

Curtis, Janice E

WCCW 2nd Progress Report

From: Curtis, Janice E
Sent: Friday, April 16, 2004 4:30 PM
To: DOH FSL RTS
Cc: Runyon, Barbara; Jefferson, Lowest; Shinn, Valerie J.
Subject: WCCW survey FW: Subject: IC Fac 004417 R&A 041179



WCCW contact 041179CZIP (38 KB) WCCW WCCW SOD
st 2004 survey2. ical Assistance 4er version 2 200

Primary Surveyor: Janice Curtis
Secondary Surveyor: Lowest Jefferson, Barb Runyon, Valerie Shinn
On site Date: 4/7-8/2004
SOD: yes
NO SOD

Surveyors comments: ~~Please send a copy of the survey with the plan of correction to Beth Anderson at DOC Headquarters. Please include the letter to the superintendent and the technical assistance letter. Thank you.~~

gc

~~ROC approved date:~~
PR Due Date:
PR Approved date:

This is a follow up report to the progress Report

Signature and date of surveyor *8/2/04 Jan Curtis*

Signature and date of surveyor *8-3-04 Valerie Shinn*

Signature and date of surveyor *Lowest Jefferson 8/4/04*

Signature and date of surveyor *Barbara Runyon*



-----Original Message-----

From: DOH FSL OMHS
Sent: Friday, April 02, 2004 9:42 AM
To: Curtis, Janice E; Jefferson, Lowest; Runyon, Barbara; Shinn, Valerie J.
Subject: Subject: IC Fac 004417 R&A 041179

Originator: From: JODY.BALES@DOH.WA.GOV

Washington State Department of Health
Facilities and Services Licensing Request Sent to F.O.: 04/07/2004
Dept of Corrections Facility

Request # 041179 - State
TYPE OF SURVEY: Relicense
ASE#: JKHV11

SURVEYOR(s): Janice Curtis Barbara Runyon

Facility ID: 004417 Survey Due Date: 06/07/2004
WASHINGTON CORRECTIONS CENTER FOR WOMEN
9601 BUJACICH ROAD NW
MS: WP-04
GIG HARBOR WA 98332-8301 County: Pierce
Voice: (253)858-4200 FAX: (253)858-4685

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AUG 05 2004

Facilities and Services
Licensing

Other Addresses

<Mailing>

PO BOX 17 (WP-04)

GIG HARBOR WA 98335-0017 County:Pierce

Occupants 825

Licenses/Certifications

State Facility ACTIVE IC-004327 Eff. Exp.10/31/2001

Health:10/27/1998 Environ:05/20/2003

Accreditation: None

Personnel

BELINDA STEWART, SUPERINTENDENT Contact

Voice:(253)858-4200 FAX:(253)858-4685 ACTIVE

DEPARTMENT OF CORRECTIONS Licensee

Voice:(360)753-1573 ACTIVE

KIM JACOBSEN, FISCAL TECHNICIAN Accountant

Voice:(253)858-4219 FAX:(253)858-4606 ACTIVE

CURTIS HOFFMAN, BUSINESS MANAGER Accountant

Voice:(253)858-4206 FAX:(253)858-4606 ACTIVE

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Voice: ACTIVE

BETH ANDERSON Billing CC

Voice: ACTIVE

PATRICK SHANNON, HCM2 Health Care Manager

Voice:(360)427-4592 CLOSED

BELINDA STEWART Superintendent

Voice:(253)858-4200 ACTIVE

SANTOS LAMAS Food Manager

Voice:(253)858-4233 ACTIVE

LINDA CURTIS Business Advisor

Voice:(253)858-4618 ACTIVE

REBECCA HOWRY Safety Manager

Voice:(253)858-4661 ACTIVE

DAVID DE VORE Health Care Manager

Voice: ACTIVE

SERVICE NOTES

8/10/2000 - Per 7/11/2000 staff meeting, next survey will be conducted by surveyors Kathie Landberg and Barbara Runyon.

- 1) 1992 population count = 273:dll
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Also surveying is Lowest Jefferson and Valerie Shinn. JFB



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JUL 16 2004

Facilities and Services
Licensing

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
OFFICE OF CORRECTIONAL OPERATIONS
WASHINGTON CORRECTIONS CENTER FOR WOMEN

P.O. Box 17 MS: WP-04 • 9601 Bujacich Rd. N.W. • Gig Harbor, Washington 98335-0017

July 9, 2004

Jan Curtis, RN, MN Survey Coordinator
Department of Health
Post Office Box 47852
Olympia, Washington 98504

Dear Ms. Curtis:

Attached to this letter is our Progress Report secondary to the Department of Health facility inspection conducted by your office on April 7 and 8, 2004. All but three items have been corrected. The status of those items is annotated on the attached Progress Report.

If you have any questions, please contact Health Services Manager David DeVore, at (253) 858-4217.

Sincerely,

Belinda D. Stewart
Superintendent

BDS:jrp

cc: Dan Fitzpatrick, CPM
CUS Christine Turull
CUS Donna Bennett
Denise Carron, Plant Manager
Becky Howry, Safety Officer
Food Services Manager, Eddie Garbitt

"Working Together for SAFE Communities"

PROGRESS REPORT

U3500	1) Completed	Ongoing	We hired nine nurses in June 2004.
	2) Completed	Ongoing	We hired nine nurses in June 2004.
	3) Completed	Ongoing	We hired nine nurses in June 2004.
	4) Pending	7/15	Pine Lodge went all female on 6/8/04. Anticipate first contingent of 50-60 offenders to be moved in August-September 2004.
	5) Completed	6/1	New Pharmacy Assistant hired.
	6) Completed	Ongoing	We hired nine nurses in June 2004.
	7) Completed	5/17	Letters are being sent out with all requests for care.
U3505	1a. Corrected	6/9	All manuals retrieved. Our manual for Health Service Unit Procedures put in place.
	1b. Corrected	6/9	Monthly staff meetings are being conducted.
	1c. Corrected	6/9	Laboratory procedures are located in HSU Procedures Manual.
	1d. Corrected	6/9	A consolidated procedures manual was placed at the Outpatient Nurses station.
	Corrected	6/9	Medication error procedures presented to staff and placed in procedures manual.
2. Pending	8/15	Create a WCCW field instruction to cover Special Needs Unit admissions.	

PROGRESS REPORT

U3530	1) Pending	8/1	Still retrieving CPR documentation.
	2) Corrected	6/1	Monthly reviews for CPR status and licenses started.
U3565	1) Corrected	4/9	All outdated supplies replaced. Weekly checks put into place.
	2) Corrected	4/9	Outdated supplies removed from "J" Unit.
	3) Corrected	4/9	Outdated supplies removed.
U3765	Completed	4/3	Ice machine cleaned.
U4160	Completed	4/16	Hot water temperature lowered. Monitoring program put in place.
U4230	1) Completed	5/8	Blind cords put up out of reach of children.
	Completed	5/19	Instructions posted to inform mothers of choking hazard. Training held for residents of "J" Unit.
	2) Completed	4/9	Mattress covers replaced.
	3) Pending	8/1	Six guards have been manufactured and will be installed by 8/1/04.
U4230	4) Continuing	6/15	Mattresses and pillows are being systematically replaced.
	5) Completed	6/4	Shower stalls have been cleaned and tiles have been regouted.
	6) Completed	6/11	1 washer repaired and 4 dryers replaced.
	7) Completed	4/10	Kiddee Slide removed.
U4235	Completed	4/8	Thermometers placed in refrigerator and freezer. Monitor sheet placed on front of refrigerator.
U4270	Completed	6/9	Safety checks completed.

