

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

PRINTED: 11/24/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>174004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>11/03/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>OSAWATOMIE STATE HOSPITAL PSYCHIATRIC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 STATE HOSPITAL DRIVE</b> <b>OSAWATOMIE, KS 66064</b>		
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A 000	INITIAL COMMENTS  The following citations represent the findings of complaint investigation #93304 completed at the above named facility. The survey (ASPEN #3GD211) resulted in non-compliance with one Condition of Participation: 42 CFR 482.23, requirements for Nursing Services. The survey resulted in an Immediate Jeopardy with the Condition of Participation, 42 CFR 482.23, requirements for Nursing Services that was not removed on exit 11/3/15.	A 000	A-385 and A-395  Nursing Services and RN Supervision of Nursing Care  Hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.		
A 385	482.23 NURSING SERVICES  The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.  This CONDITION is not met as evidenced by: Based on observation, staff interview, and document review, the facility failed to ensure nursing staff provided oversight for the provision of patient care, failed to ensure Security Rounds Staff performed appropriate safety round checks, failed to ensure nursing staff completed therapeutic observation status level checks, and failed to ensure nursing staff supervised patients in shower rooms and bathrooms with ligature risks (refer to A-0395). This failure of Nursing services resulted in the Centers for Medicare and Medicaid Services notifying the facility of an immediate jeopardy situation on 11/3/15 at 1:19pm that was not removed on exit on 11/3/15 at 6:30pm.  The cumulative effect of the systemic failure to supervise the provision of care, to perform required safety checks, and to protect suicidal	A 385	an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.  <b>1. Plan of Correction:</b>  1. The interim Director of Nursing will receive regular consultative services from a Registered Nurse with a Master's of Science degree in Nursing to assist with the overall nursing services.  2. The Nurse Managers will maintain an active presence on the units throughout the week and across shifts (an average of 35% of their time spent directly supervising activities on the unit). This will be expected of all Nurse Managers (a.m., p.m. and overnight) As a part of this process, the Nurse Managers will ensure that: a. All Nurses are trained on the duties and		

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

TITLE

(X6) DATE

*John W. [Signature]*

*Superintendent*

*12-13-15*

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. (See instructions.) Except for nursing homes, the findings stated 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.

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A 385	Continued From page 1	A 385	responsibilities of the Charge Nurse (see below for specific duties and expectations) with written expectations provided to them no later than December 9, or prior to starting their shift if they were not available for training by December 9. These expectations clarify their responsibility for the overall conduct of staff working under their license and general activities for the unit on each shift.		
A 395	482.23(b)(3) RN SUPERVISION OF NURSING CARE  A registered nurse must supervise and evaluate the nursing care for each patient.  This STANDARD is not met as evidenced by: Based on observation, staff interview, and document review, the facility failed to ensure nursing staff provided oversight for the provision of patient care, failed to ensure Security Rounds Staff performed appropriate safety round checks, failed to ensure nursing staff completed therapeutic observation status level checks, and failed to ensure nursing staff supervised patients in shower rooms and bathrooms with ligature risks. These deficient practices placed all patient at risk for harm and resulted in the Centers for Medicare and Medicaid Services notifying the facility of an immediate jeopardy situation on November 3, 2015 at 1:19pm that was not removed at exit on November 3, 2015 at 6:30pm.  Findings include:  -A telephone interview on 10/30/15 at 1:15 pm with (Mental Health Technician) MHT Staff T revealed she was working evening shift (2:30pm to 11:00pm) on 10/27/15. She was taking gowns to Patient #3 's room on hallway B around 8:30pm and she had told the other MHT Staff H that she was going to the patient 's room. The MHT Staff T said Patient #3 grabbed me and put his hand on my mouth and I was trying to scream and was banging on the walls and he raped me. MHT Staff T said she doesn 't believe anyone	A 395	b. A Charge Nurse (lead RN-Senior) is designated each shift for each unit, and all RNs will be educated no later than December 9, 2015 to contact the nurse manager to discuss circumstances that are interfering with their ability to complete their assigned work and determine actions to resolve the issue. c. Mental Health Technicians (MHDDTs) are trained and actively supervised regarding the completion of their duties d. Staffing levels will be monitored to ensure they are adequate 3. Violence risk screenings will be implemented as part of the triage process and for existing		

