State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	013319	A. BUILDING: _____ B. WING _____	C 02/18/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOUTH SOUND BEHAVIORAL HOSPITAL	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: 02/04/20 & 02/18/20 Case number: 2020-1045 Intake number: 96934 The investigation was conducted by: Surveyor #27347 There was a violation 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 reoccurrence 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: MARCH 5, 2020 4. Sign & Return the Statement of Deficiencies & Plan of Correction via email as directed in the cover letter.	
L 505	322-050.1A PROVIDE PATIENT SERVICES WAC 246-322-050 Staff. The licensee shall: (1) Employ sufficient, qualified staff to: (a) Provide adequate patient services; This Washington Administrative Code is not met as evidenced by: Based on interview and document review, the hospital failed to implement its policy to provide care to prevent the sexual victimization between two patients that were engaging in sexually inappropriate behavior on the patient care unit for 2 of 5 patient records reviewed (Patient #1 &	L 505		

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L 505	Continued From page 1 Patient #2). Failure to provide close supervision puts patients at risk for continued victimization. Findings included: 1. Review of the hospital policy titled, "Precautions Sexual Victimization,"effective 05/19, showed that the nurse was to inform the physician for patients engaging in sexually acting out behavior (touching, kissing) on the patient care unit. The physician would then order line of sight as appropriate to prevent patients from engaging in sexually inappropriate behavior on the patient care unit. The nurse was then to notify the treatment team of any interventions the physician would have ordered for the patient. Review of the hospital policy titled, "Patient Rights," effective 04/19, showed that patients were to receive care in a safe setting. 2. Patient #1 was admitted on 12/14/19 at 8:48 AM, on an involuntary hold for the treatment of a mental health condition. Review of the medical record showed: a) On 12/14/19 at 8:48 AM, the patient's physician ordered every 5 minute safety checks for suicide ideations on admission. b) On 12/14/19 at 11:20 AM, Patient #1 was found under a blanket in Patient #2's bedroom. The patients were kissing and touching each other and were fully clothed. At 1:45 PM on the same day, Patient #1 and Patient #2 were observed holding hands. Patient	L 505		

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L 505	Continued From page 2 #1 invited Patient #2 into her bedroom. It was documented in the nursing notes that Patient #1 was put on line of sight (LOS) and was told to keep a 5 foot distance between her and Patient #2. Review of the every 5 minute patient checks showed the patient remained on every 5 minute checks and was not on LOS. The physician was not notified by the nurse of the concerns about the patient's sexualized behavior. c) On 12/15/19 at 5:00 PM, Patient #1 and Patient #2 were told on three separate occasions to stop kissing and holding hands. Patient #1 and Patient #2 were then seen walking to Patient #2's bathroom and were told to immediately separate. It was documented in the nursing notes that 1:1 was highly recommended for Patient #1. There was no documentation in the medical record that showed that the physician was notified of the patient behavior or the nurse's recommendation to place the patient on 1:1 observation status. d) On 12/16/19 at 5:40 AM, it was documented that Patient #1 was found kissing Patient #2. Patient #1 continued on every 5 minute checks. There was no documentation on the patient's every 5 minute check sheet that she was on LOS precautions. e) The patient observation status was changed from every 5 minutes checks on 12/17/19 at 8:00 AM when Patient #2 was transferred to another patient care unit. f) On 12/18/19 the patient expressed regret for their previously sexualized behavior towards Patient #2. 3. Patient #2 was admitted on 12/11/19 at 2:49 AM, on an involuntary hold for treatment of a	L 505		

