

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

COPY

March 19, 2021

PROVIDENCE HEALTH & SERVICES  
SACRED HEART MEDICAL CENTER  
9 East Ninth Ave.  
Spokane, WA 99202

OSHA #: 1496571  
Inspection: 317961289  
UBI: 601377665  
Region: 6-Health  
Inspector ID: C1100  
Reference: 209481311

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 \$4,200.00
- **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> .

**Please visit <https://www.lni.wa.gov/agency/public-disclosure/> if you would like to request a copy of the inspection file. Your choices are:**

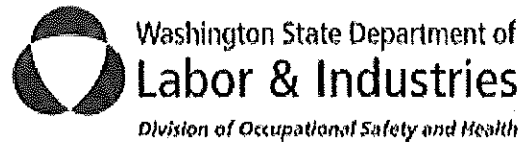
- Safety & Health Citation Only
- Safety & Health Brief Inspector Summary Report (short description the inspector writes to summarize the reason for the inspection only – not complete file)
- Safety & Health Detailed Inspection Summary Report (detailed summary of inspection including penalty calculation only – not complete file)
- Safety & Health Citation and Complete Inspection File (The complete legal file which contains the detailed information regarding the inspector’s findings, the citation, and calculation of any penalty. This will be especially helpful if you are contemplating filing an appeal.)

**If you have questions, call the compliance supervisor, Brian Byrd, at (509) 324-2588.**

Respectfully,

L&I Assistant Director  
Division of Occupational Safety & Health

Enclosure(s)



## Invoice

**Inspection: 317961289**

<b>UBI:</b> 601377665	<b>Issued:</b> March 19, 2021
<b>Legal Name:</b> PROVIDENCE HEALTH & SERVICES	<b>Opening Conference:</b> October 7, 2020
<b>DBA Name:</b> SACRED HEART MEDICAL CENTER	<b>Closing Conference:</b> March 16, 2021
<b>Inspection:</b> 101 W 8th Ave,	<b>Inspector ID:</b> C1100
<b>Site:</b> Spokane, WA, 99204	

### Summary of Assessed Penalties Due

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

Violation Item	Violation Type	WAC	Correction Due Date	Penalty Amount
1-1	Serious	WAC 296-800-11005	3/27/2021	\$4,200.00
<b>Total Penalty Due</b>				\$4,200.00

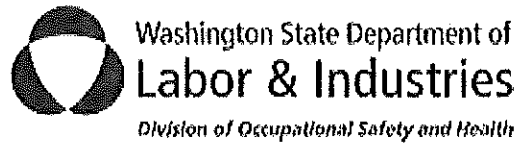
### **PAYMENT INFORMATION**

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

Make check payable to the Department of Labor and Industries.

Write Inspection number 317961289 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**



Post This Document

**Citation and Notice of Assessment**  
**Citación por Infracción y Multa Civil**  
**Inspection: 317961289**

<b>UBI:</b> 601377665	<b>Issued:</b> March 19, 2021
<b>Legal Name:</b> PROVIDENCE HEALTH & SERVICES	<b>Opening Conference:</b> October 7, 2020
<b>DBA Name:</b> SACRED HEART MEDICAL CENTER	<b>Closing Conference:</b> March 16, 2021
<b>Inspection Site:</b> 101 W 8th Ave Spokane, WA 99204	<b>Inspector ID:</b> C1100

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**Message**

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The following amends the Citation and Notice previously issued on January 26, 2021. Please disregard the previous Citation and Notice. If an appeal of this report is to be initiated, it may be made within 15 working days from the communication of this Citation and Notice.

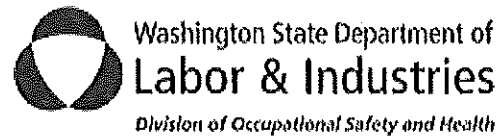
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This Citation and Notice is being amended to include Violation 1-1 and the penalty assessed.

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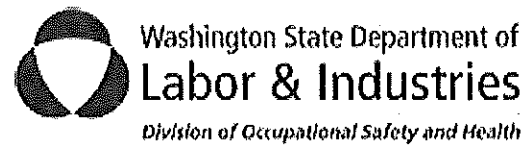
Post This Document  
**Citation and Notice of Assessment**  
**Citación por Infracción y Multa Civil**  
**Inspection: 317961289**

**Violation 1 Item 1**  
**WAC 296-800-11005**

Violation Type: Serious

The employer did not provide a workplace free from recognized hazards that are causing, or are likely to cause, serious injury or death, as required by this standard. The employer did not ensure their employees practiced social distancing at nursing workstations, report rooms, and break rooms in the Neonatal Intensive Care Unit, Labor & Delivery unit, Cardiac Medical Unit, and Cardiac Intensive Care Unit. DOSH Directive 1.70 provides enforcement policy when evaluating workplace implementation of social distancing, facial coverings and respiratory protection, sanitation and sick employee practices consistent with DOSH, OSHA and Department of Health guidance. COVID-19 is widely recognized and publicized as a very serious workplace hazard, resulting in hospitalization and death.

**Correct by: 3/27/2021**  
**Assessed penalty: \$4,200.00**



## Employer Certification of Abatement Instructions Inspection: 317961289

### 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).

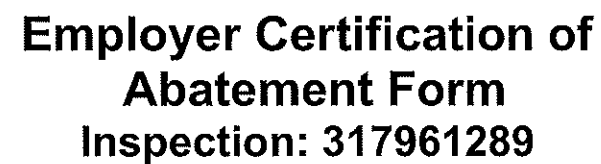
Extensions are not automatically granted. To be considered for an extension, you must provide the following:

- 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: (509) 324-2588

Brian Byrd, Compliance Supervisor  
Department of Labor and Industries  
901 N. Monroe St. Ste 100  
Spokane, WA 99201

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.

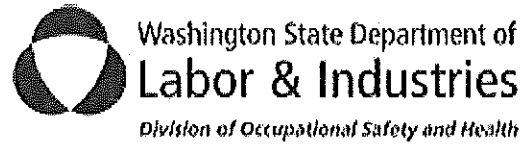


**Site Address:** 101 W 8th Ave, Spokane, WA, 99204

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	WAC 296-800-11005	3/27/2021
Violation Summary: Ensure employees socially distance			
How you corrected the hazard ➡			
Date you corrected the hazard ➡			

DOSH Reviewer's Signature \_\_\_\_\_ Date \_\_\_\_\_



Post This Document  
Appeal Rights  
Inspection: 317961289

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, personally delivered or electronically filed. If you electronically file, the Department will send an automated acknowledgement that the appeal was received. **If you do not receive acknowledgement, please ensure you have addressed it to the correct email.** You can also contact the Appeals Program at the number listed below.

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> Fax to: (360) 902-5581 or deliver to: <b>Any L&amp;I office</b> Electronically to: <a href="mailto:DOSHAppeals@Lni.wa.gov">DOSHAppeals@Lni.wa.gov</a>  For more information call the Appeals Program: (360) 902-5486.