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A 395	<p>Continued From page 2</p> <p>would have been able to hear her from the tech station. Two patients (Patients #2 and #8) saved me. They came before any staff did. Patient #8 opened the door and Patient #2 shoved him (Patient #3) back off of me.</p> <p>- Patient #2, interviewed on 10/30/15 at 12:15pm, said he and a friend (Patient # 8) were walking down hallway B and heard noises, but did not think much about them because there are always noises on the unit. When they got 3/4 of the way down hallway B, Patient #2 thought they heard someone screaming, crying, and the word rape. Patient #2 said they opened the door to Patient #3 ' s room and saw MHT Staff T on the bed with her pants down and legs spread. Patient #2 reported they pulled Patient #3 off of MHT Staff T and threw Patient #3 against the wall and held him there while Patient #8 was in the hallway screaming " he raped her, he raped her " . MHT Staff H arrived and took patient #3 to the seclusion room.</p> <p>-MHT Staff H interviewed on 11/2/15 at 2:10pm revealed he worked on the East Biddle unit on 10/27/15. MHT Staff H said he and MHT Staff U heard a patient screaming for help from down hallway B and they both ran down to Patient #3 ' s room where the attack occurred. MHT Staff H said staff could not hear anything down the hallways because of the noise on the unit and if the MHT station doors are closed, they could not hear all the way down the hallways even without all the noise.</p> <p>- Review of the hospital ' s Safety and Security Log from 10/27/15 revealed East Biddle staff called Security at 8:38pm reporting a staff member was raped and Security responded at</p>	A 395	<p>patients to assist in the determination of safety precautions for the patients. This includes training the behavioral health staff no later than December 9, 2015, on how to use the form and results. Other safety measures will be implemented to reduce the risk of violence at the hospital.</p> <ol style="list-style-type: none"> <li>Safety Rounds staff were trained on their duties and the role of the Charge Nurse.</li> <li>Safety and Security staff will provide support for the staff completing safety rounds and to the safety round process.</li> <li>All staff have been reminded that if they are able to be provided a paid break, they should not leave the hospital grounds so they can respond to any emergency situation.</li> <li>All staff are provided, and required to wear a personal alarm device.</li> <li>All staff have been trained to respond to Code 2 (behavioral emergencies) and Dr. Heart (medical emergencies) calls immediately.</li> <li>Emergency response drills will be held twice a month on each shift.</li> <li>The Risk Manager or designee will review the video monitoring for all reported incidents that</li> </ol>		

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A 395	<p>Continued From page 3</p> <p>8:39pm. The local police were called at 8:45pm per request from the East Biddle RN Staff V with police arriving on grounds at 8:51pm.</p> <p>- Review of video camera recordings of the East Biddle unit from 8:00pm to 9:00pm on 10/27/15 (from the B Hall Begin Camera View) revealed MHT Staff T walking with gowns down the B hallway at 8:28:55pm. MHT Staff T entered patient #3 ' s room near the end of the hall at 8:29:14pm. An arm is seen reaching out to shut the door at 8:29:26pm. Patient #2 and Patient #8 are seen walking down the hallway and are seen opening up Patient 3 ' s door at 8:32:12 pm. Patient #2 enters the room and Patient #8 is seen yelling and waving her arms up and down toward the MHT desk area at 8:32:14pm. MHT Staff H and U are seen running down the hallway towards patient #3 ' s room at 8:32:22pm. MHT U is seen yelling towards the MHT desk and Nursing Staff V appears and is seen running down the hall to Patient #3 ' s room at 8:33:19pm. Patient #3 is then seen coming out of the room naked and holding a gown up against the front side of his body at 8:33:22pm. MHT Staff H escorted Patient #3 up the hallway. Two security officers are then seen coming down the hallway toward patient #3 ' s room at 8:38pm. RN Staff AA then appears at 8:47:13pm and is seen escorting police officers to the room at 8:52:36pm.</p> <p>- Video camera recordings of the East Biddle unit from 8:00pm to 9:00pm on 10/27/15 revealed for the majority of the first 30 minutes of the recording, MHT Staff H, MHT Staff T, and MHT Staff U and Security Rounds Staff Y remained in the tech station occasionally coming out to get linens for patients, open bathroom doors, and do unit observation checks. RN Staff V is not seen</p>	A 395	<p>occurred within the proximity of the monitoring cameras.</p> <p>11. The initial staff orientation and training, as well as the annual re-training (EXPO) will be revised to include new or revised information presented as part of the process for implementing the plan of correction.</p> <p>12. For all alleged incidents that would rise to the level of a sentinel event (an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof), investigations will be initiated immediately.</p> <p>13. In addition, more security staff are being recruited.</p> <p><b>2. <u>Procedures for implementing the plan of correction:</u></b></p> <p>1. <i>The Director of Nursing will receive regular consultative services:</i></p> <p>a. The consultant is at the hospital at least two days per week and frequently more often. She is also available by phone for ad hoc consultations.</p> <p>i. She is actively involved with the Nursing</p>		