Curtis, Janice E

From: Curtis, Janice E
Sent: Friday, April 16, 2004 4:30 PM
To: DOH FSL RTS
Cc: Runyon, Barbara; Jefferson, Lowest; Shinn, Valerie J.
Subject: WCCW survey FW: Subject: IC Fac 004417 R&A 041179



WCCW contact 041179CZIP (38 KB)
st 2004 survey2. WCCW WCCW SOD
ical Assistance 4er version 2 200-



Primary Surveyor: Janice Curtis
Secondary Surveyor: Lowest Jefferson, Barb Runyon, Valerie Shinn
On site Date: 4/7-8/2004

SOD: yes
NO SOD

Surveyors comments: Please send a copy of the survey with the plan of correction to Beth Anderson at DOC Headquarters. Please include the letter to the superintendent and the technical assistance letter. Thank you.

POC approved date:

PR Due Date:

PR Approved date:

Signature and date of surveyor

Jan Curtis

Signature and date of surveyor

Lowest Jefferson 6/29/04

Signature and date of surveyor

Valerie Shinn 6-29-04

Signature and date of surveyor

Barbara Runyon 6/29/04

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Originator: From: JODY.BALES@DOH.WA.GOV

Washington State Department of Health
Facilities and Services Licensing Request Sent to F.O.: 04/07/2004
Dept of Corrections Facility

Request # 041179 - State
TYPE OF SURVEY: Relicense
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SURVEYOR(s): Janice Curtis Barbara Runyon

Facility ID: 004417 Survey Due Date: 06/07/2004
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9601 BUJACICH ROAD NW
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Facilities and Services
Licensing

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<Mailing>

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DAVID DE VORE Health Care Manager

Voice: ACTIVE

SERVICE NOTES

8/10/2000 - Per 7/11/2000 staff meeting, next survey will be conducted by surveyors Kathie Landberg and Barbara Runyon.

- 1) 1992 population count = 273:dll
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Also surveying is Lowest Jefferson and Valerie Shinn. JFB



STATE OF WASHINGTON

DEPARTMENT OF CORRECTIONS
OFFICE OF CORRECTIONAL OPERATIONS
WASHINGTON CORRECTIONS CENTER FOR WOMEN

P.O. Box 17, MS: WP-04 • 9601 Bujacich Rd. N.W. • Gig Harbor, WA 98335-0017

June 11, 2004

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JUN 17 2004

Facilities and Services
Licensing

Jan Curtis, RN, MN Survey Coordinator
Department of Health
Post Office Box 47852
Olympia, Washington 98504

Dear Ms. Curtis:

Attached to this letter is our Progress Report secondary to the Department of Health facility inspection conducted by your office on April 7 and 8, 2004. All but five items have been corrected. The status of those items is annotated on the attached Progress Report.

If you have any questions, please contact Health Services Manager David DeVore, at (253) 858-4217.

Sincerely,

Belinda D. Stewart
Superintendent

BDS:jrp

cc: Dan Fitzpatrick, CPM
CUS Christine Turull
CUS Donna Bennett
Denise Carron, Plant Manager
Becky Howry, Safety Officer
Food Services Manager, Eddie Garbitt

"Working Together for SAFE Communities"

PROGRESS REPORT

U3500	1) Continuing	Ongoing	We are continuing to work on recruiting nursing staff.
	2) Continuing	Ongoing	We are continuing to work on recruiting nursing staff.
	3) Continuing	Ongoing	We are continuing to work on recruiting nursing staff.
	4) Pending	7/15	Pine Lodge went all female on 6/8/04. Anticipate first contingent of 50-60 offenders to be moved by mid-July.
	5) Completed	6/1	New Pharmacy Assistant hired.
	6) Continuing	Ongoing	We are continuing to work on recruiting nursing staff.
	7) Completed	5/17	Letters are being sent out with all requests for care.
U3505	1a. Corrected	6/9	All manuals retrieved. Our manual for Health Service Unit Procedures put in place.
	1b. Corrected	6/9	Monthly staff meetings are being conducted.
	1c. Corrected	6/9	Laboratory procedures are located in HSU Procedures Manual.
	1d. Corrected	6/9	A consolidated procedures manual was placed at the Outpatient Nurses station.
	Corrected	6/9	Medication error procedures presented to staff and placed in procedures manual.
	2. Pending	7/1	Create a WCCW field instruction to cover Special Needs Unit admissions.

PROGRESS REPORT

U3530	1) Pending	7/1	Some employees are currently attending training. At completion, will have all CPR documentation on file.
	2) Corrected	6/1	Monthly reviews for CPR status and licenses started.
U3565	1) Corrected	4/9	All outdated supplies replaced. Weekly checks put into place.
	2) Corrected	4/9	Outdated supplies removed from "J" Unit.
	3) Corrected	4/9	Outdated supplies removed.
U3765	Completed	4/3	Ice machine cleaned.
U4160	Completed	4/16	Hot water temperature lowered. Monitoring program put in place.
U4230	1) Completed	5/8	Blind cords put up out of reach of children.
	Completed	5/19	Instructions posted to inform mothers of choking hazard. Training held for residents of "J" Unit.
	2) Completed	4/9	Mattress covers replaced.
	3) Pending	7/15	Design for guards has been developed. They are currently being manufactured and will be installed.
U4230	4) Continuing	6/15	Mattresses and pillows are being systematically replaced.
	5) Completed	6/4	Shower stalls have been cleaned and tiles have been regouted.
	6) Completed	6/11	1 washer repaired and 4 dryers replaced.
	7) Completed	4/10	Kiddee Slide removed.
U4235	Completed	4/8	Thermometers placed in refrigerator and freezer. Monitor sheet placed on front of refrigerator.

PROGRESS REPORT

U4270	Pending	7/1	Technician to provide safety checks on dental sterilizer.
-------	---------	-----	---

Curtis, Janice E

From: Curtis, Janice E
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Primary Surveyor: Janice Curtis
Secondary Surveyor: Lowest Jefferson, Barb Runyon, Valerie Shinn
On site Date: 4/7-8/2004

SOD: yes
NO SOD

Surveyors comments: Please send a copy of the survey with the plan of correction to Beth Anderson at DOC Headquarters. Please include the letter to the superintendent and the technical assistance letter. Thank you.

POC approved date: 6/4/04

PR Due Date:

PR Approved date:

Signature and date of surveyor Jan Curtis 6/4/04

Signature and date of surveyor Barbara Runyon 6/16/04

Signature and date of surveyor Valerie Shinn 6-16-04

Signature and date of surveyor Lowest Jefferson 6-16-04



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To: Curtis, Janice E; Jefferson, Lowest; Runyon, Barbara; Shinn, Valerie J.
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Originator: From: JODY.BALES@DOH.WA.GOV

Washington State Department of Health
Facilities and Services Licensing Request Sent to F.O.: 04/07/2004
Dept of Corrections Facility

Request # 041179 - State
TYPE OF SURVEY: Relicense
ASE#: JKHV11

SURVEYOR(s): Janice Curtis Barbara Runyon

Facility ID: 004417 Survey Due Date: 06/07/2004
WASHINGTON CORRECTIONS CENTER FOR WOMEN
9601 BUJACICH ROAD NW
MS: WP-04
GIG HARBOR WA 98332-8301 County: Pierce
Voice: (253)858-4200 FAX: (253)858-4685

RECEIVED
JUN 17 2004
Facilities and Services
Licensing

Other Addresses

<Mailing>

PO BOX 17 (WP-04)

GIG HARBOR WA 98335-0017 County:Pierce

Occupants 825

Licenses/Certifications

State Facility ACTIVE IC-004327 Eff. Exp.10/31/2001

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Accreditation: None

Personnel

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DAVID DE VORE Health Care Manager

Voice: ACTIVE

SERVICE NOTES

8/10/2000 - Per 7/11/2000 staff meeting, next survey will be conducted by surveyors Kathie Landberg and Barbara Runyon.

