

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

PRINTED: 03/08/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>504009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/06/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NAVOS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2600 SOUTHWEST HOLDEN SEATTLE, WA 98126</b>
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A 000	<p><b>INITIAL COMMENTS</b></p> <p><b>MEDICARE COMPLAINT INVESTIGATION</b></p> <p>The Washington State Department of Health (DOH) in accordance with Medicare Conditions of Participation set forth in 42 CFR Part 482, conducted this complaint investigation.</p> <p>Onsite dates: 02/06/18 Intake number: 78553</p> <p>The Investigation was conducted by: Tyler Henning, ScM, MHS, PHA Cathy Strauss, BSN, RN</p> <p>DOH Staff found the facility <b>NOT IN COMPLIANCE</b> with the following Conditions of Participation:</p> <p>42 CFR 482.11 Compliance with Federal, State, and Local Laws</p> <p>42 CFR 482.12 Governing Body</p>	A 000		
A 020	<p><b>COMPLIANCE WITH LAWS</b> CFR(s): 482.11</p> <p>Compliance with Federal, State and Local Laws</p> <p>This <b>CONDITION</b> is not met as evidenced by:</p> <p>Based on observation, interview, and document review, the hospital failed to ensure independent compliance with federal regulations/conditions of participation by sharing hospital space, staff and services with another licensed facility.</p>	A 020		

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 020	Continued From page 1 Failure by the hospital to provide independent oversight can lead to dependence on another licensed entity for compliance with federal regulations and put patients at risk to receive poor quality care.  Findings included:  The hospital failed to meet applicable federal, state and local requirements by:  Sharing numerous support services.  Sharing of hospital staff.  Sharing of clinical care areas of the hospital.  Cross Reference Tag A 043	A 020			
A 043	GOVERNING BODY CFR(s): 482.12  There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body ...  This CONDITION is not met as evidenced by:  Based on observation, interview, and document review, the hospital failed to ensure independent compliance with federal regulations/conditions of participation by sharing hospital space, staff and services with another licensed entity.	A 043			

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A 043	<p>Continued From page 2</p> <p>Failure by the hospital to demonstrate individuality with space, staff, and services can lead to dependence on another licensed entity for compliance with federal regulations.</p> <p>Findings included:</p> <p>ITEM #1 - Shared Services</p> <p>1. Review of the Governing Body documents and meeting minutes showed the following:</p> <p>a. Review of the document titled, "Navos Second Amended and Restated Bylaws", showed that Navos is referred to as a single "corporation" which encompasses multiple different entities that is managed by a board of directors. The bylaws did not expressly mention the hospital or other facility types that are overseen by the governing body.</p> <p>b. Review of the Governing Body meeting minutes for 2017 showed that Navos is largely operated as a single entity. The only direct reference to the hospital was found in the minutes dated 01/09/17. These minutes indicate that the "E &amp; T" beds (evaluation and treatment, which is part of the residential treatment facility (RTF)) are located within the hospital, suggesting that these beds and the hospital beds are treated as part of the same facility.</p> <p>2. Review of hospital policies showed that the policies did not distinguish if they applied to the hospital, other entities, or the organization as a whole. The director of inpatient nursing (Staff #201) was listed as the owner of the policies dealing with direct patient care.</p>	A 043			

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A 043	<p>Continued From page 3</p> <p>3. Review of the Infection Control Program showed the following:</p> <p>a. Review of the 2016-2017 infection control plan showed that the infection control committee was made up of "residential and hospital" nurses. Further review of the infection control plan indicates that areas with hospital and residential beds are treated as a single entity for surveillance, prevention and control, separately from outpatient settings.</p> <p>b. Review of the infection control program evaluation for 2015-2016 and goals for 2016-2017 did not show any distinct review of the hospital patients or services. Data in the evaluation were separated by floor rather than facility type, indicating that surveillance of the hospital and RTF services is combined.</p> <p>c. Review of the infection control program meeting minutes from 2017 showed that meetings were organization wide. Inpatient issues are not delineated by hospital patients or services, but rather as inpatient services.</p> <p>4. Review of the Quality Assurance and Performance Improvement Program showed the following:</p> <p>a. Review of the "Quality Improvement Program" showed that the quality program is divided into three distinct groups: outpatient programs; children's programs; inpatient programs. The inpatient program quality structure involves membership from various departments of the hospital, all of which are indicated as</p>	A 043		
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A 043	<p>Continued From page 4</p> <p>encompassing all inpatient services (hospital and RTF). The inpatient clinical program reports quality information to the overall quality improvement committee. The quality plan does not specifically address the hospital as a single entity.</p> <p>b. At the time of this investigation, the hospital lacked a Quality Director. On 02/06/18 at 9:00 AM, Surveyor #2 interviewed the Hospital Administrator (Staff #201) regarding the hospitals services. The administrator stated that all functions of the hospital are incorporated with the RTF, and overseen by the organization as a single, inpatient entity.</p> <p>5. Review of services provided under contract showed the following:</p> <p>a. On 02/06/18 at 1:30 PM, Surveyor #2 interviewed the hospital administrator (Staff #201) regarding various names of the facility on contracts. The administrator stated that Navos Mental Health Solutions was the technical company name and any other naming conventions are placeholders for this name.</p> <p>b. Review of the document "Service Agreement between Navos Mental Health Solutions and Farestart", signed 12/18/17, showed that Farestart provides 100 lunches and dinners to Navos Mental Health Solutions.</p> <p>c. On 12/06/17 at 12:00 PM, Surveyor #2 observed a food service at the facility. The hospital and RTF patients were served at the same time, by the same staff, and in the same dining area.</p>	A 043		

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A 043	Continued From page 5  d. Review of the document, "Janitorial Service Agreement," between ABM Onsite Services and Navos Mental Health Solutions, showed that janitorial services would be provided at the hospital location. The document does not specify specifically that it applies to the hospital, but rather the entire building.  e. On 12/07/17 at 8:50 AM, Surveyor #2 observed a housekeeper (Staff #203) perform room cleanings. Rooms for both the hospital and RTF patients were cleaned by the same staff during the same shifts  f. Review of the document titled, "Memorandum of Agreement between Qualis Health and Navos Inpatient Services," showed that Qualis Health served as the utilization and quality control review organization (QIO) for hospital patients and providers at Navos. The agreement specifically addresses the medicare provider number for the hospital portion of Navos Inpatient Services.  g. On 02/06/18 at 2:00 PM, Surveyor #2 asked the hospital administrator (Staff #201) if utilization review and quality data for only hospital patients or for both hospital and RTF patients was sent to the QIC. The administrator thought that data from both facility types was sent to the QIC, but would need to confirm with the former quality director (Staff #202). The former quality director confirmed via phone call that the data from the hospital and RTF was sent to the QIC.  h. Additional external contracts for external staffing (Emerald City Medical Staffing),	A 043			

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A 043	<p>Continued From page 6</p> <p>laboratory services (LabCorp), and dietician services were reviewed. All of the contracts were signed to provide services for Navos Inpatient Services or Navos Mental Health Solutions, which includes both the hospital and the RTF.</p> <p>6. Review of hospital policy titled "Provision of Nursing Care, Treatment, and Services" Policy #3023513 Approved 04/16; regarding the structure of the staffing states; "There are two patient care units, each with 35 beds. Both units have licensed and designated Evaluation and Treatment beds and licensed and designated Hospital beds. Services are identical on both units. Nursing care, as part of the hospital's acute inpatient psychiatric services, is available to all patients 24 hours a day, 7 days a week ..."</p> <p>a. 12/6/17 at 10:30 AM, Surveyor #8 reviewed the staffing plan with the Charge Nurse Staff #801. The Charge Nurse stated that the staff are trained the same and can work with all the patients.</p> <p>b. Interview with Med Nurse, Staff #806, confirmed that the staff work with hospital and RTF patients and treat them the same.</p> <p>c. Chief Nursing Officer, Staff #802 confirmed the above findings.</p> <p>7. Hospital policy titled "Pre-Admission Screening and Patient Placement," Policy #3023511, Reviewed 10/16 states, "If a patient is admitted to an "E" [Residential Treatment Facility] (RTF) bed is found during admission process to have Medicare or a private insurance, ... the patient will be transferred to an "H" [Hospital] bed. ...If a</p>	A 043			

