If someone had not received the training by 4/9/2023 they will not be able to work the unit until training has been completed. Compliance with this training will be reviewed daily in flash, monthly in quality council and quarterly in governing board with a goal of 100% of nursing staff trained by 4/9/2023.</p>

				<p>The New hire orientation will be updated by nursing leadership with the training, and we will audit for 4 months that all new hire staff receive this training with a goal of 100% of new hire nurses receiving the training. Compliance with this update to new hire orientation will be reviewed monthly in quality council and quarterly in governing board with a goal of 100% of nursing staff trained. 20 med pass audits will be completed monthly for compliance with the medication administration-General Guidelines policy, Compliance with this policy will be reviewed monthly in quality council and quarterly in governing board with a goal of 100% of med pass audits using two identifiers and bar code scanning for 4 months. 10 medical record audits will be completed monthly for compliance with the documentation of clarifying any orders which need clarification per policy. Compliance with this documentation will be reviewed monthly in quality council and quarterly in</p>
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				governing board with a goal of 100% for 4 months.
L1375 Item #4 CIWA Assessment and Reassessment	<p>Action plan 4:</p> <p>All nursing staff will be educated by nursing leadership on:</p> <ul style="list-style-type: none"> • Safe handling of the patient on CIWA-AR protocol 	DON	4/15/23	<p>QAPI: The education and training of all nursing staff by nursing leadership on CIWA-AR protocol and documentation/monitoring of the protocol will be monitored daily in the flash meeting to ensure all staff are educated. If someone had not received the training by 4/9/2023 they will not be able to work the unit until training has been completed. Compliance with this training will be reviewed daily in flash, monthly in quality council and quarterly in governing board with a goal of 100% of nursing staff trained by 4/9/2023.</p> <p>The New hire orientation will be updated by nursing leadership with the training, and we will audit for 4 months that all new hire staff receive this training with a goal of 100% of new hire nurses receiving the training. Compliance with this update to new hire orientation will be reviewed monthly in quality council and quarterly in governing board with a goal of 100% of nursing staff trained.</p>

				<p>30 CIWA protocols will be audited monthly to ensure compliance with the CIWA protocol policy and appropriate documentation after each "as needed" (PRN) medication intervention. For each instance of noncompliance, individual education will be provided by nursing leadership. Compliance with the CIWA protocol will be reviewed monthly in quality council and quarterly in governing board with a goal of 100% of hard stops working for 4 months.</p> <p>10 medical record audits will be completed monthly for compliance with the documentation per policy. Compliance with this documentation will be reviewed monthly in quality council and quarterly in governing board with a goal of 100% for 4 months.</p>
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STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47874 • Olympia, Washington 98504-7874

July 3, 2023

Ms. Laverne Adams
Director of Quality
Rainer Springs Behavioral Hospital
2805 NE 129th St
Vancouver, WA 98686

Re: Complaint #2022-10002/125091

Dear Ms. Adams,

An Investigator from the Washington State Department of Health conducted a state hospital licensing complaint investigation at Rainer Springs Behavioral Hospital on 01/24/23 to 01/27/23 and 01/30/23. Hospital staff members developed a plan of correction to correct deficiencies cited during this investigation. This plan of correction was approved on March 13, 2023.

Hospital staff members sent a Progress Report dated June 28, 2023, that indicates all deficiencies have been corrected. The Department of Health accepts Rainier Springs Behavioral Hospital's attestation that it will correct all deficiencies cited at WAC 246-322.

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

Sincerely,

Paul Kondrat, RN, MN, MHA
Nurse Investigator