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A 395	<p>Continued From page 4</p> <p>until about 30 minutes into the recording when she comes out of the nurses ' office behind the tech station and gives linens to MHT Staff T. RN Staff AA is not seen on the unit until about 47 minutes into the recording. LPN Staff D is present in the medication room for the majority of the time, occasionally seen in day hall and going down hallways to patient rooms. Despite the presence of staff members in the tech station, the nurses ' station and the medication room, the staff were not appropriately stationed to provide patient safety and oversight.</p> <p>- Administrative Staff X interviewed on 10/29/15 at 9:45pm revealed the hospital has failed to conduct a root cause analysis for the rape that occurred on 10/27/15.</p> <p>- Patient #3's medical record review on 10/29/15 revealed a 42 year-old male admitted on 10/27/15 at 5:28 pm with a diagnosis of psychosis (a serious mental disorder characterized by thinking and emotions that are so impaired, the person experiencing them has lost contact with reality. People who are psychotic have false thoughts (delusions) and/or see or hear things that are not there [hallucinations]), and danger to self and others. Patient #3's medical record also showed a history of multiple attempts to strangle his spouse. Qualified mental health professional staff NN completed Patient #3's Mental Health Screening Form on 10/27/15 and recommended involuntary admission to this hospital in part due to the likelihood patient will cause substantial physical injury or physical abuse to himself or others.</p> <p>- Patient #3 was placed on unit observation status red with 15 minute checks for suicidal ideation on</p>	A 395	<p>Administrative Committee (NAC):</p> <ol style="list-style-type: none"> <li>1. Attends &amp; participates during the weekly Nursing Administrative Committee meetings.</li> <li>2. Provides ongoing coaching and training (both as requested and as scheduled) <ol style="list-style-type: none"> <li>ii. She meets at least two hours each week with the Interim DON and provides coaching/consultation (for at least one hour each week) and training (for at least one hour each week) during those meetings.</li> <li>iii. She meets with the interim DON and other members of the NAC at least two hours per week in group, team or individual meetings.</li> </ol> </li> <li>b. Although the consultant is an instructor at some area colleges, she is able to adjust her time commitments with those institutions to ensure that she maintains her scheduled activities and availability at OSH.</li> </ol> <p>2. <i>The Nurse Managers will maintain an active presence on the units</i></p> <ul style="list-style-type: none"> <li>• <i>All Nurses are trained on the duties and responsibilities of the Charge Nurse</i></li> </ul>		