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A 043	<p>Continued From page 7</p> <p>patient admitted to an "E" (RTF) bed is found to have Medicare or Private Insurance. ... after the admission process has started ...the patient will be transferred to an "H" bed (Hospital) bed when one is available. Policy titled "Patient Access-Inpatient Bed placement" Approved 11/1/17 stated "If funding is unknown, the patient will be placed into an E bed while funding is investigated ...once coverage is identified, a bed transfer would be submitted if a patient is in an incorrect bed according to their funding source."</p> <p>a. On 2/6/18 at 11:15 AM, Surveyor #8 interviewed the Charge Nurse, Staff #801, about the process of patient transfers from the Hospital (H) service to the RTF (E) service. The Charge Nurse explained that each day he receives a notice of the patients that need to be transferred. The Charge Nurse Staff #801, shared the notice with this Surveyor. The document titled "UR Patient Admit / Discharge Request" dated 10/14/17 identified Patient #801 with instruction to discharge from H bed status and Admit to E bed status. the "Funding Source" was noted as "Medicare" and under comments was "Decertified from Medicare" and "Must Move ASAP"</p> <p>b. On 02/06/18 at 10:00 AM, Surveyor #8 reviewed the transfer process with the Director of Revenue Cycle (Staff #805). The Director related that hospital and RTF transfers are driven solely by the patient's funding source.</p> <p>8. On 02/06/18 at 9:30 AM, Surveyor #8 reviewed the bed transfer for Patient #801.</p> <p>a. The discharged medical record showed an</p>	A 043			



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A 043	<p>Continued From page 8</p> <p>order (dated 11/21/17) for the Hospital bed transfer to a "RTF" bed. Further assessment of the record revealed the following:</p> <p>i. No documentation in the medical record to indicate need or purpose to move the patient from a Hospital bed to Residential Treatment bed.</p> <p>ii. There were no discharge notes or discharge instructions indicating that the patient had been discharged from one facility and admitted to the other facility.</p> <p>iii. There was no physician discharge summary for the patient's hospital stay.</p> <p>iv. There was no physician admit note or history and physical, and there was no nursing admission assessment for the RTF admission/transfer.</p> <p>v. There was no informed consent obtained for treatment in the RTF facility.</p> <p>vi. There was no evidence the patient was informed of their rights upon admission to the RTF program.</p> <p>b. At the time of review, Charge Nurse (Staff #801) confirmed the findings and that no new consents are signed for care and treatment in the transferred facility.</p> <p>9. Review of the medical record for Patients #802, #803, #804, and #806 revealed the following:</p>	A 043			

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A 043	<p>Continued From page 9</p> <p>a. No evidence or supporting documentation indicating the need to discharge from hospital bed status (Patients #802 and #806) and admit to RTF patient status. No evidence or supporting documentation indicating the need to discharge from the RTF and admit to hospital bed status (Patients #803 and #804).</p> <p>b. There was no consent for treatment signed on admit to RTF facility for Patients #802 and #806. There was no consent signed on admit to the hospital services for Patients #803 and #804.</p> <p>c. The medication administration record was not separate from the other licensed facility.</p> <p>d. At the time of interview, the Nurse Manager (Staff #801) confirmed these findings and that no new consents are signed for care and treatment in the transferred facility.</p> <p>10. Review of the medical record for Patients #801, #802, #803, #804, and #806 revealed the following:</p> <p>a. Three of the 5 charts were Hospital Patients that transferred to the RTF facility. There were no discharge summaries present in the chart following the hospital discharge.</p> <p>b. The Nurse Manager (Staff #801) confirmed discharge summaries are done after the hospital patient has been discharged from the RTF facility.</p> <p>11. The facility's "Patient Rights and Responsibilities" dated 04/28/16 stated the patient may make informed decisions regarding</p>	A 043		
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A 043	<p>Continued From page 10</p> <p>their care ... request or refuse care, have a right to a psychosocial and medical evaluation within 24 hours of admission to determine whether continued detention in the facility is necessary, have all information compiled, obtained or maintained in the course of receiving treatment kept confidential ..."</p> <p>12. On 02/06/18 at 10:30 AM, Surveyor #8 reviewed the transfer process for Patient #801 in the medical record with the RN Nurse Manager Staff #801. The Manager shared that the managers receive notification of insurance/funding changes and they begin the process of transferring a patient from a hospital bed to an RTF bed, or from an RTF to a hospital bed. They start with getting a doctor's order and then seeing if there is an open bed, make the changes in the electronic medical record and then move the patient. RN #801 confirmed that there is no conversation to inform the patient, there is no "discharge" paperwork for the patient and or their family. RN #801 reported that the patient is only aware of room change.</p> <p>13. Review of the medical records for patients #802, #803, #804, and #806, did not show evidence that the document titled "An Important Message From Medicare About Your Right" was present for both admission and/or discharge.</p> <p>ITEM #2 - Shared Staff</p> <p>1. On 02/06/18 at 9:00 AM, Surveyor #2 interviewed the Hospital Administrator (Staff #201) regarding the organization of the hospital. The administrator stated that both facility types</p>	A 043			

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A 043	<p>Continued From page 11</p> <p>(The hospital and RTF) operate under a single "umbrella", with all functions and staffing carried out by Navos as a single entity. This includes facilities and administrative staff.</p> <p>2. Review of the Medical Staff showed the following:</p> <p>a. Review of the document titled, "Organized Medical Staff Bylaws," revised 05/12, showed that the organized medical staff were appointed to the inpatient or outpatient services departments of Navos.</p> <p>b. Review of the document titled, "Navos Organized Medical Staff Privileging Application," showed that providers were privileged for the inpatient or outpatient setting. Neither the minimal criteria nor the core privileges distinguish between the hospital and RTF inpatient settings, but treat both facilities as a single entity.</p> <p>c. On 02/06/18 at 1:30 PM, surveyor #2 interviewed the Hospital Administrator (Staff #201) regarding credentialing of medical staff at the hospital. The administrator stated that medical staff are credentialed as either inpatient or outpatient staff, rather than credentialed for the hospital or RTF.</p> <p>3. Review of the pharmaceutical services organizational chart showed that Navos operates a single pharmaceutical services staff that reports to the Clinical Chief Officer (Staff #205).</p> <p>4. Review of various job descriptions showed the following:</p>	A 043			

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>504009</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>02/06/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>NAVOS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2600 SOUTHWEST HOLDEN SEATTLE, WA 98126</b>		
(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) COMPLETION DATE	
A 043	<p>Continued From page 12</p> <p>a. Review of the position description for the hospital administrator showed that the administrator was responsible for the operation of Inpatient Services, which includes both the hospital and RTF facilities.</p> <p>b. Review of the position description for the inpatient quality manager showed that the manager oversaw the quality program for all inpatient services. Per the position description this program encompasses regulations that apply to both the hospital and RTF licensures.</p> <p>c. Review of the position description for the director of care management and court services showed that the director reports to the inpatient hospital administrator, which would oversee both the hospital and RTF.</p> <p>d. Review of the position description for the director of pharmacy showed that the director reports to the chief of inpatient services, who would oversee both the hospital and the RTF.</p> <p>5. On 12/06/17 Surveyor #8 observed the 8:00 AM medication pass on the 3rd floor. Interview with the Medication Nurse (Staff #806) showed that she does not know which patient is a Hospital patient and which patient is an RTF patient, and they are treated the same.</p> <p>6. Review of hospital policy titled "Provision of Nursing Care, Treatment, and Services" Policy #3023513 Approved 04/16; regarding the structure of the staffing, states, "There are two patient care units, each with 35 beds. Both units have licensed and designated Evaluation and Treatment beds [RTF beds] and licensed and</p>	A 043			

