



STATE OF WASHINGTON  
DEPARTMENT OF LABOR AND INDUSTRIES  
Division of Occupational Safety and Health  
PO Box 44600 • Olympia, Washington 98504-4600

January 16, 2015

WA ST SOCIAL & HEALTH SERVICES DEPT  
OF  
WESTERN STATE HOSPITAL  
14th and Jefferson, Ob2 4th Fl  
Risk Mg claims Ms 45882  
Olympia, WA 98504

Inspection: 317399111  
UBI: 342007865  
Region: 3-Health  
Inspector: LISA VAN LOO (J2313)  
Reference: 203276050

Dear Employer:

Enclosed are the results of the safety and health inspection of your workplace. This packet contains:

- **Citation Invoice** – The total assessed penalty is \$5,600.00
- **Citation and Notice of Assessment** – Washington Administrative Code (WAC) Violations.
- **Employer Certification of Abatement instruction and form** - Correct all violations and return written verification or additional penalties may result.
- **Employer Appeal Rights** – You have 15 working days to appeal this citation.

You must immediately post this Citation and Notice of Assessment at or near where the violation(s) occurred, where employees can easily find and read it, or where employees normally receive posted information. All postings must remain until you have corrected all violations, or for three working days, whichever is longer. "Working day" means a calendar day, except Saturdays, Sundays and all legal state holidays.

Because this inspection is public information, the result will be posted online 30 days after the above date by the Department of Labor & Industries. You may view it at <https://secure.lni.wa.gov/verify/>.

**If you have questions, call the compliance supervisor, EDWARD GUY, at (253) 596-3912.**

Respectfully,

*Anne F. Soiza*

Anne F. Soiza  
Assistant Director  
Division of Occupational Safety & Health

**Risk Management Office**

**JAN 20 2015**

**DSHS Claims Mgmt.**

Enclosure(s)



Washington State Department of  
**Labor & Industries**  
 Division of Occupational Safety and Health

**Invoice**

**Inspection: 317399111**

**UBI:** 342007865  
**Legal Name:** WA ST SOCIAL & HEALTH SERVICES  
 DEPT OF  
**DBA Name:** WESTERN STATE HOSPITAL  
**Inspection** 9601 Steilacoom Blvd,  
**Site:** Lakewood, WA, 98498

**Issued:** January 16, 2015  
**Opening Conference:** July 21, 2014  
**Closing Conference:** January 12, 2015  
**Inspector:** LISA VAN LOO  
 J2313

**Summary of Assessed Penalties Due**

The Citation and Notice of Assessment includes a full description of each violation.

<b>Violation Item</b>	<b>Violation Type</b>	<b>WAC</b>	<b>Correction Due Date</b>	<b>Penalty Amount</b>
1-1	Serious	296-800-11010	2/18/2015	\$5,600.00
<b><u>Total Penalty Due</u></b>				<b>\$5,600.00</b>

PAYMENT INFORMATION

**Payment is due 15 working days from receipt of this citation.**

Make check payable to the Department of Labor and Industries.

Write Inspection number 317399111 on the check and mail to:

**Attn: DOSH Cashier**  
**Department of Labor and Industries**  
**PO Box 44835**  
**Olympia, WA 98504-4835**  
 Or deliver to: **Any L&I office**

**Risk Management Office**

**JAN 20 2015**

**DSHS Claims Mgmt.**



Washington State Department of  
**Labor & Industries**  
*Division of Occupational Safety and Health*

**Post This Document**  
**Citation and Notice of Assessment**  
**Inspection: 317399111**

**UBI:** 342007865 **Issued:** January 16, 2015  
**Legal Name:** WA ST SOCIAL & HEALTH SERVICES DEPT **Opening Conference:** July 21, 2014  
 OF  
**DBA Name:** WESTERN STATE HOSPITAL **Closing Conference:** January 12, 2015  
**Inspection Site:** 9601 Steilacoom Blvd Lakewood, WA 98498 **Inspector:** LISA VAN LOO  
**Site:** **Risk Management Office** J2313

JAN 21 2015

**Violation 1 Item 1**

**DSHS Claims Mgmt.**

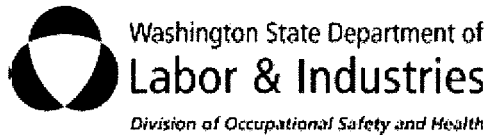
**Violation Type: Serious**

WAC 296-800-11010

The employer, Washington State Department of Social and Health Services, did not provide and use safety devices, safeguards, and use work practices, methods, processes, and means that are reasonably adequate to make the workplace safe, and did not do everything reasonably necessary to protect the life and safety of its employees because it has not implemented technologically and economically feasible methods of abating the hazard of patient assaults on employees at Western State Hospital in Lakewood, Washington. Without implementation of economically and technologically feasible methods of addressing workplace violence, employees are exposed to the hazard of violent behaviors and being physically assaulted by residents/patients with known histories of behavioral disorders or the potential for violence, causing serious injuries to employees of Western State Hospital. The employer did not develop and/or implement adequate measures to protect its employees from physical assaults such as, but not limited to, being stabbed, kicked, punched, choked, bitten, subject to lacerations, struck by thrown objects, and sexually assaulted.

