

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>504003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/10/2017</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WESTERN STATE HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9601 STEILACOOM BLVD SW TACOMA, WA 98498</b>
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A 000	<p>INITIAL COMMENTS</p> <p>FEDERAL COMPLAINT INVESTIGATION</p> <p>The Washington State Department of Health (DOH) in accordance with Washington Administrative Code (WAC), Chapter 246-320 WAC Hospital Licensing Regulations, conducted this health and safety complaint investigation.</p> <p>Onsite dates: 5/8/2017 to 5/10/2017 Examination date number: N/A Intake number: 72676</p> <p>The investigation was conducted by: Diane Sanders, RN, MN, NEA-BC and Deborah Barrette, RN, BSN</p>	A 000		
A 806	<p>482.43(b)(1), (3), (4) DISCHARGE PLANNING NEEDS ASSESSMENT</p> <p>(1) The hospital must provide a discharge planning evaluation to the patients identified in paragraph (a) of this section, and to other patients upon the patient's request, the request of a person acting on the patient's behalf, or the request of the physician.</p> <p>(3) - The discharge planning evaluation must include an evaluation of the likelihood of a patient needing post-hospital services and of the availability of the services.</p> <p>(4) - The discharge planning evaluation must include an evaluation of the likelihood of a patient's capacity for self-care or of the possibility of the patient being cared for in the environment from which he or she entered the hospital.</p>	A 806	<p><u>Plan of Correction for each specific deficiency cited</u></p> <p>(A 806)The hospital failed to have a written discharge planning policy that included key members of the discharge team, key members of the discharge planning process and/or putting patients on the discharge list without adequate assessment. To ensure the hospital provides a discharge planning evaluation that includes key stake holders, need for post-hospital services, availability of services, and capability for self-care the following corrections will be made:</p> <ul style="list-style-type: none"> <li>The hospital will include key stake holders in the discharge planning process.</li> <li>All steps of the discharge planning evaluation are completed to ensure a safe and clinically appropriate discharge for both certified and decertified patients.</li> <li>All patients will be assessed prior to being placed on the discharge list.</li> </ul> <p><u>Procedure/process for implementing the plan of correction</u></p> <ul style="list-style-type: none"> <li>Policy 2.07 "Civil Discharge Planning" will be updated to include key members of the discharge team in the discharge planning process, criteria for placement on discharge list, patient discharge</li> </ul>	

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			<p>assessment and specific steps ensuring adequate discharge planning for all patients including decertified patients.</p> <ul style="list-style-type: none"> <li>• A Discharge Planning Evaluation form will be developed and will be utilized to ensure discharge needs are being addressed in discharge planning through the involvement of social work, nursing and physicians.</li> <li>• Training will be developed via educational memorandum for treatment teams including Nursing, Social Work and Physicians regarding revised policy 2.07 "Civil Discharge Planning" procedure.</li> <li>• All Social Work staff will be trained in the use of the Discharge Planning Evaluation form.</li> </ul> <p><b><u>Monitoring and tracking procedures to ensure the plan of correction is effective</u></b></p> <ul style="list-style-type: none"> <li>• The Social Work Director or designee will audit 100% of E6 and 10% of civil discharges monthly. The audit will include: <ol style="list-style-type: none"> <li>1. Patients' Discharge Planning Evaluation Form is completed and congruent with the patient's discharge.</li> <li>2. Audit for the presence of discharge planning needs that address post-hospital services, availability of services, capability for self-care, and the inclusion of key members of the discharge team and discharge planning process.</li> </ol> </li> <li>• The Social Work Director or designee will review the active discharge list monthly to ensure decertified patients have been placed on the discharge list as per Policy 2.07.</li> </ul> <p><b><u>Process improvement: actions incorporated into its Quality Assessment and Performance Improvement (QAPI) program</u></b></p> <ul style="list-style-type: none"> <li>• The Social Work Director will include discharge planning evaluation audit results, data and actions taken in the report to Patient Care Quality Council and the Governing Body on a quarterly basis until 95% compliance is achieved for two consecutive quarters.</li> </ul> <p><b><u>Individual responsible</u></b></p> <ul style="list-style-type: none"> <li>• Director of Social Work</li> </ul> <p><b><u>Date Completed</u></b></p> <ul style="list-style-type: none"> <li>• August 31, 2017</li> </ul>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Chief Executive Officer