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NAME OF PROVIDER OR SUPPLIER  <b>NAVOS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2600 SOUTHWEST HOLDEN SEATTLE, WA 98126</b>		
(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) COMPLETION DATE	
A 043	<p>Continued From page 13 designated Hospital beds. Services are identical on both units."</p> <p>7. On 02/06/18 at 9:30 AM, Surveyor #8 interviewed the Nurse Manager (Staff #801) regarding nurse staffing for the hospital patients. The Nurse Manager stated that they have one staff oriented to work with all the patients. Staff are not oriented to a hospital program and a separate RTF program; it is one in the same.</p> <p>ITEM #3 - Shared Space</p> <p>1. Review of the following documents showed how the hospital and residential treatment facility (RTF) began to share facility space:</p> <p>a. In a letter sent to the Washington State Department of Health (DOH), dated 04/21/06, Navos requested to integrate beds from their hospital license and RTF license onto the same floor. Prior to the request, both facility types were housed on separate floors with separate staff.</p> <p>b. Centers for Medicare and Medicaid Services (CMS) approved the proposal on 04/12/06. The Washington State Department of Health (DOH) approved the proposal on 05/01/07.</p> <p>c. In a subsequent letter, dated 04/23/07, Navos requested an additional reorganization of the hospital and RTF beds. Under the new proposal, hospital and RTF rooms would be interspersed throughout each floor.</p> <p>d. No approval letter was on file from CMS or DOH.</p>	A 043			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER  NAVOS			STREET ADDRESS, CITY, STATE, ZIP CODE 2600 SOUTHWEST HOLDEN SEATTLE, WA 98126		
(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) COMPLETION DATE	
A 043	<p>Continued From page 14</p> <p>e. In a final letter, dated 12/29/10, Navos stated it was increasing the number of hospital beds to the maximum allowed under the state license and rearranging hospital and RTF rooms again.</p> <p>f. No approval letter was on file from CMS or DOH.</p> <p>2. Review of the floor plans for the "Inpatient Hospital Building" showed that both the Navos hospital and RTF shared much of the same space on the second and third floors of the buildings. Shared space included food service and dining areas, pharmaceutical services and medicine administration areas, patient exam and treatments rooms, bathing facilities, and recreational areas. Patient rooms were also interspersed throughout each floor and not divided into units. The rooms were not laid out per the requests outlined above.</p> <p>3. On 12/06/17 from 10:00 AM to 1:00 PM, Surveyor #2 toured the second and third floors of the hospital and confirmed that the hospital and RTF licenses shared the same spaces for bathing, food service, recreation, patient care, and pharmaceutical services and had rooms interspersed throughout both floors.</p> <p>4. On 02/06/18 at 9:00 AM, Surveyor #2 interviewed the hospital administrator (Staff #201) regarding the floor plan requests sent to DOH. The administrator stated that the facility was unable to locate documentation approving the changes to the floor plans from CMS or DOH.</p>	A 043			

Navos  
 Plan of Correction for  
 State/CMS Licensing Survey  
 12/6/17-12/7/17 & 2/6/17  
 Revised 7/2/18

Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction
A020	<p><b>Finding</b>            COMPLIANCE WITH LAWS            CFR(s): 482.11            Compliance with Federal, State and Local Laws            This CONDITION is not met as evidenced by:            A 020</p> <p>Based on observation, interview, and document review, the hospital failed to ensure independent compliance with federal regulations/conditions of participation by sharing hospital space, staff and services with another licensed facility. Failure by the hospital to provide independent oversight can lead to dependence on another licensed entity for compliance with federal regulations and put patients at risk to receive poor quality care.            Findings included:            The hospital failed to meet applicable federal, state and local requirements by:            Sharing numerous support services.            Sharing of hospital staff.            Sharing of clinical care areas of the hospital.            Cross Reference Tag A 043</p> <p><b>Corrective Action:</b>            All changes in programing and patient care in the hospital will be planned and researched to ensure compliance with all regulatory agencies. To ensure compliance no change will be implemented until the planning process is completed and approved by the Quality Manager and Hospital Administration. All information and communication received or sent during the process will be filed and stored in the Quality department.</p>	Terry McInerney Hospital Administrator	9/1/18
A043	<p><b>GOVERNING BODY</b>            CFR(s): 482.12</p> <p>There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body ...            This CONDITION is not met as evidenced by:            A 043</p> <p>Based on observation, interview, and document review, the hospital failed to ensure independent</p>		

Final Revised POE Received: 7/2/18 Approved by CMS on 7/19/18

*[Handwritten signature]* 12/1/18



compliance with federal regulations/conditions of participation by sharing hospital space, staff and services with another licensed entity. Failure by the hospital to demonstrate individuality with space, staff, and services can lead to dependence on another licensed entity for compliance with federal regulations.

Findings included:

**ITEM #1 - Shared Services**

**Finding 1**

1. Review of the Governing Body documents and meeting minutes showed the following:

a. Review of the document titled, "Navos Second Amended and Restated Bylaws", showed that Navos is referred to as a single "corporation" which encompasses multiple different entities that is managed by a board of directors. The bylaws did not expressly mention the hospital or other facility types that are overseen by the Governing body.

b. Review of the Governing Body meeting minutes for 2017 showed that Navos is largely operated as a single entity. The only direct reference to the hospital was found in the minutes dated 01/09/17. These minutes indicate that the "E & T" beds (evaluation and treatment, which is part of the residential treatment facility (RTF) are located within the hospital, suggesting that these beds and the hospital beds are treated as part of the same facility.

**Corrective Action 1:**

1 (a) (b) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Expected completion by 9/1/18. All future references to the inpatient setting will be specific to hospital only.

**Finding 2**

2. Review of hospital policies showed that the policies did not distinguish if they applied to the hospital, other entities, or the organization as a whole. The director of inpatient nursing (Staff#201) was listed as the owner of the policies dealing with direct patient care.

**Corrective Action 2:**

A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, the existing RTF patients will be discharged and immediately readmitted to the hospital. Expected completion by 9/1/18 Once the use of the beds is approved all policies will be updated by 9/15/18 to specifically address the hospital program. All new policies written that effect the hospital will be specific to the hospital only.

Terry McInerney,  
Hospital Administrator

9/1/18

Terry McInerney  
Hospital Administrator

9/15/18

<p><b>Finding 3</b></p> <p>3. Review of the Infection Control Program showed the following:</p> <p>a. Review of the 2016-2017 infection control plan showed that the infection control committee was made up of "residential and hospital" nurses. Further review of the infection control plan indicates that areas with hospital and residential beds are treated as a single entity for surveillance, prevention and control, separately from outpatient settings.</p> <p>b. Review of the infection control program evaluation for 2015-2016 and goals for 2016-2017 did not show any distinct review of the hospital patients or services. Data in the evaluation were separated by floor rather than facility type, indicating that surveillance of the hospital and RTF services is combined.</p> <p>c. Review of the infection control program meeting minutes from 2017 showed that meetings were organization wide. Inpatient issues are not delineated by hospital patients or services, but rather as inpatient services.</p> <p><b>Corrective Action 3:</b></p> <p>3(a)(b) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, the existing RTF patients will be discharged and immediately readmitted to the hospital. Expected completion by 9/1/18. Once beds are approved and licensed the 2018-2019 infection control plan and surveillance will specifically address the hospital separately from other Navos programs expected completion by 9/1/18.</p> <p>3(c) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, the hospital will be discussed as a single entity from the outpatient residential this will be reflected in the meeting minutes along with names of hospital representation. Expected completion 9/1/18.</p>	<p>Terry McNerney Hospital Administrator</p>	<p>9/1/18</p>
<p><b>Finding 4</b></p> <p>4. Review of the Quality Assurance and Performance Improvement Program showed the following:</p> <p>a. Review of the "Quality Improvement Program" showed that the quality program is divided into three distinct groups: outpatient programs; children's programs; inpatient programs. The inpatient program quality structure involves membership from various departments of the hospital, all of which are indicated as encompassing all inpatient services (hospital and RTF). The inpatient</p>	<p>Terry McNerney Hospital Administrator</p>	<p>9/1/18</p>

clinical program reports quality information to the overall quality improvement committee. The quality plan does not specifically address the hospital as a single entity.

b. At the time of this investigation, the hospital lacked a Quality Director. On 02/06/18 at 9:00AM, Surveyor #2 interviewed the Hospital Administrator (Staff #201) regarding the hospitals services. The administrator stated that all functions of the hospital are incorporated with the RTF, and overseen by the organization as a single, inpatient entity.

**Corrective Action 4:**

4(a)(b). A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once beds are approved the hospital will be discussed as a single entity consisting of 70 licensed psychiatric hospital beds. Expected completion 9/1/18. The hospital Quality manager position has been filled and will be responsible for reporting specifically on the hospital effective 9/1/18.