There are many technologically and economically feasible practices (both engineering and administrative controls) that will materially reduce both the frequency and severity of employee injuries resulting from patient assaults. DSHS must determine which combination of administrative and engineering controls/methods of abatement will achieve the greatest reduction in injury severity and frequency. The engineering and administrative controls that would materially reduce this hazard and are potential methods of abatement include, but are not limited to:

1. Expand the personal alarm system to include all areas where employees and patients co-locate;
2. Replace the current Firepower pendant system with a system that utilizes wi-fi, GPS, or other communication technology which allows duress alarm functionality throughout the campus, both indoors and outdoors, and allows for instantaneous location of the employee triggering the alarm;
3. Provide all staff and onsite contract staff with a mobile phone, two-way radio, or other easily portable means of rapid, two-way communication;
4. Improve building and grounds PA system;
5. Expand video surveillance to include all areas where employees and patients co-locate;
6. Expand the "Key Watcher" system hospital-wide ;
7. Apply staffing strategies which improve flexibility to allow staff to both deter and intervene in assaults;
8. Increase training so exposed employees are more competent in use of emergency communications systems where provided, are trained in recognizing and responding to potentially assaultive behavior, and methods of self-protection when necessary;
9. Develop a process that identifies and corrects systemic deficiencies in emergency communications systems for all areas of the hospital;



**Post This Document**  
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10. Improve or replace the currently used "Firepower pendant system" communication device method (and backup systems such as radios and call boxes) for rapidly summoning assistance during emergencies in the following instances where deficiencies have been identified:

The Pendant System does not work for outdoor locations, the system only covers those buildings within which it is installed, it triangulates from the closest transceiver, which may provide incorrect incident locations, and it does not give an exact location within the ward where an incident is in progress.

There are locations throughout the Western State Hospital campus where the pendant system is not installed, which are accessible to patients throughout the day. These locations include buildings: 5 Laundry , 6 Art Rehab Center , 8 offices, library on third floor, 9 General Administration, 10 Gymnasium, SITE program, 13 Pharmacy, 15 Greenhouse, 16 Kitchen, Staff Development, 23 Chapel, 24 Offices, Patient Funds, 25 Beauty shop/barber shop, Patient Legal Services, classroom, 27 Habilitative Mental Health Building, outdoors, throughout the campus, and at the WSH Cemetery.

Additionally, there are some locations within buildings with the Firepower pendant system that have communications "blind spots". In instances where the system fails to respond as designed, employees have no means of communicating for assistance. These blind spots include: Kitchen/dining room (on units), hallways, courtyards, medication rooms, laundry room (on units), patient rooms, elevators, and stairwells.

Some backup communication systems (radios and/or call boxes) have been implemented in areas not covered by the pendant system. However they were not evaluated for effectiveness or adequacy in reasonably anticipated emergency conditions. Issues identified with the backup communications are:  
Radios (Security chatter during days and swings, hard to break in, can be used as a weapon, some employees have been trained on their use, some have not); land line telephones (lack mobility, no way to use if cornered or path to phone is blocked); pagers (Issued to RN3 & RN4 only, sequential callout, can be up to 5 minutes to receive page if have a higher pager number); outdoor phone boxes (padlocked shut, all staff have key, takes time to find key and unlock, lock can be used as weapon); cell phones for use on the grounds (WSH-issued phones, 1 per ward, not all wards have them, employees use own cell phones against general WSH policy); public address/loudspeaker (no coverage in some areas, such as C19 and some RN offices, Records Room, not available outdoors); intercom in Habilitative Mental Health building (located behind Nurse's Station, no way to activate remotely).

**Correct by: 2/18/2015**  
**Assessed penalty: \$5,600.00**

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**JAN 21 2015**

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**Employer Certification of  
 Abatement Instructions  
 Inspection: 317399111**

**What you must do now:**

- Check the correction due date(s) shown on the enclosed Employer Certification of Abatement Form. You must fully correct the hazards by these dates.
- Describe on the form how you corrected each hazard, rather than what you *intend to do* in the future.  
 Examples:  
     **Right:**            *All staff have received the required training.*  
     **Wrong:**           *All staff will receive the required training next week.*  
 Use attachments if you need more space. Submit additional documentation of hazard correction if requested in the citation packet.
- Fill in the date you corrected the hazard and sign.
- Post a copy of the completed form for at least three working days, or until you have corrected all violations, whichever is longer. It must be posted near the hazard location or in a place that is readily accessible by affected employees and their representatives.
- Send your completed form to the address provided.

**Note:** If we do not receive written confirmation you have corrected the hazards, we will take follow-up action, which may include additional penalties. If you provide us with false information, you may face criminal penalties.

**If you are unable to fix the hazard(s) by the correction due date(s):**

We must receive your written request for an extension **before** the correction due date(s) listed for the hazard(s). Correction due dates are shown on the enclosed Citation and Notice of Assessment and on your Employer Certification of Abatement Form(s).