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Also surveying is Lowest Jefferson and Valerie Shinn. JFB

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MAY 24 2004

Facilities and Services
Licensing



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
OFFICE OF CORRECTIONAL OPERATIONS
WASHINGTON CORRECTIONS CENTER FOR WOMEN

P.O. Box 17 MS: WP-04 • 9601 Bujacich Rd. N.W. • Gig Harbor, Washington 98335-0017

May 21, 2004

Jan Curtis, RN, MN Survey Coordinator
Department of Health
Post Office Box 47852
Olympia, Washington 98504

Dear Ms. Curtis:

Attached to this letter is our response to the deficiencies from the facility inspection conducted on April 7 and 8, 2004.

The correction plan is comprehensive and should answer any immediate concerns. We will then contact you with a progress report on any outstanding item by June 14, 2004.

If you have any questions, please contact Health Services Manager David DeVore at (253) 858-4217.

Sincerely,

Belinda D. Stewart
Superintendent

Attachments

cc: Correctional Program Manager Daniel Fitzpatrick
Correctional Unit Supervisor Christine Turrull
Correctional Unit Supervisor Donna Bennett
Plant Manager Denise Carron
Safety Officer Rebecka Howry
Food Services Manager Eddie Garbitt

"Working Together for SAFE Communities"

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004417	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 4/8/2004
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WASHINGTON CORRECTIONS CENTER FOR WOMEN	STREET ADDRESS, CITY, STATE, ZIP CODE 9601 BUJACICH RD NW MS: WP-04 GIG HARBOR, WA 98332
--	--

(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) COMPLETE DATE
--------------------	--	---------------	---	--------------------

U 000	<p>INITIAL COMMENTS</p> <p>This was an annual health and safety survey of Washington Corrections Center for Women conducted by the State of Washington Department of Health in accordance with the Minimum Standards of Health Services in Correctional Facilities (Major Institutions).</p> <p>The survey was conducted by: Barbara Runyon, MN, RN, CIC Janice Curtis, MN, RN Lowest Jefferson, MS, Pubic Health Advisor-3 Valerie Shinn, BS, Public Health Advisor-3</p> <p>R&A No.: 041179 Type of Survey: Annual Health and Safety Onsite Date(s): April 7-8, 2004 No. of Beds on line: NA No. of Occupants: NA Service Category: Correctional Facility</p> <p>Areas inspected: The entire campus including health services, food service, living units, laundry, gym, and family and day visiting areas.</p>	U 000		
U3500	<p>010.1 Admin of Health Svcs- Authority Designation</p> <p>ADMINISTRATION OF HEALTH SERVICES (1) There shall be a designated health authority within each facility with responsibility for all health care services activities, and facilities. When the health authority is not a physician, final clinical judgment rests with the physician, dentist, or other health care provider who is acting within</p>	U3500		

By signing, I understand these findings and agree to correct as noted:

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

Belinda Howard

TITLE

Supt

(X6) DATE

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Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004417	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 4/8/2004
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NAME OF PROVIDER OR SUPPLIER WASHINGTON CORRECTIONS CENTER FOR WOMEN	STREET ADDRESS, CITY, STATE, ZIP CODE 9601 BUJACICH RD NW MS: WP-04 GIG HARBOR, WA 98332
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--------------------	--	---------------	---	--------------------

U3500	<p>Continued From Page 1</p> <p>the scope of his/her license and assuming such responsibilities for clinical management as are appropriate to that individual's discipline.</p> <p>This WAC is not met as evidenced by: Based on staff interviews, review of staffing patterns and observation of healthcare services, the facility did not ensure that adequate resources were consistently available to meet the health care needs of the offenders.</p> <p>Failure to have adequate resources may place the offender at risk for not receiving health care services as needed.</p> <p>Findings:</p> <p>1) A staff person indicated that when a nurse was assigned to do intake on the chains that the nurse could be pulled from "chains" to do a pill line. The pill line could last as long as three hours and this resulted in incoming offenders having to wait for intake. This could affected custody staffing. The numbers of offenders arriving on chains has increased. Staffing patterns were being reviewed to allow the intake nurse to continue the intake process until completed.</p> <p>2) One nurse was assigned to the inpatient infirmary unit (IPU) each shift. In addition to providing nursing care to offenders on the unit, the IPU nurse also provided nursing assessment and administered medication to offenders on the Continuing Observation Area (COA). Offenders needing outpatient services such as having a PPD test read, dressing changes or treatment of lice may also receive services from the IPU nurse. The offender records from intake following new offenders arriving on "chains" were also left in the IPU for the nurse to review and</p>	U3500	<p>1). We are aggressively recruiting nurses. As the staffing levels improve we will readjust work load responsibilities. (David DeVore)</p> <p>2). We are aggressively recruiting nurses. As the staffing levels improve we will readjust workload responsibilities. (David DeVore)</p>	<p>ongoing</p> <p>ongoing</p>
-------	--	-------	---	-------------------------------

By signing, I understand these findings and agree to correct as noted:

Belinda D. Stewart Supt

Washington State Department of Health

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U3500	<p>Continued From Page 2</p> <p>complete.</p> <p>3) Nursing service for the Special Needs Unit (SNU) included a recent increase to 16 hours of coverage. There was no nurse assigned to SNU at night. The nurse assigned to the clinic was to make rounds on the SNU unit at night. The clinic nurse was also responsible for other tasks including any emergency for other offenders at the facility. According to staff, one offender residing on the SNU was frequently readmitted to the IPU for observation related to her COPD and anxiety as she felt more comfortable on IPU.</p> <p>4) Dental staff were still scheduling three months out for routine care. There were provisions for emergency care to be evaluated and treated in a timely manner.</p> <p>5) A person from pharmacy was concerned about losing a temporary pharmacy tech staff person at the end of this month. According to staff, pharmacy was dispensing medications for a population of approximately 900 offenders. They had changed to the bubble pack system for delivery of medications which increased the time of medication dispensing. They were also reviewing the increased pharmacy time to dispense a 15 day supply of SSRI's (antidepressant medication) in anticipation of providers prescribing these medications for offenders to keep on person. This would have the effect of increasing pharmacy dispensing time, but potentially decreasing the amount of time nurses spend administering medications at pill line.</p> <p>6) The number of total kite requests for ambulatory care services has increased in volume per month, from 1252 in 12/02 to 1927 in 12/03 and most recently 2008 in 3/04. Staff</p>	U3500	<p>3). We are aggressively recruiting nurses. As the staffing levels improve we will readjust workload responsibilities. (David De Vore)</p> <p>4). As the conversion of Pine Lodge Pre Release to an all women institution proceeds, it will have an overall positive effect of decreasing our provider to patient ratio and then reduce our dental wait times..</p> <p>5). A doublefill has been authorized to staff the pharmacy with an additional pharmacy assistant. (David Smith)</p> <p>6). We are aggressively recruiting nurses. As the staffing level improves we will readjust workload responsibilities. (David De Vore)</p>	<p>ongoing</p> <p>6/1</p> <p>6/1</p> <p>ongoing</p>