**Finding 5**

5. Review of services provided under contract showed the following:

a. On 02/06/18 at 1:30 PM, Surveyor #2 interviewed the hospital administrator (Staff #201) regarding various names of the facility on contracts. The administrator stated that Navos Mental Health Solutions was the technical company name and any other naming conventions are placeholders for this name.

b. Review of the document "Service Agreement between Navos Mental Health Solutions and Farestart", signed 12/18/17, showed that Farestart provides 100 lunches and dinners to Navos Mental Health Solutions.

c. On 12/06/17 at 12:00 PM, Surveyor #2 observed a food service at the facility. The hospital and RTF patients were served at the same time, by the same staff, and in the same dining area.

d. Review of the document, "Janitorial Service Agreement," between ABM Onsite Services and Navos Mental Health Solutions, showed that janitorial services would be provided at the hospital location. The document does not specify specifically that it applies to the hospital, but rather the entire building.

e. On 12/07/17 at 8:50 AM, Surveyor #2 observed a housekeeper (Staff #203) performs room cleanings. Rooms for both the hospital and RTF patients were cleaned by the same staff during the same shifts

f. Review of the document titled, "Memorandum of Agreement between Qualis Health and Navos Inpatient Services," showed that Qualis Health served as the utilization and quality control review

Terry McInerney  
Hospital Administrator

9/15/18

organization (QIO) for hospital patients and providers at Navos. The agreement specifically addresses the medicare provider number for the hospital portion of Navos Inpatient Services.

g. On 02/06/18 at 2:00 PM, Surveyor #2 asked the hospital administrator (Staff #201) if utilization review and quality data for only hospital patients or for both hospital and RTF patients was sent to the QIC. The administrator thought that data from both facility types was sent to the QIC, but would need to confirm with the former quality director (Staff #202). The former quality director confirmed via phone call that the data from the hospital and RTF was sent to the QIC.

h. Additional external contracts for external staffing (Emerald City Medical Staffing), laboratory services (LabCorp), and dietician services were reviewed. All of the contracts were signed to provide services for Navos Inpatient Services or Navos Mental Health Solutions, which includes both the hospital and the RTF.

**Corrective Action 5:**

5(a)(b)(c)(d)(e)(h) ) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the hospital beds are approved for use contracts will be reviewed and updated as needed by 9/15/18.

5(f)(g) Any reporting to Qualis prior to the RTF beds being changed to hospital be will separated. Effective 9/1/18 all data reporting to the Qualis will only include hospital information.

**Finding 6**

6. Review of hospital policy titled "Provision of Nursing Care, Treatment, and Services" Policy #3023513 Approved 04/16; regarding the structure of the staffing states; "There are two patient care units, each with 35 beds. Both units have licensed and designated Evaluation and Treatment beds and licensed and designated Hospital beds. Services are identical on both units. Nursing care, as part of the hospital's acute inpatient psychiatric services, is available to all patients 24 hours a day, 7 days a week ..."

a. 12/6/17 at 10:30 AM, Surveyor #8 reviewed the staffing plan with the Charge Nurse Staff #801. The Charge Nurse stated that the staff are trained the same and can work with all the patients.

b. Interview with Med Nurse, Staff #806, confirmed that the staff work with hospital and RTF patients and treat them the same.

c. Chief Nursing Officer, Staff #802 confirmed the above findings.

**Corrective Action 6:**

6 (a)(b)(c) ) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was

Terry McInerney  
Hospital Administrator

9/1/18

submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, the existing RTF patients will be discharged and immediately readmitted to the hospital. Expected completion by 9/1/18.

**Finding 7**

7. Hospital policy titled "Pre-Admission Screening and Patient Placement," Policy #3023511, Reviewed 10/16 states, "If a patient is admitted to an "E" [Residential Treatment Facility] (RTF) bed is found during admission process to have Medicare or a private insurance, ... the patient will be transferred to an "H" [Hospital] bed. ...If a patient admitted to an "E" (RTF) bed is found to have Medicare or Private Insurance. ... after the admission process has started ...the patient will be transferred to an "H" bed (Hospital) bed when one is available. Policy titled "Patient Access-Inpatient Bed placement" Approved 11/1/17 stated "if funding is unknown, the patient will be placed into an E bed while funding is investigated..once coverage is identified, a bed transfer would be submitted if a patient is in an incorrect bed according to their funding source."

a. On 2/6/18 at 11:15 AM, Surveyor #8 interviewed the Charge Nurse, Staff #801, about the process of patient transfers from the Hospital (H) service to the RTF (E) service. The Charge Nurse explained that each day he receives a notice of the patients that need to be transferred. The Charge Nurse Staff #801, shared the notice with this Surveyor. The document titled "UR Patient Admit / Discharge Request" dated 10/14/17 identified Patient #801 with instruction to discharge from H bed status and Admit to E bed status. the "Funding Source" was noted as "Medicare" and under comments was "Decertified from Medicare" and "Must Move ASAP"

b. On 02/06/18 at 10:00 AM, Surveyor #8 reviewed the transfer process with the Director of Revenue Cycle (Staff #805). The Director related that hospital and RTF transfers are driven solely by the patient's funding source.

**Corrective Action 7:**

7(a)(b) All patients that are admitted will remain in the bed that they were admitted to regardless of funding source. Transfers will only be done for therapeutic reasons. When a therapeutic transfer to another bed is required a complete discharge and readmission will occur. The nurse manager will monitor 100% of all transfers for compliance.

**Finding 8**

8. On 02/06/18 at 9:30 AM, Surveyor #8 reviewed the bed transfer for Patient #801.

a. The discharged medical record showed an order (dated 11/21/17) for the Hospital bed transfer to a "RTF" bed. Further assessment of the record revealed the following:

i. No documentation in the medical record to indicate need or purpose to move the patient from a Hospital bed to Residential Treatment bed.

ii. There were no discharge notes or discharge instructions indicating that the patient had been discharged from one facility and admitted to the other facility.

iii. There was no physician discharge summary for the patient's hospital stay.

iv. There was no physician admit note or history and physical, and there was no nursing admission assessment for the RTF admission/transfer.

Terry McInerney  
Hospital Administrator

4/21/18

Terry McInerney  
Hospital Administrator

04/21/18

<p>v. There was no informed consent obtained for treatment in the RTF facility.</p> <p>vi. There was no evidence the patient was informed of their rights upon admission to the RTF program.</p> <p>b. At the time of review, Charge Nurse (Staff#801) confirmed the findings and that no new consents are signed for care and treatment in the transferred facility.</p> <p><b>Corrective Action 8:</b>  8(a i-vi)(b) All patient movement between beds will be a complete discharge and admission including the reason for transfer, discharge summary, new assessments, patient rights, and consents. The nurse managers will monitor 100% of the patient discharge/readmissions until the beds are converted to hospital for compliance.</p> <p><b>Finding 9</b>  9. Review of the medical record for Patients #802, #803, #804, and #806 revealed the following:</p> <p>a. No evidence or supporting documentation indicating the need to discharge from hospital bed status (Patients #802 and #806) and admit to RTF patient status. No evidence or supporting documentation indicating the need to discharge from the RTF and admit to hospital bed status (Patients #803 and #804).</p> <p>b. There was no consent for treatment signed on admit to RTF facility for Patients #802 and #806. There was no consent signed on admit to the hospital services for Patients #803 and #804.</p> <p>c. The medication administration record was not separate from the other licensed facility.</p> <p>d. At the time of interview, the Nurse Manager (Staff #801) confirmed these findings and that no new consents are signed for care and treatment in the transferred facility.</p> <p><b>Corrective Action 9:</b></p> <p>9 (a) All movement of patients between beds will have supporting documentation of the need to transfer. Nurse managers will audit 100% of transfers for compliance.  9 (b)(c) All movement of patients between beds will have new consents for care and treatment signed. Nurse managers will audit 100% of transfers for compliance.  9 (d) All movement of patients between beds will have a separate medication administration record for each stay. Nurse managers will audit 100% of transfers for compliance.</p> <p><b>Finding 10</b>  10. Review of the medical record for Patients #801, #802, #803, #804, and #806 revealed the following:</p> <p>a. Three of the 5 charts were Hospital Patients that transferred to the RTF facility. There were no discharge summaries present in the chart following the hospital discharge.</p>	<p>Terry McInerney Hospital Administrator</p> <p>Terry McInerney Hospital Administrator</p>	<p>4/21/18</p> <p>4/21/18</p>
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<p>b. The Nurse Manager (Staff #801) confirmed discharge summaries are done after the hospital patient has been discharged from the RTF facility.</p> <p><b>Corrective Action 10:</b> 10(a)(b) All movement of patients between beds will have a discharge summary completed at the time of the transfer. Nurse Managers will audit 100% of all transfers for compliance.</p> <p><b>Finding 11</b> 11. The facility's "Patient Rights and Responsibilities" dated 04/28/16 stated the patient may make informed decisions regarding their care ... request or refuse care, have a right to a psychosocial and medical evaluation within 24 hours of admission to determine whether continued detention in the facility is necessary, have all information compiled, obtained or maintained in the course of receiving treatment kept confidential ..."</p> <p><b>Corrective Action:</b> 11. All movement of patients between beds will have a psychosocial and medical evaluation done at the time of transfer. Nurse Managers will audit 100% of all transfers for compliance.</p> <p><b>Finding 12</b> 12. On 02/06/18 at 10:30 AM, Surveyor #8 reviewed the transfer process for Patient #801 in the medical record with the RN Nurse Manager Staff #801. The Manager shared that the managers receive notification of insurance/funding changes and they begin the process of transferring a patient from a hospital bed to an RTF bed, or from an RTF to a hospital bed. They start with getting a doctor's order and then seeing if there is an open bed, make the changes in the electronic medical record and then move the patient. RN #801 confirmed that there is no conversation to inform the patient, there is no "discharge" paperwork for the patient and or their family. RN #801 reported that the patient is only aware of room change.</p> <p><b>Corrective Action 12:</b> 12. All patient that are moved between beds will be informed of the reason and receive all discharge paperwork.</p> <p><b>Finding 13</b> 13. Review of the medical records for patients#802, #803, #804, and #806, did not show evidence that the document titled "An Important Message From Medicare About Your Right" was present for both admission and/or discharge.</p> <p><b>Corrective Action 13:</b> 13. All patients that are moved between beds will be given a new document titled "An Important Message From Medicare About Your Right" at the time of transfer. Nurse Managers will audit 100% of all transfers for compliance.</p>	<p>Terry McInerney Hospital Administrator</p> <p>Terry McInerney Hospital Administrator</p> <p>Terry McInerney Hospital Administrator</p>	<p>4/21/18</p> <p>4/21/18</p> <p>4/21/18</p>
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<b>ITEM #2 - Shared Staff</b>	Terry McInerney Hospital Administrator	9/1/18
<b>Finding 1</b>		
1. On 02/06/18 at 9:00 AM, Surveyor #2 interviewed the Hospital Administrator (Staff #201) regarding the organization of the hospital. The administrator stated that both facility types (The hospital and RTF) operate under a single "umbrella", with all functions and staffing carried out by Navos as a single entity. This includes facilities and administrative staff.		
<b>Corrective Action 1:</b>		
1. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, the existing RTF patients will be discharged and immediately readmitted to the hospital. Expected completion by 9/1/18 at that time the staff will not be shared between programs.		
<b>Finding 2</b>	Terry McInerney Hospital Administrator	9/1/18
2. Review of the Medical Staff showed the following:		
a. Review of the document titled, "Organized Medical Staff Bylaws," revised 05/12, showed that the organized medical staff were appointed to the inpatient or outpatient services departments of Navos.		
b. Review of the document titled, "Navos Organized Medical Staff Privileging Application," showed that providers were privileged for the inpatient or outpatient setting. Neither the minimal criteria nor the core privileges distinguish between the hospital and RTF inpatient settings, but treat both facilities as a single entity.		
c. On 02/06/18 at 1:30 PM, surveyor #2 interviewed the Hospital Administrator (Staff #201) regarding credentialing of medical staff at the hospital. The administrator stated that medical staff are credentialed as either inpatient or outpatient staff, rather than credentialed for the hospital or RTF.		
<b>Corrective Action 2:</b>		
2 (a)(b)(c) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds the reference to inpatient will only encompass hospital beds expected completion by 9/1/18		
<b>Finding 3</b>	Terry McInerney Hospital Administrator	9/1/18
3. Review of the pharmaceutical services organizational chart showed that Navos operates a single pharmaceutical services staff that reports to the Clinical Chief Officer (Staff #205).		



