

WAC 246-320-013 Department responsibilities—Enforcement. (1)

The department may deny, suspend, modify, or revoke a license when it finds an applicant or hospital has failed or refused to comply with chapter 70.41 RCW or this chapter. The department's notice of a license denial, suspension, modification, or revocation will be consistent with RCW 43.70.115. The proceeding is governed by the Administrative Procedure Act chapter 34.05 RCW, this chapter, and chapters 246-08 and 246-10 WAC. If this chapter conflicts with chapter 246-08 or 246-10 WAC, this chapter governs.

(2) The department may assess civil fines on a hospital according to RCW 70.41.130.

(a) The department may assess a civil fine of up to \$10,000 per violation, not to exceed a total fine of \$1,000,000, on a hospital when:

(i) The hospital has previously been subject to an enforcement action for the same or similar type of violation of the same statute or rule; or

(ii) The hospital has been given any previous statement of deficiency that included the same or similar type of violation of the same or similar statute or rule; or

(iii) The hospital failed to correct noncompliance with a statute or rule by a date established or agreed to by the department.

(b) The department will assess civil fine amounts based on the scope and severity of the violation(s) and in compliance with (g) and (h) of this subsection:

(c) The "severity of the violation" will be considered when determining fines. Levels of severity are categorized as follows:

(i) "**Low**" means harm could happen but would be rare. The violation undermines safety or quality or contributes to an unsafe environment but is very unlikely to directly contribute to harm;

(ii) "**Moderate**" means harm could happen occasionally. The violation could cause harm directly but is more likely to cause harm as a continuing factor in the presence of special circumstances or additional failures. If the deficient practice continues, it would be possible that harm could occur but only in certain situations or patients;

(iii) "**High**" means harm could happen at any time or did happen. The violation could directly lead to harm without the need for other significant circumstances or failures. If the deficient practice continues, it would be likely that harm could happen at any time to any patient.

(d) Factors the department will consider when determining the severity of the violation include:

(i) Whether harm to the patient(s) has occurred, or could occur;

(ii) The impact of the actual or potential harm on the patient(s);

(iii) The degree to which the hospital demonstrated noncompliance with requirements, procedures, policies or protocols;

(iv) The degree to which the hospital failed to meet the patient's physical, mental, and psychosocial well-being; and

(v) Whether a fine at a lower severity has been levied and the condition or deficiency related to the violation has not been adequately resolved.

(e) The scope of the violation is the frequency, incidence, or extent of the occurrence of the violation(s). The levels of scope are defined as follows:

(i) **"Limited"** means a unique occurrence of the deficient practice that is not representative of routine or regular practice and has the potential to impact only one or a very limited number of patients, visitors, or staff. It is an outlier. The scope of the violation is limited when one or a very limited number of patients are affected or one or a very limited number of staff are involved, or the deficiency occurs in a very limited number of locations.

(ii) **"Pattern"** means multiple occurrences of the deficient practice, or a single occurrence that has the potential to impact more than a limited number of patients, visitors, or staff. It is a process variation. The scope of the violation becomes a pattern when more than a very limited number of patients are affected, or more than a very limited number of staff are involved, or the situation has occurred in several locations, or the same patient(s) have been affected by repeated occurrences of the same deficient practice.

(iii) **"Widespread"** means the deficient practice is pervasive in the facility or represents a systemic failure or has the potential to impact most or all patients, visitors, or staff. It is a process failure. Widespread scope refers to the entire organization, not just a subset of patients or one unit.

(f) When determining the scope of the violation, the department will also consider the duration of time that has passed between repeat violations, up to a maximum of two prior survey cycles.

(g) The department will consider the operation size of the hospital and the number of licensed beds when assessing a civil fine based on the following tables:

Table 1: 0-25 and 26-99 licensed beds

Fine Amounts in Relation to the Scope and Severity of the Violation			
Scope	Severity		
	Low	Moderate	High
Limited	\$500 - \$550	\$1,000 - \$1,100	\$2,000 - \$2,200
Pattern	\$1,000 - \$1,100	\$2,000 - \$2,200	\$4,000 - \$4,400
Widespread	\$1,500 - \$1,650	\$3,000 - \$3,300	\$5,000 - \$5,500

Table 2: 100-299 licensed beds

Fine Amounts in Relation to the Scope and Severity of the Violation			
Scope	Severity		
	Low	Moderate	High
Limited	\$500 - \$650	\$1,000 - \$1,300	\$2,000 - \$2,600
Pattern	\$1,000 - \$1,300	\$2,000 - \$2,600	\$4,000 - \$5,200
Widespread	\$1,500 - \$1,950	\$3,000 - \$3,900	\$5,000 - \$6,500

Table 3: 300+ licensed beds

Fine Amounts in Relation to the Scope and Severity of the Violation			
Scope	Severity		
	Low	Moderate	High
Limited	\$500 - \$1,000	\$1,000 - \$2,000	\$2,000 - \$4,000
Pattern	\$1,000 - \$2,000	\$2,000 - \$4,000	\$4,000 - \$8,000
Widespread	\$1,500 - \$3,000	\$3,000 - \$6,000	\$5,000 - \$10,000

(h) The department may assess a civil fine that is higher than the maximum fine amounts in (g) of this subsection, not to exceed \$10,000 per violation, if it determines that the maximum fine amounts

listed in (g) of this subsection would not be sufficient to deter future noncompliance.

(i) A hospital may appeal the department's action of assessing civil fines under RCW 43.70.095.

[Statutory Authority: RCW 70.41.030 and 2021 c 61. WSR 23-01-131, § 246-320-013, filed 12/20/22, effective 1/20/23.]