By signing, I understand these findings and agree to correct as noted:

Belinda D. Stewart Supt

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004417	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 4/8/2004
NAME OF PROVIDER OR SUPPLIER WASHINGTON CORRECTIONS CENTER FOR WOM		STREET ADDRESS, CITY, STATE, ZIP CODE 9601 BUJACICH RD NW MS: WP-04 GIG HARBOR, WA 98332		
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U3500	Continued From Page 3 interviewed state that although the number of offenders has increased, the numbers of staff to meet those increased offender population demands has not increased. 7) A midlevel provider staff stated that laboratory work necessary to review for follow up consultation was not always in the offenders medical record. The health records staff stated that filing of reports and labs are not timely. On a midlevel provider was waiting for an outside facility to fax the ultrasound results for an offender who was at the clinic for a follow up appointment. The ultrasound had been completed the prior week, but the results could not be found.	U3500	7). A letter will be sent with each patient as they go out on each outing to remind our contractors about timely submission of consult reports. We will monitor filing times through the CQI process. (Margo Johnson)	starting 5/17
U3505	010.2.a Admin of Health Svcs - P&P Availability ADMINISTRATION OF HEALTH SERVICES There shall be written, current policies and procedures developed and implemented to address the health care needs of offenders in each facility. Policies and procedures shall be: Available to all authorized personnel in each facility. This Condition is not met as evidenced by: Based on staff interviews and review of facility policy and procedure manuals, the facility did not ensure that all policies and procedures were current, updated and consistent in all the health care policy and procedure manuals. Failure to have current, updated and consistent policies and procedures could result in staff not following facility practice standards. Findings:	U3505		

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U3505	Continued From Page 4 1) Health Care policy and procedure manuals were not consistent, current and updated throughout the health care setting: a) memos located in the facility policy and procedure manuals from the health care manager dealing with issues common to all the health care units such as the clinic, infirmary, medication distribution area and nursing supervisors office were not consistent. b) the Nursing and Pharmacy Order Processing protocol was updated March 24, 2004. This protocol was not inserted into each of the health care facilities manuals but was posted in the employee breakroom on the bulletin board. This particular protocol had practice implications for pharmacy, nursing clinic, providers, health records and administration. It was not clear how this updated protocol would be disseminated to all the health care staff. c) when a staff member was asked what facility policy and procedure manual would be referenced should a question about laboratory processing arise, the staff member stated that policies and procedures change minute to minute and that one would depend on staff orally communicating the most current practice. d) the Medication Errors procedure was updated February 18, 2004. This procedure was not inserted into the CQI administrators notebook, the nursing supervisors manual, the infirmary, clinic or medication room policy and procedure book. This procedure was posted in the employee break room. The complete, updated and current Health Services Unit procedure book was located in the Health Care Managers office. It was not clear how this revised procedure would be implemented by CQI, nursing, pharmacy and the health care units.	U3505	1a). All policy manuals were removed. We will create one centrally located Field Instruction Manual and one Health Services Procedure Manual. These manuals will be reviewed Annually and changes implemented as required. The changes will be acknowledged by the staff during training. The Manuals will be maintained by the HSU Secretary Supervisor. (Laurie Stone) and verified on the annual HSU audit. 1b). Staff meetings will be held to explain new policies. Along with placing new policies in policy manual and posting the policy on bulletin boards. (David De Vore) 1c). Laboratory processing procedures will be incorporated into the HSU procedure manual. (Nursing Supervisor) 1d). We will create one centrally located Field Instruction Manual and one Health Services Procedural Manual. These manuals will be reviewed annually and changes implemented as required. The staff will be required to read annually and document on a signature log. The manuals will be maintained by the HSU Secretary Supervisor (Laurie Stone) and verified on the annual HSU audit.	6/15 6/15 6/15 6/15

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U3505	Continued From Page 5 2) A new policy was written and dated March 22, 2004 for "Medical Special Needs Beds". The policy did not include the following: a) criteria for admission to the medical beds on SNU; b) that collaboration between healthcare staff and the manager of the Special Needs Unit (SNU) was indicated when an offender was to be admitted to a medical bed on SNU; c) a treatment plan to address the medical needs for each offender who is admitted to a SNU medical bed; d) how medication administration will be managed on night shift.	U3505	1d) Medication error procedure was presented at a staff meeting and staff were given copies. (David De Vore) 2). The Medical Special Needs procedure will be converted into a WCCW Field Instruction. It will incorporate the items listed by the survey team. (David DeVore)	5/19 6/15
U3530	015.4 Personnel - First Aid/CPR All supervisory staff, as well as those staff performing custody function, shall be trained in first aid and cardiopulmonary resuscitation and there shall be documentation that such training is current. This WAC is not met as evidenced by: Based on staff interview and review of training records, the facility did not ensure that the system for tracking cardiopulmonary resuscitation (CPR) and first aid training for health care staff was updated and current in the health services area or that all staff were updated with CPR and first aid. Findings: 1) Health care staff kept information related to CPR training in a notebook with healthcare licenses. Information was not updated and current. Many staff on the list lacked documentation of current CPR and first aid training, although it was verified that human	U3530	1). Copies of all nursing employees CPR status will be on file in the note book. Periodic (monthly) review will be conducted as part of the CQI process. (Margo Johnson)	6/1

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U3565	Continued From Page 7 a) 8 Vacutainers - 11/03 b) 1 container of Chemsticks - 9/03 c) TB/PPD - 3/31/04 2) "J" Building patient exam room contained the following expired items: a) 2 EpiPen - 3/04 b) EMLA Cream - 3/03 c) 8 Culturettes - 11/02 & 9/01 d) 7 Vacutainers -12/01, 10/03 & 5/03 e) 7 Povidone Iodine Swab Sticks - 4/03 & 7/03 3) The main clinic trauma room contained the following expired items: a) Nitroglycerin - 2/19/04 b) 2 EpiPen 1/31/04 c) 3 boxes of Vicryl Violet Braided Suture material - 7/03	U3565	2). All outdated supplies removed. Area in J unit is being used by the _____ e contract Pediatrician. Therese Jackson will ensure all supplies are in date. Safety Officer will monitor during monthly safety inspection. 3). All outdated supplies replaced. Check log put in place. Nursing Supervisor will ensure proper Completion on a weekly basis and report to CQI committee.	4/9 4/9
U3765	075.7 Food Service - WAC 246-215 Food service sanitation shall be consistent with the requirements outlined in Chapter 246-215 WAC. This WAC is not met as evidenced by: Based on an inspection of the food service area, the facility did not ensure that ice was stored in a sanitary manner in accordance with WAC 246-215-120(1)(c)(ii) which specifically states: Food service establishment owners shall ensure ice used for any purpose is manufactured, stored, transported, and handled in a sanitary manner. Failure to store ice in a sanitary manner may	U3765		