**Corrective Action 3:**

3. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed the pharmacy will only be servicing hospital patients expected completion 9/1/18

**Finding 4**

4. Review of various job descriptions showed the following:

a. Review of the position description for the hospital administrator showed that the administrator was responsible for the operation of Inpatient Services, which includes both the hospital and RTF facilities.

b. Review of the position description for the inpatient quality manager showed that the manager oversaw the quality program for all inpatient services. Per the position description this program encompasses regulations that apply to both the hospital and RTF licensures.

c. Review of the position description for the director of care management and court services showed that the director reports to the inpatient hospital administrator, which would oversee both the hospital and RTF.

d. Review of the position description for the director of pharmacy showed that the director reports to the chief of inpatient services, who would oversee both the hospital and the RTF.

**Corrective Action 4:**

4. (a)(b)(c)(d) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed all staff including administration will only be providing or overseeing hospital services expected completion 9/1/18.

**Finding 5**

5. On 12/06/17 Surveyor #8 observed the 8:00 AM medication pass on the 3rd floor. Interview with the Medication Nurse (Staff #806) showed that she does not know which patient is a Hospital patient and which patient is an RTF patient, and they are treated the same.

**Corrective Action 5:**

5. (a)(b)(c)(d) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and

Terry McInerney  
Hospital Administrator

9/1/18

Terry McInerney  
Hospital Administrator

9/1/18

payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed all staff including administration will only be providing or overseeing hospital services expected completion 9/1/18.

**Finding 6**

6. Review of hospital policy titled "Provision of Nursing Care, Treatment, and Services" Policy #3023513 Approved 04/16; regarding the structure of the staffing, states, "There are two patient care units, each with 35 beds. Both units have licensed and designated Evaluation and Treatment beds [RTF beds] and licensed and designated Hospital beds. Services are identical on both units."

**Corrective Action 6:**

6. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed the policy will be revised and updated to reflect the changes in bed status expected completion by 9/1/18.

**Finding 7**

7. On 02/06/18 at 9:30 AM, Surveyor #8 interviewed the Nurse Manager (Staff #801) regarding nurse staffing for the hospital patients. The Nurse Manager stated that they have one staff oriented to work with all the patients. Staff are not oriented to a hospital program and a separate RTF program; it is one in the same.

**Corrective Action:**

7. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, staff will be providing care to hospital patients only. No new training required current orientation is based on hospital standards expected completion 9/1/18.

**ITEM #3 - Shared Space**

**Finding 1**

1. Review of the following documents showed how the hospital and residential treatment facility (RTF) began to share facility space:  
a. In a letter sent to the Washington State Department of Health (DOH), dated 04/21/06, Navos requested to integrate beds from their hospital license and RTF license onto the same floor. Prior

Terry McInerney  
Hospital Administrator

9/1/18

Terry McInerney  
Hospital Administrator

9/1/18

Terry McInerney  
Hospital Administrator

9/1/18

- to the request, both facility types were housed on separate floors with separate staff.
- b. Centers for Medicare and Medicaid Services (CMS) approved the proposal on 04/12/06. The Washington State Department of Health (DOH) approved the proposal on 05/01/07.
  - c. In a subsequent letter, dated 04/23/07, Navos requested an additional reorganization of the hospital and RTF beds. Under the new proposal, hospital and RTF rooms would be interspersed throughout each floor.
  - d. No approval letter was on file from CMS or DOH.
  - e. In a final letter, dated 12/29/10, Navos stated it was increasing the number of hospital beds to the maximum allowed under the state license and rearranging hospital and RTF rooms again.
  - f. No approval letter was on file from CMS or DOH.

**Corrective Action 1:**

1. A request for a certificate of need will be submitted at least 60 days prior to any future movement or changes in beds status or location that will be effective for a period in excess of 6 months per (WAC) 246-310-020 (1)(c). All changes in programing and patient care in the hospital will be planned and researched to ensure compliance with all regulatory agencies. To ensure compliance no changes will be implemented until the planning process is completed and approved by the Quality Manager and Hospital Administration. All information and communication received or sent during the process will be filed and stored in the Quality department.

**Finding 2**

2. Review of the floor plans for the "Inpatient Hospital Building" showed that both the Navos hospital and RTF shared much of the same space on the second and third floors of the buildings. Shared space included food service and dining areas, pharmaceutical services and medicine administration areas, patient exam and treatments rooms, bathing facilities, and recreational areas. Patient rooms were also interspersed throughout each floor and not divided into units. The rooms were not laid out per the requests outlined above.

**Corrective Action 2:**

2. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, each patient care unit will have 35 licensed hospital beds eliminating the shared space expected completion 9/1/18.

**Finding 3**

3. On 12/06/17 from 10:00 AM to 1:00 PM, Surveyor #2 toured the second and third floors of the hospital and confirmed that the hospital and RTF licenses shared the same spaces for bathing, food service, recreation, patient care, and pharmaceutical services and had rooms interspersed throughout both floors.

**Corrective Action 3:**

3. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted

Terry McInerney  
Hospital Administrator

9/1/18

Terry McInerney  
Hospital Administrator

9/1/18

for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, each patient care unit will have 35 licensed hospital beds eliminating the shared space expected completion 9/1/18.

**Finding 4**

4. On 02/06/18 at 9:00 AM, Surveyor #2 interviewed the hospital administrator (Staff #201) regarding the floor plan requests sent to DOH. The administrator stated that the facility was unable to locate documentation approving the changes to the floor plans from CMS or DOH.

