STATE OF WASHINGTON

DEPARTMENT OF HEALTH

PO Box 47852 • Olympia, Washington 98504-7852

October 27, 2003

Joan Brewer
650 Nw Juniper Street, # 103
Issaquah, WA 98027

Re: Complaint # **6640**

Dear Joan Brewer:

Thank you for bringing your concerns about Valley Medical Center to our attention. The Department of Health has conducted a thorough investigation.

After careful consideration of the records and information obtained during our investigation, we have determined there is no cause for corrective action against Valley Medical Center.

Enclosed are a copy of the investigation summary report and the findings of the survey. If you have any questions regarding your case, please call our office at (360) 236-2920. Please include the complaint case number of the facility.

Sincerely,

Linda Foss RN

Linda L. Foss, PhD, RN
Investigation Manager
Office of Health Survey
Facilities & Services Licensing

Enclosure

COMPLAINT INVESTIGATION REPORT

COMPLAINT NUMBER 6640
STATE SHELL # HK7311
MEDICARE SHELL # HK7311

FACILITY: Valley Medical Center, Renton, WA
MEDICARE PROVIDER NUMBER: 500088
DATE (S) OF INVESTIGATION: 10/01/03
DATE REPORT WRITTEN: 10/03/03
INVESTIGATOR (S) NAME & TITLE: Pat Schwarz, RN

STATEMENT OF DEFICIENCY: No

Based on a call to the Complaint Hotline this investigator conducted a complaint survey.

ISSUES: Discharge Planning Allegation Category: Not Substantiated
Discharge Planning Allegation Category: Not Substantiated

PROCESS: I toured the facility, interviewed patients, staff and family members. I contacted the complainant on 10/01/03, 10/02/03 and 10/03/03 to clarified issues but was unsuccessful.

1. On 10/01/03, I reviewed the facility's discharge planning manual for appropriate discharge policies and procedures related to: 1) Who developed and implemented the patient's discharge plans; 2) When was the patient's discharge planning initiated during the hospitalization; 3) How did the hospital personnel reassess the patient's discharge plans; and 4) Did the nursing staff and interdisciplinary team document the patient's discharge process and identify discharge needs.

2. I interviewed the Patient Outcome Coordinator, Discharge Coordinator, Case Manager, Nursing Manager and nursing staff regarding the following: 1) How discharge planning was conducted within this facility; 2) Who was responsible in developing the patient's discharge plans; 3) How were the patient's needs and risks assessed prior to discharge; and 4) How were patients and family members informed about their discharge options.

3. I then interviewed the Discharge Coordinator about the related issues: 1) How the facility's interdisciplinary team assessed patient's needs; 2) How did the team assessed the patient's emotional, cognitive functioning and psych-social needs and was the information documented by the team; 3) Were community options provided to patients/family members regarding discharge placement; and 4) Were patients, family members and caregivers provided with discharge instructions prior to discharge.

4. I reviewed the Discharge Coordinator's and Discharge Planner's job descriptions.

5. I interviewed patients and family members about the following: 1) Did they participated in identifying the patient's discharge needs; 2) Were parents/family members and caregivers involved with the patient's decision making regarding the patient's discharge placement; and 3) Did the patient, family members and caregivers receive information about patient's discharge plans prior to discharge.

6. I examined 6 patients' medical records regarding discharge-planning implementation.

CONCLUSION: The hospital was found to be in compliance with pertinent sections of Chapter WAC 246-320-345 (Discharge/Transfer) and with Medicare 42 CFR 482.43 (Discharge Planning).

ACTION TAKEN: Not Substantiated-Deficiencies were not written against this investigation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	500088	A. BUILDING _____ B. WING _____	C 10/1/2003

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY MEDICAL CENTER	400 SOUTH 43RD STREET RENTON, WA 98055

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A 000	INITIAL COMMENTS Surveyor: 10814 This hospital Medicare compliant investigation survey was completed by Pat Schwarz RN, on October 01, 2003 in response to complaint #6640. There were no deficiencies found, the facility was in compliance with Medicare 42 CFR, Part 482.43 (Discharge Planning) requirements for hospital's Condition Of Participation. ASE HK7311	A 000		

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. Except for nursing homes, the findings 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.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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VALLEY MEDICAL CENTER	400 SOUTH 43RD STREET RENTON, WA 98055

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State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000089	A. BUILDING _____ B. WING _____	C 10/1/2003

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY MEDICAL CENTER	400 SOUTH 43RD STREET RENTON, WA 98055

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A 000	INITIAL COMMENTS Surveyor: 10814 This State investigation was done in response to complaint #6640 on October 01, 2003, by Pat Schwarz RN MS. No deficiencies were found under the Hospital WAC 245-320-345 (Discharge Planning) relating to this complaint. ASE # HK7311	A 000		

ADSA --- Residential Care Services or Department of Health

TITLE (X6) DATE

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

4033 Talbot Rd. So., #570
Renton, WA 98055
(425) 656-5557
(425) 656-5558 (fax)

Valley Medical Center
Clinic Referral Office

REFERRAL NOTICE

Dear: Joan

Valley Medical Centers Clinic Network Staff are committed to helping you stay well. We would like to notify you that your referral has been completed.

You have been referred to Catherine Jackson.

If you haven't already scheduled your appointment, Please call the specialists' office at the phone number listed on the attached referral.