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U3765	Continued From Page 8 cause a food or water borne illness. Finding: The interior of the ice machine in the main kitchen was soiled.	U3765		
U4160	110.2 Water Supply - Safe Temperature Hot water supplies for bathing and hand washing purposes shall be at a safe temperature which does not exceed 120 degrees F. This WAC is not met as evidenced by: Based on an inspection of the facility's handwashing sinks, the facility's hot water supply exceeded 120 degrees Fahrenheit (F) per the Department of Corrections Health Care Standards. Failure to provide hot water at a safe level may reduce reaction time and thereby place offenders, visitors and staff at risk of thermal injury. Finding: Hot water temperatures were 135.3 and 146.8 in the toilet room of the visiting area of the minimum security dining facility and at the kitchen sink of minimum security, respectively.	U4160	Ice machine has been cleaned. A once a month cleaning schedule has been established. Eddie Garbitt will monitor cleanliness.	4/3
U4230	140.1 Maintenance/House - Clean/Good Repair Facilities and equipment shall be kept clean, in good repair, and maintained with consideration for the safety and well-being of offenders and staff.	U4230	Hot water temperatures were lowered. A monthly monitoring plan was put in place, Dick Line will maintain compliance and Safety Officer will monitor during monthly Safety Inspections.	4/16

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U4230	Continued From Page 9 This WAC is not met as evidenced by: Based on an inspection of the facility's premises, the facility was not always maintained in a clean, safe and sanitary condition, and in good repair. Failure to maintain the facility in a clean, safe and sanitary condition, and in good repair may place offenders or children at risk of harm. Findings: 1) In the EFVs and in the "J" building where small children reside, blind cords were found to be looped and hanging within the reach of children. There were cletes in place in the EFVs but the ends of the cords were dangling. 2) There were plastic mattress covers in the EFVs that pose a suffocation hazard for children using the beds. 3) The wall heaters in the EFVs were not shielded or otherwise made inaccessible to the small children who may visit with their parents. 4) Mattresses and pillows in the "L" building were worn and torn and some were unserviceable. 5) There was mold in the showers/baths of the "L" building. 6) In the "Z" building, 1 washer and 4 dryers were not operable. 7) The angle of the slide on the children's play area was at a 45 -50 degree angle. The angle should not exceed 30 degrees.	U4230	1). Blind cord cleats were installed or raised out of the reach of children in the J unit baby rooms and both EFV trailers. Instructions posted in EFV trailers and in the babies day room to explain the choking hazard. Mothers in J unit instructed on safety concerns. The condition of the cords and safety concerns will be monitored by the Safety Officer on a monthly basis as part of the unit safety inspection. 2). Old style mattress covers removed. and replaced with a mattress cover that has a zipper closure cover. This issue will be monitored by the Safety Officer as part of the monthly safety inspection. 3). Alternatives are being evaluated that meet safety and functional requirements. Maintenance and safety are currently in discussions on an appropriate solution. Becky Howery will present a status report on 6/15. 4). Mattresses and pillows are being inspected, those that are beyond repair will be replaced at a rate of approximately ten a month. Chris Turrull and Donna Bennett will manage the replacement. The Safety Officer will conduct the on going monitoring with the monthly safety inspections.	5/8 5/19 4/9 6/15 6/15

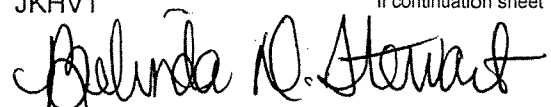
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Belinda R Stewart Supt

Washington State Department of Health

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U4235	Continued From Page 10	U4235		
U4235	140.2 Maintenance/House - Safe/Sanitary A safe and sanitary environment shall be maintained through the use of sufficient personnel, equipment and procedures. This WAC is not met as evidenced by: Based on an inspection of the premises, the facility did not have thermometers in a refrigerator and freezer for monitoring the temperatures. Failure to have a means of monitoring the temperature of medication, breast milk, etc., may place offenders and their children at risk of harm from receiving items that have not been maintained at the correct temperature. Finding: There were no thermometers in the refrigerator and freezer of the patient exam room located in the "J" building.	U4235	5). A special cleaner has been purchased and received. The shower and tub enclosures are being cleaned. Once cleaning has been completed the tiles will be regouted. Cleaning of these areas will be weekly as ensured by Donna Bennett and Chris Turrull. The Safety Officer will verify compliance during the monthly safety inspection. 6). MSU building washers and dryers. Washer was rebuilt and 4 dryers are on order. (Denise Carron) 7). Kiddy slide removed. (Denise Carron)	6/15 4/19 4/10
U4270	140.7.b.i Maintenance/House - Clean/Cal/Repair Preventive maintenance and electrical safety shall include the following: Equipment shall be kept clean, calibrated, adjusted and in good repair. This Standard is not met as evidenced by: Based on an inspection of the premises, the facility did not ensure annual maintenance checks of the sterilizers were done. Failure to obtain and document maintenance checks when needed may result in equipment	U4270	Thermometers were placed in refrigerator and freezer. Monitor sheets were placed on the front of the refrigerator and freezer. Presence of thermometers and daily readings will be monitored during the monthly safety inspection conducted by the Safety Officer	4/8

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U4270	Continued From Page 11 not functioning as required, i.e., sterilizing medical equipment. Finding: The sterilizers in the dental clinic had not had an annual check. This included a cassette and an ultrasonic sterilizer.	U4270	Request for Dental clinic sterilizer and Ultrasonic sterilizer cassette to be added to the clinic-Biomedical Repair Program has been submitted. Outside contractor will conduct necessary checks on his next visit. This will be monitored annually during internal Health Services Audit. (David DeVore)	6/1	

By signing, I understand these findings and agree to correct as noted:

Belinda D. Stewart #1497



RECEIVED

APR 19 2004

STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47852 * Olympia, Washington 98504-7852

WASHINGTON CORRECTION CENTER FOR WOMEN
SUPERINTENDENT'S OFFICE

April 15, 2004

Belinda Stewart, Superintendent
Washington Corrections Center for Women
PO Box 17, MS: WP-04
9601 Bujacich Road NW
Gig Harbor, WA 98332-8301

Dear Ms. Stewart:

This packet contains information regarding the recent survey of Washington Corrections Center for Women by the State of Washington Department of Health. Your health and safety survey was completed on April 7 & 8, 2004. During the survey, four program investigations related to patient care issues were reviewed. The findings related to the program investigations will be mailed to you at a later date.

During the annual health and safety survey, **deficient practice** was found in the areas listed on the attached Statement of Deficiencies report. A plan of correction is due on May 14, 2004. An acceptable plan of correction must include the following:

1. HOW the deficiency will be or was corrected.
2. WHAT monitors will be put in place to assure continuing compliance.
3. WHO is responsible for the correction.
4. WHEN each deficiency will be corrected.

A Progress Report is due no later than June 18, 2004 unless all deficiencies have been corrected at the time your Plan of Correction is submitted. The Progress Report must include the deficiency reference number and identify the actual completion dates.

Please send the Plan of Correction and Progress report to Jan Curtis, DOH/FSL/RCS, PO Box 47852, Olympia, WA 98504-7852. If you need additional time or have any questions, please call Jan Curtis at 425-640-3528 (janice.curtis@doh.wa.gov), Barbara Runyon 360-236-2937 (barbara.runyon@doh.wa.gov), or Lowest Jefferson at 253-589-7219 (lowest.Jefferson@doh.wa.gov).