**Corrective Action 4:**

4. All changes in programing and patient care in the hospital will be planned and researched to ensure compliance with all regulatory agencies. To ensure compliance no change will be implemented until the planning process is completed and approved by the Quality Manager and Hospital Administration. All information and communication received or sent during the process will be filed and stored in the Quality department.

Terry McInerney  
hospital Administrator

9/1/18

Navos  
 Plan of Correction for  
 State/CMS Licensing Survey  
 12/6/17-12/7/17 & 2/6/17  
 Revised 7/2/18

Tag Number	How the Deficiency Will Be Corrected	Responsible Individual(s)	Estimated Date of Correction
A020	<p><b>Finding</b>            COMPLIANCE WITH LAWS            CFR(s): 482.11            Compliance with Federal, State and Local Laws            This CONDITION is not met as evidenced by:            A 020</p> <p>Based on observation, interview, and document review, the hospital failed to ensure independent compliance with federal regulations/conditions of participation by sharing hospital space, staff and services with another licensed facility. Failure by the hospital to provide independent oversight can lead to dependence on another licensed entity for compliance with federal regulations and put patients at risk to receive poor quality care.            Findings included:            The hospital failed to meet applicable federal, state and local requirements by:            Sharing numerous support services.            Sharing of hospital staff.            Sharing of clinical care areas of the hospital.            Cross Reference Tag A 043</p> <p><b>Corrective Action:</b>            All changes in programing and patient care in the hospital will be planned and researched to ensure compliance with all regulatory agencies. To ensure compliance no change will be implemented until the planning process is completed and approved by the Quality Manager and Hospital Administration. All information and communication received or sent during the process will be filed and stored in the Quality department.</p>	Terry McInerney Hospital Administrator.	9/1/18
A043	<p><b>GOVERNING BODY</b>            CFR(s): 482.12</p> <p>There must be an effective governing body that is legally responsible for the conduct of the hospital. If a hospital does not have an organized governing body, the persons legally responsible for the conduct of the hospital must carry out the functions specified in this part that pertain to the governing body ...            This CONDITION is not met as evidenced by:            A 043</p> <p>Based on observation, interview, and document review, the hospital failed to ensure independent</p>		

Final Revised POE Received: 7/2/18 Approved by CMS on 7/13/18

 12/14/18

compliance with federal regulations/conditions of participation by sharing hospital space, staff and services with another licensed entity. Failure by the hospital to demonstrate individuality with space, staff, and services can lead to dependence on another licensed entity for compliance with federal regulations.

Findings included:

**ITEM #1 - Shared Services**

**Finding 1**

1. Review of the Governing Body documents and meeting minutes showed the following:

a. Review of the document titled, "Navos Second Amended and Restated Bylaws", showed that Navos is referred to as a single "corporation" which encompasses multiple different entities that is managed by a board of directors. The bylaws did not expressly mention the hospital or other facility types that are overseen by the Governing body.

b. Review of the Governing Body meeting minutes for 2017 showed that Navos is largely operated as a single entity. The only direct reference to the hospital was found in the minutes dated 01/09/17. These minutes indicate that the "E & T" beds (evaluation and treatment, which is part of the residential treatment facility (RTF) are located within the hospital, suggesting that these beds and the hospital beds are treated as part of the same facility.

**Corrective Action 1:**

1 (a) (b) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Expected completion by 9/1/18. All future references to the inpatient setting will be specific to hospital only.

**Finding 2**

2. Review of hospital policies showed that the policies did not distinguish if they applied to the hospital, other entities, or the organization as a whole. The director of inpatient nursing (Staff#201) was listed as the owner of the policies dealing with direct patient care.

**Corrective Action 2:**

A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, the existing RTF patients will be discharged and immediately readmitted to the hospital. Expected completion by 9/1/18 Once the use of the beds is approved all policies will be updated by 9/15/18 to specifically address the hospital program. All new policies written that effect the hospital will be specific to the hospital only.

Terry McInerney.  
Hospital Administrator

9/1/18

Terry McInerney  
Hospital Administrator

9/15/18

<p><b>Finding 3</b></p> <p>3. Review of the Infection Control Program showed the following:</p> <p>a. Review of the 2016-2017 infection control plan showed that the infection control committee was made up of "residential and hospital" nurses. Further review of the infection control plan indicates that areas with hospital and residential beds are treated as a single entity for surveillance, prevention and control, separately from outpatient settings.</p> <p>b. Review of the infection control program evaluation for 2015-2016 and goals for 2016-2017 did not show any distinct review of the hospital patients or services. Data in the evaluation were separated by floor rather than facility type, indicating that surveillance of the hospital and RTF services is combined.</p> <p>c. Review of the infection control program meeting minutes from 2017 showed that meetings were organization wide. Inpatient issues are not delineated by hospital patients or services, but rather as inpatient services.</p> <p><b>Corrective Action 3:</b></p> <p>3(a)(b) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, the existing RTF patients will be discharged and immediately readmitted to the hospital. Expected completion by 9/1/18. Once beds are approved and licensed the 2018-2019 infection control plan and surveillance will specifically address the hospital separately from other Navos programs expected completion by 9/1/18.</p> <p>3(c) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, the hospital will be discussed as a single entity from the outpatient residential this will be reflected in the meeting minutes along with names of hospital representation. Expected completion 9/1/18.</p>	<p>Terry McInerney Hospital Administrator</p>	<p>9/1/18</p>
<p><b>Finding 4</b></p> <p>4. Review of the Quality Assurance and Performance Improvement Program showed the following:</p> <p>a. Review of the "Quality Improvement Program" showed that the quality program is divided into three distinct groups: outpatient programs; children's programs; inpatient programs. The inpatient program quality structure involves membership from various departments of the hospital, all of which are indicated as encompassing all inpatient services (hospital and RTF). The inpatient</p>	<p>Terry McInerney Hospital Administrator</p>	<p>9/1/18</p>

clinical program reports quality information to the overall quality improvement committee. The quality plan does not specifically address the hospital as a single entity.

b. At the time of this investigation, the hospital lacked a Quality Director. On 02/06/18 at 9:00AM, Surveyor #2 interviewed the Hospital Administrator (Staff #201) regarding the hospital's services. The administrator stated that all functions of the hospital are incorporated with the RTF, and overseen by the organization as a single, inpatient entity.

**Corrective Action 4:**

4(a)(b). A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once beds are approved the hospital will be discussed as a single entity consisting of 70 licensed psychiatric hospital beds. Expected completion 9/1/18. The hospital Quality manager position has been filled and will be responsible for reporting specifically on the hospital effective 9/1/18.

**Finding 5**

5. Review of services provided under contract showed the following:

a. On 02/06/18 at 1:30 PM, Surveyor #2 interviewed the hospital administrator (Staff #201) regarding various names of the facility on contracts. The administrator stated that Navos Mental Health Solutions was the technical company name and any other naming conventions are placeholders for this name.

b. Review of the document "Service Agreement between Navos Mental Health Solutions and Farestart", signed 12/18/17, showed that Farestart provides 100 lunches and dinners to Navos Mental Health Solutions.

c. On 12/06/17 at 12:00 PM, Surveyor #2 observed a food service at the facility. The hospital and RTF patients were served at the same time, by the same staff, and in the same dining area.

d. Review of the document, "Janitorial Service Agreement," between ABM Onsite Services and Navos Mental Health Solutions, showed that janitorial services would be provided at the hospital location. The document does not specify specifically that it applies to the hospital, but rather the entire building.

e. On 12/07/17 at 8:50 AM, Surveyor #2 observed a housekeeper (Staff #203) performs room cleanings. Rooms for both the hospital and RTF patients were cleaned by the same staff during the same shifts

f. Review of the document titled, "Memorandum of Agreement between Qualis Health and Navos Inpatient Services," showed that Qualis Health served as the utilization and quality control review

Terry McInerney  
Hospital Administrator

9/15/18



organization (QIO) for hospital patients and providers at Navos. The agreement specifically addresses the medicare provider number for the hospital portion of Navos Inpatient Services.

g. On 02/06/18 at 2:00 PM, Surveyor #2 asked the hospital administrator (Staff #201) if utilization review and quality data for only hospital patients or for both hospital and RTF patients was sent to the QIC. The administrator thought that data from both facility types was sent to the QIC, but would need to confirm with the former quality director (Staff #202). The former quality director confirmed via phone call that the data from the hospital and RTF was sent to the QIC.

h. Additional external contracts for external staffing (Emerald City Medical Staffing), laboratory services (LabCorp), and dietician services were reviewed. All of the contracts were signed to provide services for Navos Inpatient Services or Navos Mental Health Solutions, which includes both the hospital and the RTF.

