

# Behavioral Health Agency Investigation Report

Department of Health  
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Navos 2600 SW Holden Street Seattle, WA.	Terry McInerney
Agency Name and Address	Administrator
Investigation	December 10, 2019
Inspection Type	Investigation Onsite Dates
2019-12821	42124
Case Number	Investigator
2019-12821	BHA
Case Number	License Number
2019-12821	BHA/RTF Agency Services Type
Case Number	BHA/RTF Agency Services Type

Please note that the deficiencies/violations/observations noted in this report are not all-inclusive, but rather were deficiencies/violations/observations that were observed or discovered during the on-site investigation.

Deficiency Number and Rule Reference	Observation Findings	Plan of Correction
<p><u>Rule Reference:</u></p> <p><b>WAC 246-341-0410 (2)(b) Agency Administrator-Administrator Key Responsibilities</b></p> <p>(2) The administrator must: (b) Ensure administrative, personnel, and clinical policies and procedures are adhered to and kept current to be in compliance with the rules in this chapter, as applicable;</p>	<p>Based on staff interview, record review, and policy and procedure review the facility failed follow agency policies and procedures to complete an incident report for 1 of 1 patients reviewed (Patient #1).</p> <p>Failure to follow agency policies and procedures and complete incident reports for patients can result in ongoing problems occurring without correcting the identified issue. This can result in poor patient outcomes.</p> <p>Findings included:</p> <p>1. During an interview on 12/10/19 Staff A, Inpatient Quality and Compliance Manager, stated that they use the electronic risk reporting system to document incident reports. Staff A</p>	

also stated that there was not an incident report generated for the incidents of assaults that were reported to Seattle Police Department on 8/10/19.

2. During an interview on 12/10/19 Staff B, Hospital Administrator, stated that staff members or charge nurses complete incident reports.

3. Review of the clinical record for Patient #1 showed no incident report created for the incident of assault on 8/10/19.

4. Record review of the policy titled, "Police Presence on Patient Care Units", Policy #5784347 dated 12/2018 showed that, "The Nurse Manager/Charge Nurse/designee shall document in the electronic risk reporting system and document the incident in the patients' medical record".

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Inspection Type	Investigation Onsite Dates	Investigator
<u>2019-12821</u>	<u>BHA.FS.60873256</u>	<u>BHA</u>
Case Number	License Number	BHA/RTF Agency Services Type

Deficiency Number and Rule Reference

**WAC 246-341-0410 (2)(b) Agency Administrator-Administrator Key Responsibilities**  
 (2) The administrator must: (b) Ensure administrative, personnel, and clinical policies and procedures are adhered to and kept current to be in compliance with the rules in this chapter, as applicable;

Observation

Based on staff interview, record review, and policy and procedure review the facility failed follow agency policies and procedures to complete an incident report for 1 of 1 patients reviewed (Patient #1).  
 Failure to follow agency policies and procedures and complete incident reports for patients can result in ongoing problems occurring without correcting the identified issue. This can result in poor patient outcomes.

Findings

1. During an interview on 12/10/19 Staff A, Inpatient Quality and Compliance Manager, stated that they use the electronic risk reporting system to document incident reports. Staff A also stated that there was not an incident report generated for the incidents of assaults that were reported to Seattle Police Department on 8/10/19.
2. During an interview on 12/10/19 Staff B, Hospital Administrator, stated that staff members or charge nurses complete incident reports.
3. Review of the clinical record for Patient #1 showed no incident report created for the incident of assault on 8/10/19.
4. Record review of the policy titled, "Police Presence on Patient Care Units", Policy #5784347, dated 12/2018 showed that, "The Nurse Manager/Charge Nurse/designee shall document in the electronic risk reporting system and document the incident in the patients' medical record".

Plan of Correction

Plan of Correction	Owner	Date Completed
<ul style="list-style-type: none"> <li>All incidents of violence will be documented in the involved patient's medical record and the Navos incident reporting system.</li> <li>Identified staff, per policy #5784347 "The Nurse Manager/Charge Nurse/Designee" will complete documentation of the incident, in the patient medical record and incident reporting system by end of shift.</li> <li>In case of emergency, the Charge Nurse is responsible for making sure the incident is documented. If the incident reporting system is down, staff will notify Navos Helpdesk, complete documentation in Word and email the Nurse Manager who will input the documentation in the patient record and incident reporting system once access is regained.</li> <li>Verification of documentation is the responsibility of the Nurse Manager, who will review each reported incident of violence to verify documentation.</li> </ul>	<p>Terry McInerney, Hospital Administrator</p>	<p>2/1/2020</p>



A MEMBER OF THE MULTICARE BEHAVIORAL HEALTH NETWORK

DOH Investigation 12/10/2019

<ul style="list-style-type: none"><li>• The Quality &amp; Compliance Manager will document the medical record number of all patient's involved in any incident of violence, so as to quickly identify and track trends.</li><li>• All Nurse Managers, Charge Nurses and MHS staff will be educated to this process.</li></ul>		
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STATE OF WASHINGTON  
DEPARTMENT OF HEALTH

February 4, 2019

Navos  
2600 SW Holden St.  
Seattle, WA. 98126

Re: Case Number: 2019-12821  
License Number: BHA.FS.60873256  
Acceptable Plan of Correction  
Date(s) of Investigation: 12/10/2019

Dear Administrator:

This letter is to inform you that after careful review of the Plan of Correction (POC) you submitted for the investigation recently conducted at your facility, the Department has determined that the POC is acceptable. You stated in your plan that you will implement corrective actions by the specified timeline. By this, the Department is accepting your Plan of Correction as your confirmation of compliance.

Based on the scope and severity of the deficiencies listed in your statement of deficiency report, the Department will not conduct an unannounced follow-up compliance visit to verify that all deficiencies have been corrected.

The Department reserves the right to pursue enforcement action for any repeat and/or uncorrected deficiencies based on applicable statute and rules.

Investigator: 42124  
Department of Health  
HSQA/Office of Health Systems Oversight  
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Olympia, Washington 98504-7874