Enclosed is a contact list for offender records that were reviewed at the time of survey. This item is for your information.



During the survey the Department of Health provides technical assistance to provide information to improve SCCC practice. Technical assistance is educational or informational. Please see the attached document describing information discussed with your staff at the time of survey. We recommend the technical assistance information be shared with your staff in addition to the survey report.

I want to extend a special thanks to all of your staff for their assistance during the survey. I would also like to thank David DeVore, Karen Dahlbeck, Margo Johnson, Kris Schlatter, Ron Dahlbeck, Cecilia Crout, Rebecca Howry, and Bennie Moss for coordinating and facilitating all of the activities during the survey process.

Sincerely,



Jan Curtis, RN, MN
Survey Team Coordinator

Cc: Beth Anderson, DOC

STATE OF WASHINGTON DEPARTMENT OF HEALTH
TECHNICAL ASSISTANCE INFORMATION FOR
WASHINGTON CORRECTIONS CENTER for WOMEN

Date of Survey April 7 & 8, 2004
R&A # 041179

The new DOC/DOH standards were reviewed with staff at the time of survey. Not all staff had read the new standards. We recommend that copies of the new standards be made available to staff.

TECHNICAL ADVICE RELEVANT TO NEW STANDARDS

Administration of Health Services (300)

The new standards require written, current policies and procedures that are available to health services staff, reviewed by health authority, lead practitioners in medical, mental health, dental, nursing, pharmacy and custody every two years. The new standard also addresses documentation that health services staff has reviewed these policies and procedures.

The facility should consider methods or mechanisms representing the health services staff to systematically and collaboratively develop, review and revise facility policy and procedures that reflect current facility practice.

Emergency Services (704)

The new standards state that all staff be trained in first aid, cardiopulmonary resuscitation and Automated External Defibrillator (AED). Documentation of AED training will need to be included with CPR training.

The facility currently has one AED in the medical clinic, and one on order for the Special Needs Unit.

Health Information Management (800)

The facility should consider evaluating resources needed to meet the standard of sufficient space, equipment, supplies and staff to ensure the completion, filing and retrieval of health records to meet the offender's health care needs in a timely manner.

Ambulatory/Clinic Services-Medical/Dental

The new standards require that agency policies drive field instructions; directives and procedures and that the facilities have the space, facilities, equipment and staff to meet

the offenders gender specific Ambulatory/Clinic service needs in a timely and accessible fashion. We support the facilities capital construction, resource enhancement requests to meet the needs of the increasing offender population.

Mental Health Services (1400):

The Mental Health Services standards were shown to the Mental Health Authority. Policies and procedures related to the new standards will need to be developed. Currently policies and procedures were in draft form for the Special Needs Unit (SNU) or as some staff referred to this unit as the "TECH" unit. We would recommend whatever the decision to call the new unit SNU or TECH be used consistently so in case of an emergency staff would respond to the correct building.

Personnel (500)

The new standards address a system to determine and document the clinical privileges/competencies of licensed health care staff upon hire and periodically on a specific basis (504) and

Competency-based training programs and comprehensive local orientation for all staff assigned to health services including on-site contract and agency staff. Verification of attendance and satisfactory completion shall be on file in the Health Care Authority's office. (505)

Quality Management (400)

The new standards state that each facility develops and implement a Quality Management Plan that is consistent with the statewide QMP. This facility may want to assess their plans congruency with the statewide QMP.

This facility should consider how the Quality Management program operationalizes through policy and practice the actions for health care staff to take when a sentinel event occurs in the facility.

This facility should consider how the data currently collected is communicated to the health care facility staff and offenders, i.e. posters displaying outcomes and indicators to tell staff and offenders how and what the facility is doing in the realm of health care.

Infection Control (1600)

The new Infection Control standards address the components of an infection control program including surveillance, exclusion of offenders and staff with communicable

diseases, outbreak management, communicable disease reporting, management of offenders with communicable disease, infection control prevention (education, immunization, etc), maintenance of a clean, safe and healthy environment and infection control policies and procedures that are congruent with DOC, DOH, and WISHA directives and regulations.

Following are some specific recommendations

- a. The facility should consider ensuring that the Notifiable Conditions Poster referencing WAC 246-101 is included in the infection control policies and procedures and is available to all health care providers.
- b. The references found in the facility exposure packets are incorrect, the Blood borne Pathogen Standard was revised in 7/2003 and effective 8/2003. The revised WAC is 296-823. This incorrect reference affects the entire implementation of this WISHA standard to include: initial and ongoing education, laundry, laboratory, regulated waste handling, sharps selection and use, exposure management etc. The revised WISHA standards are user friendly with tools to ensure end user is able to implement standard efficiently. The suggestion is to gather WISHA resources relevant to revised standard to determine actions necessary to take both at DOC Headquarters and the local level to ensure compliance with the revised WAC.
- c. The new infection control standards require the establishment of an multidisciplinary team that meets at least quarterly to review and discuss infection control activities, makes recommendations for improvement in infection control programs, evaluate policies and procedures and addresses outbreaks. The current infection control staff is participates in reporting infection control data to the Continuous Quality Improvement program but does not have a standing multidisciplinary team.
- d. Infection Control nurse to ensure that infection control components in offender training programs (laundry, housekeeping and food services) are congruent with facility infection control policies and practices.

The new standards require that staff responsible for Infection Control be prepared by training and experience to address the infection control program. Administrative support is recommended to support the educational and networking activities necessary to achieve current practice.

Health Care Space, Utility areas, Equipments and Supplies (1700)

The new standards require that space within the facility be provided to meet the health care program and all levels of health care service provided. We support any facility effort to implement capital construction project planning to accommodate the offender population.

OTHER ISSUES DISCUSSED WITH STAFF RELATED TO THE SURVEY INCLUDED

Death of Offenders:

DOC 620.200 Death of Offenders policy directives does not include the notification to Department of Health by faxes or email within 24 hours. DOC Headquarters stated that the policy will be revised and the Death of Offender reporting form will be sent to each institution and to DOH.

Negative Pressure Rooms

At the time of survey, we could not determine that the negative pressure rooms were operating appropriately in the negative mode. Both rooms contained patients who did not need negative pressure isolation. One room was at 76 degrees Fahrenheit (F). and the rooms were not adequately ventilated at the time of survey. The staff person assisting us during the test was apparently unaware of how to operate the negative pressure systems. We recommend that instructions for operating the systems be posted in the vicinity of the rooms so that staff will have a ready reference when needed. The ventilation systems to the negative pressure rooms were most likely turned off at the time of survey. It should be in operation in either the negative or positive mode when patients occupy the rooms to provide for adequate ventilation.

EFV Heater Screening

We recommend that the fire marshal be contacted to assist in determining appropriate screening for the wall heaters located in the EFVs. These heaters pose a burn hazard for small children or anyone who touches them when hot.

Observation Area in Corridor

There were two beds located in the corridor on one side of the nursing station. During the 2003 survey, it was noted that the area was occasionally used for short-term observation of offenders. However, during this survey, we were informed that this area is used for more than occasional observation. In addition to space, size, and privacy issues, there may be fire related issues that will have a bearing on use of the area for patient sleeping and observation. Because of this, we recommend that you have a fire inspection of the area in question.