**Corrective Action 5:**

5(a)(b)(c)(d)(e)(h) ) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the hospital beds are approved for use contracts will be reviewed and updated as needed by 9/15/18.

5(f)(g) Any reporting to Qualis prior to the RTF beds being changed to hospital be will separated. Effective 9/1/18 all data reporting to the Qualis will only include hospital information.

**Finding 6**

6. Review of hospital policy titled "Provision of Nursing Care, Treatment, and Services" Policy #3023513 Approved 04/16; regarding the structure of the staffing states; "There are two patient care units, each with 35 beds. Both units have licensed and designated Evaluation and Treatment beds and licensed and designated Hospital beds. Services are identical on both units. Nursing care, as part of the hospital's acute inpatient psychiatric services, is available to all patients 24 hours a day, 7 days a week ..."

a. 12/6/17 at 10:30 AM, Surveyor #8 reviewed the staffing plan with the Charge Nurse Staff #801. The Charge Nurse stated that the staff are trained the same and can work with all the patients.

b. Interview with Med Nurse, Staff #806, confirmed that the staff work with hospital and RTF patients and treat them the same.

c. Chief Nursing Officer, Staff #802 confirmed the above findings.

**Corrective Action 6:**

6 (a)(b)(c) ) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was

Terry McInerney  
Hospital Administrator

9/1/18

submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, the existing RTF patients will be discharged and immediately readmitted to the hospital. Expected completion by 9/1/18.

**Finding 7**

7. Hospital policy titled "Pre-Admission Screening and Patient Placement," Policy #3023511, Reviewed 10/16 states, "If a patient is admitted to an "E" [Residential Treatment Facility] (RTF) bed is found during admission process to have Medicare or a private insurance, ... the patient will be transferred to an "H" [Hospital] bed. ...If a patient admitted to an "E" (RTF) bed is found to have Medicare or Private Insurance. ... after the admission process has started ...the patient will be transferred to an "H" bed (Hospital) bed when one is available. Policy titled "Patient Access-Inpatient Bed placement" Approved 11/1/17 stated "if funding is unknown, the patient will be placed into an E bed while funding is investigated..once coverage is identified, a bed transfer would be submitted if a patient is in an incorrect bed according to their funding source."

a. On 2/6/18 at 11:15 AM, Surveyor #8 interviewed the Charge Nurse, Staff #801, about the process of patient transfers from the Hospital (H) service to the RTF (E) service. The Charge Nurse explained that each day he receives a notice of the patients that need to be transferred. The Charge Nurse Staff #801, shared the notice with this Surveyor. The document titled "UR Patient Admit / Discharge Request" dated 10/14/17 identified Patient #801 with instruction to discharge from H bed status and Admit to E bed status. the "Funding Source" was noted as "Medicare" and under comments was "Decertified from Medicare" and "Must Move ASAP"

b. On 02/06/18 at 10:00 AM, Surveyor #8 reviewed the transfer process with the Director of Revenue Cycle (Staff #805). The Director related that hospital and RTF transfers are driven solely by the patient's funding source.

**Corrective Action 7:**

7(a)(b) All patients that are admitted will remain in the bed that they were admitted to regardless of funding source. Transfers will only be done for therapeutic reasons. When a therapeutic transfer to another bed is required a complete discharge and readmission will occur. The nurse manager will monitor 100% of all transfers for compliance.

**Finding 8**

8. On 02/06/18 at 9:30 AM, Surveyor #8 reviewed the bed transfer for Patient #801.

a. The discharged medical record showed an order (dated 11/21/17) for the Hospital bed transfer to a "RTF" bed. Further assessment of the record revealed the following:

i. No documentation in the medical record to indicate need or purpose to move the patient from a Hospital bed to Residential Treatment bed.

ii. There were no discharge notes or discharge instructions indicating that the patient had been discharged from one facility and admitted to the other facility.

iii. There was no physician discharge summary for the patient's hospital stay.

iv. There was no physician admit note or history and physical, and there was no nursing admission assessment for the RTF admission/transfer.

Terry McInerney  
Hospital Administrator

4/21/18

Terry McInerney  
Hospital Administrator

04/21/18

<p>v. There was no informed consent obtained for treatment in the RTF facility.</p> <p>vi. There was no evidence the patient was informed of their rights upon admission to the RTF program.</p> <p>b. At the time of review, Charge Nurse (Staff#801) confirmed the findings and that no new consents are signed for care and treatment in the transferred facility.</p> <p><b>Corrective Action 8:</b> 8(a i-vi)(b) All patient movement between beds will be a complete discharge and admission including the reason for transfer, discharge summary, new assessments, patient rights, and consents. The nurse managers will monitor 100% of the patient discharge/readmissions until the beds are converted to hospital for compliance.</p> <p><b>Finding 9</b> 9. Review of the medical record for Patients #802, #803, #804, and #806 revealed the following:</p> <p>a. No evidence or supporting documentation indicating the need to discharge from hospital bed status (Patients #802 and #806) and admit to RTF patient status. No evidence or supporting documentation indicating the need to discharge from the RTF and admit to hospital bed status (Patients #803 and #804).</p> <p>b. There was no consent for treatment signed on admit to RTF facility for Patients #802 and #806. There was no consent signed on admit to the hospital services for Patients #803 and #804.</p> <p>c. The medication administration record was not separate from the other licensed facility.</p> <p>d. At the time of interview, the Nurse Manager (Staff #801) confirmed these findings and that no new consents are signed for care and treatment in the transferred facility.</p> <p><b>Corrective Action 9:</b> 9 (a) All movement of patients between beds will have supporting documentation of the need to transfer. Nurse managers will audit 100% of transfers for compliance. 9 (b)(c) All movement of patients between beds will have new consents for care and treatment signed. Nurse managers will audit 100% of transfers for compliance. 9 (d) All movement of patients between beds will have a separate medication administration record for each stay. Nurse managers will audit 100% of transfers for compliance.</p>	<p>Terry McInerney Hospital Administrator</p>	<p>4/21/18</p>
<p><b>Finding 10</b> 10. Review of the medical record for Patients #801, #802, #803, #804, and #806 revealed the following:</p> <p>a. Three of the 5 charts were Hospital Patients that transferred to the RTF facility. There were no discharge summaries present in the chart following the hospital discharge.</p>	<p>Terry McInerney Hospital Administrator</p>	<p>4/21/18</p>

<p>b. The Nurse Manager (Staff #801) confirmed discharge summaries are done after the hospital patient has been discharged from the RTF facility.</p>	<p>Terry McInerney Hospital Administrator</p>	<p>4/21/18</p>
<p><b>Corrective Action 10:</b> 10(a)(b) All movement of patients between beds will have a discharge summary completed at the time of the transfer. Nurse Managers will audit 100% of all transfers for compliance.</p> <p><b>Finding 11</b> 11. The facility's "Patient Rights and Responsibilities" dated 04/28/16 stated the patient may make informed decisions regarding their care ... request or refuse care, have a right to a psychosocial and medical evaluation within 24 hours of admission to determine whether continued detention in the facility is necessary, have all information compiled, obtained or maintained in the course of receiving treatment kept confidential ..."</p> <p><b>Corrective Action:</b> 11. All movement of patients between beds will have a psychosocial and medical evaluation done at the time of transfer. Nurse Managers will audit 100% of all transfers for compliance.</p>		
<p><b>Finding 12</b> 12. On 02/06/18 at 10:30 AM, Surveyor #8 reviewed the transfer process for Patient #801 in the medical record with the RN Nurse Manager Staff #801. The Manager shared that the managers receive notification of insurance/funding changes and they begin the process of transferring a patient from a hospital bed to an RTF bed, or from an RTF to a hospital bed. They start with getting a doctor's order and then seeing if there is an open bed, make the changes in the electronic medical record and then move the patient. RN #801 confirmed that there is no conversation to inform the patient, there is no "discharge" paperwork for the patient and or their family. RN #801 reported that the patient is only aware of room change.</p>	<p>Terry McInerney Hospital Administrator</p>	<p>4/21/18</p>
<p><b>Corrective Action 12:</b> 12. All patient that are moved between beds will be informed of the reason and receive all discharge paperwork.</p>		
<p><b>Finding 13</b> 13. Review of the medical records for patients#802, #803, #804, and #806, did not show evidence that the document titled "An Important Message From Medicare About Your Right" was present for both admission and/or discharge.</p>	<p>Terry McInerney Hospital Administrator</p>	<p>4/21/18</p>
<p><b>Corrective Action 13:</b> 13. All patients that are moved between beds will be given a new document titled "An Important Message From Medicare About Your Right" at the time of transfer. Nurse Managers will audit 100% of all transfers for compliance.</p>		