(X) DATE 7/11/17

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

*This plan has been submitted to CMS, and may be altered in the future.  
 CMS may accept the plan as written, or it may require changes or adjustments to the plan, or other actions it deems necessary.*

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A 806	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on interview, record review and review of facility policies and procedures the facility failed to have a written discharge planning policy that included key members of the discharge team. The facility also did not have a policy or procedure for a new process that was started in April 2017 where all decertified patients were put on a "Discharge List" whether they had a completed assessment or not.</p> <p>Failure to include key staff members (physicians, nurses) in the discharge planning process and/or putting patients on the "Discharge List" without an adequate assessment puts patients at risk for an inadequate discharge which may include readmission and/or adverse health consequences to the patient.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. The facility discharge planning policy entitled "Civil Discharge Planning", revised 6/13/2013 read in part under "II. Typical Discharges: A. Typical discharges occur when a patient has attained the goals outlined in their treatment plan. B. Treatment teams will seek input and provide opportunity for direct involvement from the patient, family, significant other, case managers and community liaisons when formulating the discharge plan".</li> <li>2. Three patients receiving Medicare funds records were reviewed. Of the three records reviewed only one (Record #1) record had a discharge plan in place to address a discharge plan which was to take place on 5/12/2017.</li> </ol> <p>Record #2 revealed a patient still on 1:1</p>	A 806		

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A 806	<p>Continued From page 2</p> <p>monitoring with staff to prevent the patient from causing self harm. No assessment was in the chart about the patient's readiness for discharge or what options had been identified for placement at discharge.</p> <p>Record #3 revealed a patient with episodes of agitation and that was non-verbal. The patient required total care with all daily care needs toileting, eating, and bathing. The patient was on the discharge list and there was no current assessment/plan in place regarding options for the patient at discharge.</p> <p>3. On 5/9/2017 at 8:00 AM a physician (Staff G) was interviewed. Staff G stated a new procedure had been implemented from upper management/social work in the beginning of April 2017 to put all decertified patients on a discharge list whether they were ready for discharge or not. The physicians were not consulted about whether a patient was stable for discharge or what the patient's needs may be upon discharge.</p> <p>4. On 5/9/2017 at 3:20 PM a social worker (Staff K) was interviewed. Staff K stated the process to put all decertified patients on a discharge list was started in April 2017 whether the patient was ready to be discharged or not. The feeling was if patients were put on list it could be sent out to community partners to see if they might have a place for the patient to live out in the community. Staff K further stated the social workers handled this process and physicians and nurses were not included in the discharge planning process unless a placement had been found for the patient.</p> <p>5. On 5/9/2017 at 4:20 PM a licensed nurse (Staff</p>	A 806			

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A 806	<p>Continued From page 3</p> <p>H) stated social work started a discharge process to put all decertified patients on a discharge list in April 2017. Nursing staff and physicians were not being included in the discharge process. The social workers would notify community partners to come assess patients on the discharge list to see if the community partner had a possible placement for the patient.</p> <p>6. On 5/10/2017 at 10:00 AM the Medical Director (Staff I) was interviewed. Staff I stated putting all decertified patients on the discharge list was a new process. No policy had been written about this, but the feeling was if patients were put on a list community partners could come and assess a patient to see if they may be able to care for the patient in the community.</p> <p>7. On 5/10/2017 at 11:00 AM a licensed nurse (Staff J) was interviewed. Staff J stated the nurses were not given access to the discharge list by the social workers. The nurse further stated nurses and physicians were not included in discharge planning needs for patients it was handled by the social work department.</p> <p>8. On 5/10/2017 at 12:15 PM a physician (Staff L) was interviewed. Staff L stated they were not included in the discharge process until 1-2 days before a patient was to be discharged by the social worker. The physician stated it was concerning not to be included in the discharge process until right before discharge. The physician felt the nursing and physician staff needed to be more involved in the discharge process and important relevant patient information may not be included in the discharge process if they were not included.</p>	A 806			

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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A 806	Continued From page 4 9. On 5/10/2017 at 1:30 PM the above findings were reviewed with the Deputy Director of Hospital Operations (Staff E). Staff E indicated licensed nurses and physicians needed to be included more in the discharge planning process and not just right before discharge.	A 806			