Ventilation and Temperature of the Pharmacy and the Dental Clinic

Ventilation was poor in the dental clinic and pharmacy at the time of survey. The temperatures of the dental clinic and pharmacy were 76 and 78 degrees Fahrenheit,

Page 5

respectively at the time of survey. To maintain the stability of certain medications the pharmacy area needs to remain cool. The plant manager is aware of the problem with the ventilation in these areas and is working to resolve the issues. We support a quick resolution to these issues.

Pet Pals

Some pet medications were found to be past expiration date. We recommend that all medication in this program be regularly checked to ensure it is within expiration dates.

**State of Washington Department of Health
Annual Health, Environmental & Safety Survey
for Washington Corrections Center for Women**

**Contact list
April 7-8, 2004
R&A 041179**

Offender Records Reviewed:

O-1
O-2
O-3
O-4
O-5
O-6
O-7
O-8
O-9
O-10
O-11
O-12
O-13
O-14

Staff Interviewed or contacted:

David DeVore, Health Care Manager
Karen Dalbeck, Nursing Supervisor
Kris Schlatter, Infection Control
Margo Johnson, Nursing QA
Dr. Morton, D.D.S.
Ceclia Crout, AHRT
Abby Kupper, CUS
Dr. Farrington, Psychiatrist
Dave Smith, Pharmacist
Ron Dalbeck, Psy.D
Anthony Daniels, CUS

Runyon, Barbara

From: Runyon, Barbara
Sent: Tuesday, July 13, 2004 11:10 AM
To: Runyon, Barbara
Subject: FW: Subject: IC Fac 004417 R&A 040944

Primary Surveyor: Barbara Runyon
Secondary Surveyor: N/A
On-Site Date(s): 04/07/2004 & 04/08/2004
SOD: N/A
No SOD: X
Surveyors Comments: A No SOD will be sent to facility and the complainant. Please send a copy of the investigation report to Beth Anderson, DOC headquarters and Pat Arthur of Columbia Legal Services. Barbara
POC Approved Date: N/A
PR Due Date: N/A
PR Approved Date: N/A



040944BZIP WCCW04094470WCCW70897090
7089State of Wa944COMPLAINT-]

Barbara Runyon
7-13-04

-----Original Message-----

From: DOH FSL OMHS
Sent: Monday, March 15, 2004 4:48 PM
To: Runyon, Barbara
Subject: Subject: IC Fac 004417 R&A 040944

Originator: From: JODY.BALES@DOH.WA.GOV

Washington State Department of Health
Facilities and Services Licensing Request Sent to F.O.: 03/15/2004
Dept of Corrections Facility

Request # 040944 - State
TYPE OF SURVEY: Program Investigation:007089, Program Investigation:007089-
ASE#: 9BJN11

SURVEYOR(s): Barbara Runyon

Facility ID: 004417 Survey Due Date: 05/15/2004
WASHINGTON CORRECTIONS CENTER FOR WOMEN
9601 BUJACICH ROAD NW
MS: WP-04
GIG HARBOR WA 98332-8301 County: Pierce
Voice: (253)858-4200 FAX: (253)858-4685

Other Addresses

<Mailing>
PO BOX 17 (WP-04)
GIG HARBOR WA 98335-0017 County: Pierce
Occupants 825

Licenses/Certifications
State Facility ACTIVE IC-004327 Eff. Exp.10/31/2001
Health:10/27/1998 Environ:05/20/2003
Accreditation: None

Personnel

RECEIVED

JUL 13 2004

Facilities and Services
Licensing

BELINDA STEWART, SUPERINTENDENT Contact
 Voice:(253)858-4200 FAX:(253)858-4685 ACTIVE
 DEPARTMENT OF CORRECTIONS Licensee
 Voice:(360)753-1573 ACTIVE
 KIM JACOBSEN, FISCAL TECHNICIAN Accountant
 Voice:(253)858-4219 FAX:(253)858-4606 ACTIVE
 CURTIS HOFFMAN, BUSINESS MANAGER Accountant
 Voice:(253)858-4206 FAX:(253)858-4606 ACTIVE
 BELINDA STEWART Billing Contact
 Voice: ACTIVE
 BETH ANDERSON Billing CC
 Voice: ACTIVE
 PATRICK SHANNON, HCM2 Health Care Manager
 Voice:(360)427-4592 CLOSED
 BELINDA STEWART Superintendent
 Voice:(253)858-4200 ACTIVE
 SANTOS LAMAS Food Manager
 Voice:(253)858-4233 ACTIVE
 LINDA CURTIS Business Advisor
 Voice:(253)858-4618 ACTIVE
 REBECCA HOWRY Safety Manager
 Voice:(253)858-4661 ACTIVE
 DAVID DE VORE Health Care Manager
 Voice: ACTIVE
 SERVICE NOTES

8/10/2000 - Per 7/11/2000 staff meeting, next survey will be conducted by surveyors Kathie Landberg and Barbara Runyon.

- 1) 1992 population count = 273:dll
- 2) 1993 population count = 341:dll
- 3) 1994 population count = 529:dll
- 4) 1995 population count = 537:dll
- 5) 1996 population count = 584:dll
- 6) 1997 population count = 606:dll
- 7) 1998 population count = 533:ams
- 8) 1999 population count = 748:ams 04/26/00
- 9) 2000 population count = 760:drm 5/23/01
- 10) 2001 population count = 755:drm 3/15/02
- 11) 2002 population count = 825:drm 5/21/03

PRIORITY 4 COMPLAINT #007090 RECEIVED FROM INTAKE 3/3/04. JFB

PRIORITY 4 COMPLAINT #007089 RECEIVED FROM INTAKE 3/3/04. JFB



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
PO Box 47852 * Olympia, Washington 98504-7852
July 13, 2004

Belinda Stewart, Superintendent
Washington Corrections Center for Women
PO BOX 17 (WP-04)
Gig Harbor, WA 98332-8301

Dear Ms. Belinda Stewart:

This packet contains information regarding the recent survey of Washington Corrections Center for Women by the Washington State Department of Health. Your program investigation survey was completed on April 7 & 8, 2004.

During the survey, **no deficient practice** was found. A report is enclosed stating compliance with the regulations.

Please feel free to have staff contact me if there are questions regarding the survey process. I may be reached at 360 236-2937.

I want to extend a special thanks to Dave DeVore for coordinating and facilitating all of the activities during the survey process.

Sincerely,

Barbara Runyon, RN, MN, CIC
Survey Team Leader
Department of Health-Facilities & Services
Licensing-Residential Care Services
PO Box 47852
Olympia, WA 98504-7852

Enclosures: 3 NO SOD reports

Washington State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004417	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 4/8/2004
NAME OF PROVIDER OR SUPPLIER WASHINGTON CORRECTIONS CENTER FOR WOM		STREET ADDRESS, CITY, STATE, ZIP CODE 9601 BUJACICH RD NW MS: WP-04 GIG HARBOR, WA 98332		
(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) COMPLETE DATE
U 000	<p>INITIAL COMMENTS</p> <p>Surveyor: BMR03</p> <p>This was an investigation survey of the Washington Corrections Center for Women conducted by the State of Washington Department of Health in accordance with the 1994 Minimum Standards of Health Services in Correctional Facilities (Major Institutions) .</p> <p>The survey was conducted by Barbara Runyon, RN, MN, CIC.</p> <p>R&A: 040944 Type of survey: Program Investigation Onsite Date(s): April 7-8,2004 No. of Beds on line: N/A No. of Occupants: N/A Service Category: Correctional Facility</p> <p>Program Investigation and #7089 dealing with two offender deaths was investigated in conjunction with the facilities annual survey. No deficiencies were found related to the 1994 Minimum Standards of Health Services Division for Operation and Maintenance of Health Services in Correctional Facilities (Major Institutions) pertinent to this program investigation.</p>	U 000		

By signing, I understand these finding and agree to correct as noted:

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

TITLE

(X6) DATE

COMPLAINT INVESTIGATION/FINDINGS

Facility: Washington Corrections Center for Women
Provider Number: 004417
Date of Survey: April 7-8, 2004
Team Composition: Barbara Runyon, RN, MN, CIC
Complaint Number(s): 7089 &
Survey Number: 040944
Statement of Deficiency: Yes No

Based on a letter received by Department of Health (DOH)-Facilities and Services Licensing on 2/25/04, routed through DOH complaint investigations intake and the Department of Corrections (DOC) health care managers emailed reports of deaths of [redacted] and O-2 delivered to the Residential Care Services program on 3/3/04, this investigator conducted a program investigation survey. The survey included interview with staff and review of medical records. The following are the results of the investigation.

