

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>
NAME OF PROVIDER OR SUPPLIER  <b>WESTERN STATE HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9601 STEILACOOM BLVD SW</b> <b>TACOMA, WA 98498</b>		
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A 000	INITIAL COMMENTS  FEDERAL COMPLAINT INVESTIGATION  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.  Onsite dates: 5/8/2017 to 5/10/2017 Examination date number: N/A Intake number: 72676  The investigation was conducted by: Diane Sanders, RN, MN, NEA-BC and Deborah Barrette, RN, BSN	A 000			
A 806	This is a CONDITION LEVEL DEFICIENCY 482.43(b)(1), (3), (4) DISCHARGE PLANNING NEEDS ASSESSMENT  (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.  (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.  (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.	A 806			

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

TITLE

(X6) DATE

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.

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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 asesement 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 liasons 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 tolieting,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 patients 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 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			

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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		