<p><b>ITEM #2 - Shared Staff</b></p>	<p>Terry McInerney Hospital Administrator</p>	<p>9/1/18</p>
<p><b>Finding 1</b> 1. On 02/06/18 at 9:00 AM, Surveyor #2 interviewed the Hospital Administrator (Staff #201) regarding the organization of the hospital. The administrator stated that both facility types (The hospital and RTF) operate under a single "umbrella", with all functions and staffing carried out by Navos as a single entity. This includes facilities and administrative staff.</p>		
<p><b>Corrective Action 1:</b> 1. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, the existing RTF patients will be discharged and immediately readmitted to the hospital. Expected completion by 9/1/18 at that time the staff will not be shared between programs.</p>		
<p><b>Finding 2</b> 2. Review of the Medical Staff showed the following:</p> <p>a. Review of the document titled, "Organized Medical Staff Bylaws," revised 05/12, showed that the organized medical staff were appointed to the inpatient or outpatient services departments of Navos.</p> <p>b. Review of the document titled, "Navos Organized Medical Staff Privileging Application," showed that providers were privileged for the inpatient or outpatient setting. Neither the minimal criteria nor the core privileges distinguish between the hospital and RTF inpatient settings, but treat both facilities as a single entity.</p> <p>c. On 02/06/18 at 1:30 PM, surveyor #2 interviewed the Hospital Administrator (Staff #201) regarding credentialing of medical staff at the hospital. The administrator stated that medical staff are credentialed as either inpatient or outpatient staff, rather than credentialed for the hospital or RTF.</p>	<p>Terry McInerney Hospital Administrator</p>	<p>9/1/18</p>
<p><b>Corrective Action 2:</b> 2 (a)(b)(c) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds the reference to inpatient will only encompass hospital beds expected completion by 9/1/18</p>		
<p><b>Finding 3</b> 3. Review of the pharmaceutical services organizational chart showed that Navos operates a single pharmaceutical services staff that reports to the Clinical Chief Officer (Staff #205).</p>	<p>Terry McInerney Hospital Administrator</p>	<p>9/1/18</p>

<p><b>Corrective Action 3:</b>  3. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed the pharmacy will only be servicing hospital patients expected completion 9/1/18</p> <p><b>Finding 4</b>  4. Review of various job descriptions showed the following:</p> <p>a: Review of the position description for the hospital administrator showed that the administrator was responsible for the operation of Inpatient Services, which includes both the hospital and RTF facilities.</p> <p>b. Review of the position description for the inpatient quality manager showed that the manager oversaw the quality program for all inpatient services. Per the position description this program encompasses regulations that apply to both the hospital and RTF licensures.</p> <p>c. Review of the position description for the director of care management and court services showed that the director reports to the inpatient hospital administrator, which would oversee both the hospital and RTF.</p> <p>d. Review of the position description for the director of pharmacy showed that the director reports to the chief of inpatient services, who would oversee both the hospital and the RTF.</p> <p><b>Corrective Action 4:</b>  4. (a)(b)(c)(d) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed all staff including administration will only be providing or overseeing hospital services expected completion 9/1/18.</p> <p><b>Finding 5</b>  5. On 12/06/17 Surveyor #8 observed the 8:00 AM medication pass on the 3rd floor. Interview with the Medication Nurse (Staff #806) showed that she does not know which patient is a Hospital patient and which patient is an RTF patient, and they are treated the same.</p> <p><b>Corrective Action 5:</b>  5. (a)(b)(c)(d) A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and</p>	<p>Terry McInerney  Hospital Administrator</p> <p>Terry McInerney  Hospital Administrator</p>	<p>9/1/18</p> <p>9/1/18</p>
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<p>payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed all staff including administration will only be providing or overseeing hospital services expected completion 9/1/18.</p> <p><b>Finding 6</b> 6. Review of hospital policy titled "Provision of Nursing Care, Treatment, and Services" Policy #3023513 Approved 04/16; regarding the structure of the staffing, states, "There are two patient care units, each with 35 beds. Both units have licensed and designated Evaluation and Treatment beds [RTF beds] and licensed and designated Hospital beds. Services are identical on both units."</p> <p><b>Corrective Action 6:</b> 6. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed the policy will be revised and updated to reflect the changes in bed status expected completion by 9/1/18.</p>	<p>Terry McInerney Hospital Administrator</p>	<p>9/1/18</p>
<p><b>Finding 7</b> 7. On 02/06/18 at 9:30 AM, Surveyor #8 interviewed the Nurse Manager (Staff #801) regarding nurse staffing for the hospital patients. The Nurse Manager stated that they have one staff oriented to work with all the patients. Staff are not oriented to a hospital program and a separate RTF program; it is one in the same.</p> <p><b>Corrective Action:</b> 7. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, staff will be providing care to hospital patients only. No new training required current orientation is based on hospital standards expected completion 9/1/18.</p>	<p>Terry McInerney Hospital Administrator</p>	<p>9/1/18</p>
<p><b>ITEM #3 - Shared Space</b></p>		
<p><b>Finding 1</b> 1. Review of the following documents showed how the hospital and residential treatment facility (RTF) began to share facility space: a. In a letter sent to the Washington State Department of Health (DOH), dated 04/21/06, Navos requested to integrate beds from their hospital license and RTF license onto the same floor. Prior</p>	<p>Terry McInerney Hospital Administrator</p>	<p>9/1/18</p>

- to the request, both facility types were housed on separate floors with separate staff.
- b. Centers for Medicare and Medicaid Services (CMS) approved the proposal on 04/12/06. The Washington State Department of Health (DOH) approved the proposal on 05/01/07.
  - c. In a subsequent letter, dated 04/23/07, Navos requested an additional reorganization of the hospital and RTF beds. Under the new proposal, hospital and RTF rooms would be interspersed throughout each floor.
  - d. No approval letter was on file from CMS or DOH.
  - e. In a final letter, dated 12/29/10, Navos stated it was increasing the number of hospital beds to the maximum allowed under the state license and rearranging hospital and RTF rooms again.
  - f. No approval letter was on file from CMS or DOH.

**Corrective Action 1:**

1. A request for a certificate of need will be submitted at least 60 days prior to any future movement or changes in beds status or location that will be effective for a period in excess of 6 months per (WAC) 246-310-020 (1)(c). All changes in programing and patient care in the hospital will be planned and researched to ensure compliance with all regulatory agencies. To ensure compliance no changes will be implemented until the planning process is completed and approved by the Quality Manager and Hospital Administration. All information and communication received or sent during the process will be filed and stored in the Quality department.

**Finding 2**

2. Review of the floor plans for the "Inpatient Hospital Building" showed that both the Navos hospital and RTF shared much of the same space on the second and third floors of the buildings. Shared space included food service and dining areas, pharmaceutical services and medicine administration areas, patient exam and treatments rooms, bathing facilities, and recreational areas. Patient rooms were also interspersed throughout each floor and not divided into units. The rooms were not laid out per the requests outlined above.

**Corrective Action 2:**

2. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, each patient care unit will have 35 licensed hospital beds eliminating the shared space expected completion 9/1/18.

**Finding 3**

3. On 12/06/17 from 10:00 AM to 1:00 PM, Surveyor #2 toured the second and third floors of the hospital and confirmed that the hospital and RTF licenses shared the same spaces for bathing, food service, recreation, patient care, and pharmaceutical services and had rooms interspersed throughout both floors.

**Corrective Action 3:**

3. A certificate of need was filed on 4/20/18 requesting the addition of 30 hospital beds. Certificate of need approval documentation was received on 5/15/18. On 6/15/18 an application was submitted for construction review process. On 6/14/18 an application and payment was submitted

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Hospital Administrator

9/1/18

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	<p>for the existing 40 beds and additional 30 hospital beds. Once the construction review has been completed, approval received and beds licensed, each patient care unit will have 35 licensed hospital beds eliminating the shared space expected completion 9/1/18.</p> <p><b>Finding 4</b> 4. On 02/06/18 at 9:00 AM, Surveyor #2 interviewed the hospital administrator (Staff #201) regarding the floor plan requests sent to DOH. The administrator stated that the facility was unable to locate documentation approving the changes to the floor plans from CMS or DOH.</p> <p><b>Corrective Action 4:</b> 4. All changes in programing and patient care in the hospital will be planned and researched to ensure compliance with all regulatory agencies. To ensure compliance no change will be implemented until the planning process is completed and approved by the Quality Manager and Hospital Administration. All information and communication received or sent during the process will be filed and stored in the Quality department.</p>	Terry McInerney hospital Administrator	9/1/18
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