Extensions are not automatically granted. To be considered for an extension, you must provide the following:

- Inspection number, employer name, telephone number, and site address.
- Violation and Item number for each requested extension.
- Correction due date on the citation and additional time needed.
- Steps taken to fix the hazard by the correction due date.
- Why you cannot correct the hazard by the correction due date.
- How you will protect your employees until you fix the hazard.

For more information, contact:  
 Or call: (253) 596-3912

EDWARD GUY, Compliance Supervisor  
 Department of Labor and Industries  
 950 Broadway  
 Tacoma, WA 98402

**Risk Management Office**

**JAN 21 2015**

DSHS Claims mgmt.

You must post all documentation associated with your request for extension with your citation packet. All postings must remain until you have corrected all violations, or unless you have appealed and received and posted your hearing notice.



Washington State Department of  
**Labor & Industries**  
*Division of Occupational Safety and Health*

**Employer Certification of  
Abatement Form**  
**Inspection: 317399111**

**UBI:** 342007865

**Issued:** January 16, 2015

**Legal Name:** WA ST SOCIAL & HEALTH SERVICES  
DEPT OF

**DBA Name:** WESTERN STATE HOSPITAL

**Site Address:** 9601 Steilacoom Blvd, Lakewood, WA, 98498

**You must complete this form and return it to:** LISA VAN LOO, Department of Labor & Industries  
950 Broadway St. Ste 200, Tacoma, WA 98405-4453  
Or Fax to:

Violation(s) are fully described in the Citation and Notice of Assessment section.

Violation, Item & Group#	Type of Violation	WAC# Violated	Correction Due Date
1-1	Serious	296-800-11010	2/18/2015
Violation Summary: Identify and resolve communication deficiencies.			
How you corrected the hazard →			
Date you corrected the hazard →			

**Risk Management Office**

**JAN 21 2015**

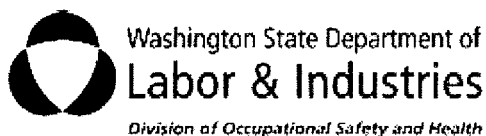
**DSHS Claims Mgmt.**

I certify that the hazards described in this Employer Certification of Abatement Form have been corrected as described above. Affected employees and their representatives have been informed of the correction activities. I am aware that knowingly providing false information may result in criminal penalties (RCW 49.17.190(2)).

Signature		Name	
Title	Date	Phone No.	

**DOSH USE ONLY**

DOSH Reviewer's Signature	Date
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# Post This Document

## Appeal Rights

### Inspection: 317399111

### For Employers

If you are cited for a violation of Occupational Safety and/or Health rules, you have the right to appeal the citation. **You have 15 working days from the date you receive this citation to appeal.** (RCW 49.17.140(1)) "Working day" means a calendar day, except Saturdays, Sundays and all legal state holidays. Your appeal must be in writing. It may be mailed, faxed, or personally delivered.

For violations classified as serious, willful, repeat serious, or failure to abate serious, an employer must correct the violations by the date listed on the Citation and Notice / Employer's Certification of Abatement form unless a stay of abatement date is requested in the appeal as described on this page. A stay of abatement date means the employer's requirement to abate or correct the hazard is put on hold until the appeal is resolved. All general and repeat general violations under appeal automatically have stay of abatement dates until a final order on those violations has been issued. If you only need an extension of an abatement date, please see the above section entitled, "If you are unable to fix the hazard(s) by the correction due date(s)".

#### Your appeal must include:

- Name, address, telephone number, and fax number if available of the employer who is appealing, and for the employer's representative, if any, such as an attorney or interpreter.
- Inspection Number (You will find this nine-digit number in the top right corner of this page.)
- Statement explaining:
  1. What you think is wrong with the citation and any related facts.
  2. How you think the citation should be changed.
  3. What relief you are seeking and why.

**If you are requesting a stay of abatement date for serious, willful, repeat serious or failure to abate serious, you must also include:**

- Each violation and item number for which a stay of abatement date is requested; and
- The reason for the stay of abatement date request.

Note: Employees and/or employee representatives may elect to participate in appeal hearings.

### Posting requirement:

You must post your appeal documents (along with this citation packet) until the appeal is resolved. You must also post all other documents related to this appeal.

### For Employees or Their Representatives

If your employer is cited, you may only appeal the correction due date(s).

#### Your appeal must include:

- Your name, address, telephone number, and fax number if available and the same information for anyone who is representing you, if any.
- Inspection number.
- Statement explaining why the correction due date should be changed.

<b>Send all appeals to:</b>
<b>Assistant Director for DOSH</b> <b>Attn: Appeals Program</b> <b>PO Box 44604</b> <b>Olympia, WA 98504-4604</b> <b>Fax to: (360) 902-5581 or deliver to: Any L&amp;I office</b>
For more information call the Appeals Program: <b>(360) 902-5486.</b>

**Risk Management Office**

**JAN 21 2015**

**DSHS Claims Mgmt.**