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L 505	Continued From page 3 mental health conditon. Review of the medical record showed: a) On 12/11/19 at 2:49 AM, the patient's physician ordered every 5 minute safety checks for suicidal and assault/homicidal ideations b) On 12/14/19 at 11:20 AM, Patient #2 was found under a blanket with Patient #1 in Patient #2's bedroom. The patients were kissing and touching each other and were fully clothed. c) On 12/15/19 at 5:00 PM Patient #2 was found to be touching and kissing Patient #1 on 3 separate occasions. On the same day at 5:30 PM, staff observed Patient #1 and Patient #2 attempting to go into Patient #2's bathroom. Staff redirected the patients. Patient #2 continued on every 5 minute checks. d) On 12/16/19 at 5:40 AM, Patient #2 was found kissing Patient #1 again. e) On 12/17/19, Patient #2 was moved to another patient care unit when a bed became available on another unit. The patient continued on every 5 minute checks throughout their sexualized behavior with Patient #1. There was no documentation that the physician was notified of Patient #2's sexualized behavior with Patient #1. 4. On 02/04/20 at 1:00 PM, the investigator interviewed the Director of Intake/Bed Control (Staff #1). Staff #1 stated that Patient #2 was moved to another unit on 12/17/19 when a bed became available on another unit. Staff #1 stated that anytime patients displayed sexually inappropriate behaviors the nurse should notify the physician so that the most appropriate	L 505		

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L 505	Continued From page 4 precautions for patient care could be implemented. The nurse then needed to notify the treatment team about any interventions the physician may order. 5. On 02/04/20 at 4:00 PM, the investigator interviewed the Chief Executive Officer (Staff #2). Staff #2 verified the above information.	L 505		

Attachment C2

South Sound Behavioral Hospital
Plan of Correction for
State Licensing or Medicare Hospital/Critical Access Hospital Survey
2/18/2020

Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction	Monitoring procedure; Target for Compliance
L 505	I. All nursing staff in-serviced on the policy "Precautions: Sexual Victimization" and increasing awareness of sexually inappropriate conduct in order to maintain safety of at-risk patients. Education included: • MHT and/or nurse to intervene and redirect patients when inappropriate sexual behavior is observed • MHT to report such behaviors to the charge nurse • Charge nurse to implement precautions if not already in place and increase level of observation on involved patient(s) • Charge nurse notifies attending provider of behavior and obtains orders for interventions • Charge nurse updates treatment plan to reflect new precautions and/or updated intervention as implemented • All staff maintain vigilance in observing for potential sexual victimization and follow up on all patient allegations of unwanted sexual attention or misconduct	CNO and Director of PI/Risk Management	3/3/2020	Signed attestation form for each nursing staff employee placed in HR employee file
L 505	II. Education outlined above added to New Employee Orientation and to Annual Competencies for all nursing staff	Director of HR and Director of PI/Risk Management	3/2/2020 and ongoing	Signed attestation form for each nursing staff employee placed in HR

Attachment C2

				employee file
L 505	III. Nursing notes and rounding sheets accurately reflect all patients with SAO and/or Sexual Victimization precautions and related levels of observation	CNO	3/31/2020	Nursing nightly chart audits
L505	IV. Medical staff educated at Medical Staff/Directors meeting on the matter of ordering appropriate precautions and interventions upon admission and throughout hospitalization on patients identified as at risk for sexual victimization and sexually acting out in order to maintain patient safety	Medical Director and Director of PI/Risk Management	3/2/2020	Minutes and attendance record of meeting

Signature

CEO
Title

3/4/2020
Date

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

05/18/20

Toni N. Long, LMHC
Chief Executive Officer
South Sound Behavioral Health
605 Woodland Square Loop SE
Lacey, WA 98503

RE: 96934/2020-1045

Dear Ms. Long:

An investigator from the Washington State Department of Health conducted a complaint investigation at South Sound Behavioral Health. Hospital staff members developed a plan of correction to correct deficiencies cited following this investigation. This plan of correction was approved on 03/06/20.

The 90-day Progress Report has been reviewed and accepted on 05/18/20.

The Department of Health accepts South Sound Behavioral Health attestation that it will correct all deficiencies cited at Chapter 246-320 WAC. I sincerely appreciate your cooperation and hard work during the investigation process. The investigation has been submitted for closure.

Sincerely,

Deborah Barrette

Deborah Barrette, RN
Deborah.barrette@doh.wa.gov
Department of Health
Health Systems Quality Assurance
PO Box 47874
Olympia, WA 98504