

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

Printed: 06/01/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>504003</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>05/16/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>WESTERN STATE HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>9601 STEILACOOM BLVD SW TACOMA, WA 98498</b>		
(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
B 000	INITIAL COMMENTS  An unannounced Recertification survey was conducted by Federal consulting surveyors from 5/14/2018 to 5/16/2018. The census at the time of survey was 782. The sample of active patients was 20.	B 000		
B 108	DEVELOPMENT OF ASSESSMENT/DIAGNOSTIC DATA CFR(s): 482.61(a)(4)  The social service records, including reports of interviews with patients, family members, and others, must provide an assessment of home plans and family attitudes, and community resource contacts as well as a social history.  This Standard is not met as evidenced by: Based on record review and staff interview, the facility failed to provide Social Work Assessments that met professional social work standards including conclusions and recommendations that described anticipated social work roles in treatment and discharge planning for three (3) of twenty (20) active sample patients (Patients A1, A5 and A8). This deficiency resulted in a lack of professional social work treatment services and a lack of input to the other members of the multidisciplinary treatment team and/or the patient.  Findings include:  A. Record Review  1. Patient A1's Psychosocial Assessment (dated 1/17/18) had no specific social work intervention listed. There was only a narrative summary of the hospitalization. In addition, there was no specific role delineated for the social worker in discharge planning.	B 108		
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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B 108	Continued From page 1  2. Patient A5's Psychosocial Assessment (dated 11/20/17) had no specific social work role delineated in discharge planning.  3. Patient A8's Psychosocial Assessment (dated 3/22/18) had no specific social work interventions listed. The narrative stated, "The focus of treatment will include medication stabilization, learning new coping skills and strengthening existing coping skills, improving education and understanding about mental illness, triggers and warning signs and getting enuresis under control." These interventions were all generic and not specifically identified as social work interventions.  B. Staff Interview  On May 15, 2018 at 10:00 a.m., the Director of Social Work concurred that there were deficiencies in the Psychosocial Assessments as noted in Section A, above in relation to specific interventions and discharge planning.	B 108		
B 152	<b>SOCIAL SERVICES</b> CFR(s): 482.62(f)  There must be a director of social services who monitors and evaluates the quality and appropriateness of social services furnished.  This Standard is not met as evidenced by: Based on record review and staff interview, it was determined that the Director of Social Services failed to ensure that Psychosocial Assessments addressed the social worker's role in treatment and discharge planning for three (3) of twenty (20) active sample patient (Patients A1, A5 and A8). This failure resulted in no information being	B 152		

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B 152	Continued From page 2 made available to the patient and/or other members of the multidisciplinary treatment team about what efforts might be pursued by the social service staff. Refer to B108 for details.	B 152			