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A 395	<p>Continued From page 5</p> <p>arrival to the unit on 10/27/15. Review of a Timed Check Sheet from 10/27/15 revealed a log of the required 15 minute checks. MHT Staff U documented a check at 8:30pm indicating the patient was in their room resting or sleeping. Video camera recordings of the East Biddle unit on 10/27/15 from 8:00pm to 9:00pm revealed MHT Staff U did not perform Patient #3 ' s required 15 minute observation check at 8:30pm as documented on the Timed Check Sheet log.</p> <p>- Video camera recordings of the East Biddle unit from 8:00pm to 9:00pm revealed Security Rounds Staff Y failed to perform the required 10-minute safety rounds checks on Hallway A until the 8:57pm check. Security Rounds Staff Y failed to perform any of the required 10 minute safety rounds checks on Hallway B during the recordings. Patient #3 ' s room was located near the end of this hallway. Security Rounds Staff Y failed to perform any of the required 10 minute safety rounds checks on Hallway C during the recordings.</p> <p>- Administrative Staff N interviewed on 11/3/15 at 4:30pm acknowledged previous MHT and RN staff complaints that Security Rounds Staff were not performing the required 10-minute safety rounds in the day halls of the unit and had been sitting in the MHT staff area.</p> <p>- Administrative Staff X, interviewed on 11/3/15 at 1:40pm, revealed concerns with Security Rounds Staff had been identified, but re-education had not been provided prior to MHT Staff T being attacked on the East Biddle unit on 10/27/15.</p> <p>- Administrative Staff R, interviewed on 11/3/15 at 3:35pm, revealed they had received reports from</p>	A 395	<ul style="list-style-type: none"> <li>• A Charge Nurse (lead RN-Senior) is designated each shift for each unit</li> <li>• Mental Health Technicians (MHDDTs) are trained and actively supervised</li> <li>• Staffing levels will be monitored to ensure they are adequate</li> </ul> <p>a. The Managers/ Supervisors provide feedback/coaching to reiterate the training that has already been provided, when they interact with or review the staff interactions.</p> <p>b. Nurse Managers will document their time spent actively on the floor in a log that is sent to the Director of Nursing each week.</p> <p>c. Monitoring is conducted daily on each shift. The individuals and activities involved include:</p> <ul style="list-style-type: none"> <li>i. Nurse Managers and/or Program Managers – each day they are on duty, active monitoring/reviews are provided on the unit.</li> <li>ii. Charge Nurses – responsible for providing ongoing oversight and review of their unit each shift.</li> <li>iii. The night shift Nurse Manager is required to make rounds throughout all the units on campus each night.</li> </ul>		

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A 395	<p>Continued From page 6</p> <p>the hospitals supervisory staff, prior to MHT Staff T being attacked, that they had concerns with Security Rounds Staff incorrectly performing the required 10-minute security rounds. Administrative Staff R acknowledged some of the concerns were that security round staff are standing around talking with MHT staff, not performing their rounds, and leaving the unit before their replacement arrives.</p> <p>- Administrative Staff Q interviewed on 11/3/15 at 4:50pm revealed security round checks are not being done consistently, they are currently working on training the security personnel. Administrative Staff Q said that hospital staff complained to them that security rounds staff leave food on unit, place their I-Pad down without securing it, open bathrooms doors for patients to use without monitoring outside of door, and leave unit without notifying the units staff. Administrative Staff Q stated they have notified Security Supervisor Staff Z of these complaints. Administrative Staff Q revealed there are currently not enough RN 's to supervise the floor, provide patient interactions, and do patient charting.</p> <p>- Video camera recordings of the East Biddle unit from 8:00pm to 9:00pm revealed the day hall with an open and unsupervised bathroom containing ligature hazards and that was available to all patients on the unit. The video further revealed an unidentified patient leaving an unsupervised bathroom/shower room down the A Hallway. The video revealed MHT staff U unlocking another bathroom door down the A hallway for an unidentified patient. MHT Staff U walked away leaving the patient unattended in a bathroom that contained ligature hazards. The unidentified</p>	A 395	<p>iv. The night shift Nurse Manager is required to complete the supervision/monitoring form as all other Managers, and to provide this data to the DON each week.</p> <p>d. The Nurse Managers are accountable for providing daily feedback through the completion of a unit monitoring form regarding their findings during their time on the unit, to ensure compliance by nursing and safety rounds staff (forms are sent to the Nursing Administrative Committee Administrative Assistant for compilation and review).</p> <p>i. If these monitoring activities do not occur or are not being conducted properly, feedback/coaching is provided by the Director of Nursing.</p> <p>ii. If the problem persists, the DON will progress through the disciplinary action process with documentation contained in the DON's file and the human resources department. The hospital follows state statutes and regulations in the implementation of a</p>		