Issue: The Health Care Manager reported the deaths of [redacted] and O-2.

Findings: On 3/3/04 S-1 reported to DOH the death of [redacted] on [redacted] while at [redacted]

[redacted]'s closed medical record was reviewed during time of survey.

[redacted]'s medical record contained documentation of: arrival at WCCW from [redacted] with a history of [redacted] [redacted] ty and [redacted] s blood was drawn [redacted] Intake History and Physical performed on [redacted] with finding of increased blood pressure. A psychological evaluation performed [redacted] with finding of [redacted]

[redacted] and [redacted] was seen on [redacted] in clinic for dental care and dark brown wax. On [redacted] was assessed as not stable for transfer due to monitoring needs of jugular blood clot.

On [redacted] t 0112 clinic received an emergency call with request for gurney, RN arrived at 0114 finding cardiopulmonary resuscitation in progress, [redacted] was found not breathing and unresponsive, RN directed officer to call 911 and oxygen and defibrillator to the scene, cardiopulmonary resuscitation was continued, at 0119 defibrillator arrived, [redacted] hocked until no shock indicated by Automated External Defibrillator (AED), pulse checked with no result. 0125 Ambulance arrived, [redacted] entubated and intravenous fluid started by paramedic. RN returned to clinic to copy [redacted] s medication administration record with leaving WCCW for [redacted] blood pressure and pulse and not breathing.

WCCW medical personnel contacted providers at community hospital that in addition to O-2's usual medications, O-2 received 100 milligrams, 100 milligrams and 100 milligrams.

The medical record contained the following notes from O-2 (written requests for medical follow up) O-2; blackout/loss of time-happened in the past, first time here, O-2, serious arm pain and a provider email to another provider O-2 nas (1) increased pressure right armpit and upper right arm-site of clot formed post suicide attempt last O-2 (2) 1-1/2 lunch hour lost time-rule out medical cause-instructed to consult with medical staff.

O-2's family made the decision to withdraw medical care. O-2's medical record contained documentation of cause of death as O-2

O-2's death certificate listed date of death as 1/1/04 with cause of death as pending.

S-1 reported that all deaths at WCCW are reviewed for system and facility needs for improvement. S-1 reported this death as being investigated by DOC.

Additionally, on 3/3/04 S-1 reported to DOH the death of O-2 on 2/7/04 at St. Joseph Hospital, Tacoma.

O-2's closed medical record was reviewed at time of survey. O-2's medical record contained documentation of clinic visits from 9/5/03 to 9/25/03 for intake screening, allergies, dental care, lack of bowel movements, and hot flashes. O-2 was transferred to Pine Lodge Pre Release (PLPR) on 10/9/03. O-2's medical record contains documentation of a 10/23/03 health provider visit for vaginal discharge, heartburn, generalized abdominal pain with signs and symptoms after eating, the health care provider assessed 1) GERD 2) vaginal discharge 3) upper respiratory infection. O-2 was then seen on 11/4/03 for bilateral knee pain. On 12/23/03 O-2 complained that stomach was hurting for two months, no regular bowel movements and worsening pain, over the counter medications were issued with a referral to the Medical Doctor. On 12/24/03 O-2 declared a medical emergency, O-2 could not walk, drink water and was vomiting, MD was notified and ordered O-2 to be seen at Deaconess Emergency Room. O-2 returned to PLPR on 1/2/04 with a diagnosis of partial small bowel obstruction and to have a soft diet for 7 days.

O-2 was transferred back to WCCW on 1/9/04. O-2 vomited, was nauseated, complained of no bowel movement 1 week previous and was

assessed as having minimal bowel sounds. O-2 was transferred to St. Joseph emergency room. O-2 returned from emergency room with orders for Magnesium Citrate and to be observed in Inpatient Unit (IPU) until bowel movement occurs. O-2 remained in IPU until 1/14/04 and was to be followed up by provider the following week. On 1/15/04 O-2 was seen at the clinic for abdominal pain and no bowel movement for 2-4 days and vomiting and was subsequently admitted back to IPU. On 1/17/04 after a status check O-2 was admitted to the community hospital. WCCW was notified on 1/25/04 that O-2 was critical, on ventilator with bowel obstruction and surgeons unable to replace bowel due to inoperable metastatic cancer. O-2 expired 2/7/04 at St. Joseph's hospital.

O-2's listed cause of death was necrotic bowel, superior metastasis vein occlusion, pneumonia, and adenocarcinoma of the colon.

Conclusion: death: health care staff immediately responded to s emergency, provided cardiopulmonary resuscitation, transferred care to community hospital, informed hospital of additional information related to s care and reviewed s health care for system improvements.

O-2 death: health care staff responded to O-2's health concerns via clinic, community emergency and inpatient care. Community medical evaluations prior to O-2's surgery focused on small bowel obstruction, not inoperable metastasis cancer of the bowel. Facility reviewed O-2's health care for system improvements.

Action: A statement of no deficiency will be sent to the facility and a copy of this investigation will be sent to C-1.

**State of Washington Department of Health
Program Investigation
for Washington Corrections Center for Women
Contact list
April 7-8, 2004
R&A 040944
#7090 & 7089**

Offender Records Reviewed: Closed Records

O-2 980417

Staff Interviewed or contacted:

S-1 David DeVore, Health Care Manager
S-2 Karen Dalbeck, Nursing Supervisor
S-3 Margo Johnson, Nursing QA
S-4 Ceclia Crout, AHRT

C/O #: 7089

PRIORITY: 4

Fac. 004417

INVESTIGATOR: Barb

040944
9BJN11

TASKS FOR NEW INVESTIGATIONS

ENTERED
3/15/04
PB

- 1. Complete Intake.
- 2. Assign Priority. If the Complainant is a Whistleblower, attach pink cover sheet.
- N/A 3. If the facility is and accredited hospital, and the Priority is 1, 2, or 3A, send form 1539 and intake to CMS.
- N/A 4. Upon response from CMS (either a memo indicating "State Only" investigation or a 2802 will be returned), attach a copy of either the memo or the 2802 form to the Intake Packet.
- 5. Fill in Key Dates.
- 6. Deliver to Program. Date: 03/03/04
- _____ 7. Assign the complaint for investigation.
- N/A 8. Prepare the appropriate letter. Facility Report
- _____ 9. File in appropriate binder.