Please note, we do not guarantee the coverage of this referral. Final determination of your benefits will be made by your insurance company when your claim is processed. If you have any questions regarding your benefits, please refer to your insurance booklet or call your insurance company at the number listed on your insurance card to verify benefits.

If you have any questions about this referral, please feel free to call the Centralized Referral office at 425-656-5557.

Please remember to take all enclosed paper work with you to your appointment.

Thank you,

Judy

Valley Medical Center Clinic Network
Centralized Referral Office

MEDICARE
VMC CLINIC NETWORK
OUTGOING REFERRAL
SERVICE AUTHORIZATION FORM
May 9, 2003

Patient:

Name:	JOAN L BREWER		
Patient #:	2070896	Responsible Type:	1 - SELF
Date of Birth:	01/11/1951	Responsible Party:	JOAN L. BREWER
Address:	650 NW JUNIPER ST #103	Insurance Carrier:	MEDICARE
		Contract #:	566849942A
	ISSAQUAH, WA 98027	Internal Reference #:	28709
Home Phone:	(425) 392-2163	Request Date:	05/09/2003
Work Phone:		Entry Number:	1

Authorization:

Referral To:	JONI GHORMLEY ARNP 7203 129TH AVE SE STE 100 NEWCASTLE, WA 98056 656-5406	Authorization #: MCO Reference #: Begin Date: End Date:	NONE REQUIRED 05/06/2003 11/06/2003
Authorized Location:	NEWCASTLE PRIMARY CARE 7203 129TH AVE SE STE 100 NEWCASTLE, WA 98056 656-5406	Referral From:	VMC CLINIC NETWORK JONI GHORMLEY ARNP 7203 129TH AVE SE STE 100 NEWCASTLE, WA 98056 656-5406

Diagnosis: 813.01 CLSD FX OLECRAN/PROC ULNA

Service Authorized:

Ref Type	Qty	Service	Proc Code	Mod	Description	Priority
Visit	99		REF		REFERRAL	Normal
			REF		REFERRAL	

REFERRED CATHERINE JACKSON 1100 9TH AVE SEATTLE, 206-223-7530 PATIENT HAS MEDICARE PRIMARY AND DSHS SECONDARY NO REFERRAL AUTHORIZATION REQUIRED

End of Form

STATE OF WASHINGTON

DEPARTMENT OF HEALTH

PO Box 47852 • Olympia, Washington 98504-7852

July 1, 2003

Joan Brewer
650 Nw Juniper Street, # 103
Issaquah, WA 98027

Dear Joan Brewer:

This letter is to acknowledge your complaint received by our agency on June 6, 2003 concerning Valley Medical Center. We appreciate your interest and concern in bringing this matter to our attention. We will investigate your complaint allegations. Any future correspondence about this matter should be referred to as Complaint # **6640**.

The Investigation process can take three to six months and in some cases longer. You will be informed of the outcome of our investigation. If you have any questions or information please contact our office at (360) 236-2920 or write to:

Department of Health
Facilities & Services Licensing
Attn: Office of Health Care Survey
PO Box 47852
Olympia, WA 98504-7852

Sincerely,

Stephanie Todak, ARNP /S

Stephanie Todak, ARNP
Investigation Manager
Office of Health Survey
Facilities & Services Licensing

City of Seattle Gregory J. Nickels, Mayor
Human Services Department
Aging and Disability Services *Creating choices for elders and adults with disabilities in Seattle-King County*

Patricia McInturff, HSD Director
Pamela Piering, ADS Director

9/24/2003

Seattle Office of Administrative Hearings
1904 3rd Ave.,Suite 722
Seattle,WA 98101-1100

To Whom It May Concern:

I am contacting your office at this time in regards to Docket Number 07-2003-B-1297 a Fair Hearing with Joan Brewer. Enclosed is a packet of documents that I would like to submit as exhibits in addition to the Fair hearing packet your department all ready has.

Sincerely

Bill Jeg, Department Representative
(206)615-1947

hearing judge
Wagegerman

cc: Jaon Brewer

VALLEY MEDICAL CENTER
400 South 43rd Street • Renton, WA 98058
(425) 228-3450

Unit _____ Date 4/30/03

Patient's Name Joan Brewer

Address _____

℞ Hospital bed
alternating pressure mattress
Dg: paraplegia
(L) elbow fx

☐ Repeat 1__ 2__ 3__ 4__
☐ Non Repetatur
☐ Label
☐ Warning: May Cause Drowsiness

Code M.D. _____ M.D.
SUBSTITUTION PERMITTED DISPENSE AS WRITTEN

Registry No: BG7599915

86-0410-0 Rev. 7/01

VALLEY MEDICAL CENTER
400 South 43rd Street • P.O. Box 50010 • Renton, WA 98058-5010
(425) 228-3450

Unit _____ Date 5/1/03

Patient's Name Joan Brewer

Address _____

℞ Bedside commode

Dg: paraplegia
(L) elbow fx

☐ Repeat 1__ 2__ 3__ 4__
☐ Non Repetatur
☐ Label
☐ Warning: May Cause Drowsiness

Code M.D. _____ M.D.
SUBSTITUTION PERMITTED DISPENSE AS WRITTEN

Registry No. _____

86-0410-0 Rev. 7/01