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A 395	Continued From page 7 patient then leaves the bathroom door open and available for all patients. The video revealed an unattended bathroom down Hallway C open and available for use by any patient on the unit. Leaving bathrooms/shower rooms that have potential anchors for hanging open and unsupervised placed patients with suicidal thoughts at risk for harming themselves.  Policy titled "Therapeutic Observation Status (PC 10.1) dated September 18, 2015 read in part: 1. Policy. The purpose of Therapeutic Observation Status is to maintain the safety of the patient and others. E. Standard Observation -Three Types. 2. Unit Observation (Red -High Alert) 15 minute check. a. Some individuals who are newly admitted and/or not well known to hospital staff; have the potential to become an imminent threat of harm as evidence by having recently engaged in such behavior, but who are not currently communicating threats to self or others, and are cooperative with staff requests to avoid harm to self or others; or anyone assessed by the interdisciplinary team as requiring close monitoring should be placed on Unit Observation with 15 minute checks. c. The R.N. Assigns: i. Staff to complete the Timed Check Sheet. II The patient to a room as close to the nursing station as possible. e. Nursing Staff: i. Periodically interacts with the patient to ascertain mental status and potential risk to self or others. g. ii. During checks, 1) Determines the patient's location, activity and behavior.	A 395	progressive disciplinary system. e. The Nurse Managers were reminded (completed December 8) regarding their responsibility and accountability for the conduct of the charge nurses to ensure they remain active in supervision and oversight of activities on the unit. f. Training on the duties and responsibilities of the Charge Nurse will be completed by the Nurse Managers and Nursing Education Department. i. These duties and responsibilities include, but are not limited to: 1. Completing the assignment sheet for the shift within the first 30 minutes, 2. Communicating with the other nursing staff about patient needs, 3. Completing patient assessments, 4. Responding to emergencies, 5. Documenting pertinent information in the patient charts, 6. Actively overseeing the activities of the other nursing staff		



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			<p>and safety rounds staff.</p> <p>ii. The duties and responsibilities include the requirement of the registered nurse maintaining a presence "on the floor" except when:</p> <ol style="list-style-type: none"> <li>1. Documenting in the nurses office on the unit, and</li> <li>2. Providing care, treatment or assessment in the unit treatment room or other designated area on the unit.</li> <li>3. Time spent in doing these activities will be monitored and reviewed by the Nurse Managers</li> </ol> <p>iii. This requirement (having the RN remain active "on the floor") is supported by the following:</p> <ol style="list-style-type: none"> <li>1. The medical physicians and psychiatrists will support the nurses by providing feedback on the medical goals during the Interdisciplinary team (IDT) meetings.</li> <li>2. Additionally, during the weekly nursing assessment, the</li> </ol>		
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PRINTED: 11/24/2015

FORM APPROVED

OMB NO. 0938-0391

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			<p>nursing care plans and the medical goals will be addressed and the IDT will use this information during the IDT meeting.</p> <p>3. When the team requests specific information from the nurse, The Nurse Managers will either participate in IDT meetings or relieve the registered nurse so s/he can participate in them if a second RN is not available on the floor.</p> <p>4. Alternatively, the team will arrange a time to meet with the nurse in the nurses' office or to have the nurse use a conference call into the IDT meeting to allow for their continued active presence on the unit.</p> <p>iv. Rosters of trained staff will be maintained.</p> <p>1. Rosters will be compiled by the Nursing Education Department and cross-checked against staff rosters to ensure all staff</p>		
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			<p>have completed the training.</p> <p>2. As necessary, staff from the Nursing Education Department will provide training to both new staff and other nursing staff that were not immediately able to be trained by the Nurse Managers (due to being on leave, or otherwise away from work during the usual training times).</p> <p>g. The name of the Charge Nurse will be posted in the nurse's station (visible from on the unit) and updated each shift.</p> <p>h. The Charge Nurse is responsible for the overall provision of care being provided by the rest of the nursing staff on the unit, as well as promptly addressing emergent needs of the patients.</p> <p>i. Communicating with the other nursing staff about patient needs,</p> <p>ii. Responding to emergencies,</p> <p>iii. Actively overseeing the activities of the other</p>		
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			<p>nursing staff and safety rounds staff, and</p> <p>iv. Communicating with the Nurse Manager (or designee) about any changing issues on the unit (patient acuity and/or necessary changes in staffing).</p> <p>i. The Charge Nurse will actively interact with the staff and patients throughout the unit, throughout their shift.</p> <p>j. The Charge Nurse will communicate significant information and events to the oncoming staff at the beginning of each shift.</p> <p>k. The Charge Nurse is to ensure that staff are actively engaging the patients throughout the shift:</p> <p>i. Each shift, an assignment sheet will be completed within the first 30 minutes of the shift and provided to the staff delineating their required duties for that shift. Specific assignments are individualized to each staff and may include, but are not limited to:</p> <p>1. Monitoring all activities occurring along one hallway</p>		
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			<p>and the rooms therein, as well as co-monitoring the adjoining day hall,</p> <p>2. Completing the required monitoring (checks) of patients,</p> <p>3. Encouraging patients to take part in unit activities,</p> <p>4. Facilitating personal hygiene with the patients,</p> <p>5. Assisting patients in room maintenance.</p> <p>ii. The assignment sheet will be forwarded to the Nurse Manager at the completion of each shift for their review and ongoing follow-up.</p> <p>iii. MHDDTs are completing all timed checks and monitoring bathrooms (as necessary), are talking to the patients, obtaining items to meet their needs, encouraging the patients to attend groups / therapy, assisting with ADLs, performing needed assessments, both encouraging and assisting with leisure</p>		

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			<p>time activities and other general involvement with the patients.</p> <p>iv. Safety rounds staff are completing the random, 10 minute checks continuously.</p> <p>v. Breaks, lunches and changes in activities for the RNs, LPNs, LMHTs, MHDDTs and safety rounds staff are to be authorized by the Charge Nurse.</p> <p>I. If staff are not completing their duties:</p> <p>i. The charge nurse is to provide education, coaching and directions.</p> <p>ii. If the staff continue to fail to complete their duties appropriately, the Charge Nurse is to contact the Nurse Manager, ADON, DON, Chief of Security (for Safety Rounds staff) or the Superintendent for further assistance and direction.</p> <p>m. The Charge Nurse is to contact the Nurse Manager to discuss circumstances that are interfering with their ability to complete their assigned work and</p>		
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			<p>determine actions to resolve the issue(s).</p> <p>i. The concerns noted and a summary of advice by the nurse manager will be documented in a follow-up email sent by the Nurse Manager to the charge nurse and copied to the Director of Nursing.</p> <p>ii. The Nurse Managers were educated on December 8, 2015 on the expectations and their roles related to problem solving in response to concerns raised by the charge nurses.</p> <p>n. At the end of each shift, the Charge Nurse prepares a brief report of any issues or concerns with the staffing and engagement of staff with the patients, as well as how the situation was resolved and sends this report to the Nurse Managers, ADONs, DON and others as required.</p> <p>o. The Charge Nurse is responsible for ensuring that the MHDDTs complete their job duties as assigned.</p>		
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			<p>p. MHDDTs are to be actively engaging the patients throughout the shift:</p> <ul style="list-style-type: none"> <li>i. Following their duties as delineated on the assignment sheet, Completing all timed checks , Talking to the patients, obtaining items to meet their needs, encouraging the patients to attend groups / therapy, assisting with ADLs, performing needed assessments, both encouraging and assisting with leisure time activities and other general involvement with the patients,</li> <li>ii. Maintaining a focus on safety,</li> <li>iii. Actively communicating and coordinating activities through the Charge Nurse - they are to go to the charge nurse for any questions or concerns that arise during the shift,</li> <li>iv. Ensuring that patients in non-renovated restrooms are monitored,</li> </ul>		

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			v. Ensuring that non-renovated restrooms are kept locked. q. Training on the duties and responsibilities of the MHDDTs was completed by the Nurse Managers in November and ongoing training to new MHDDTs is provided by the Nursing Education Department i. Rosters of trained staff will be maintained : 1. Rosters will be compiled by the Nursing Education Department and cross-checked against staff rosters to ensure all staff have completed the training, 2. As necessary, staff from the Nursing Education Department will provide training to both new staff and other nursing staff that were not immediately able to be trained by the Nurse Managers (due to being on leave, or otherwise away from work		
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			<p>during the usual training times).</p> <p>r. Staffing levels will be monitored to ensure they are adequate:</p> <p>i. Schedules are prepared in advance, and identified gaps are communicated to nursing staff by e-mail to encourage staff to volunteer. Updates are sent out at least weekly.</p> <p>ii. The daily staffing rosters are reviewed and evaluated at least 24 hours in advance by the schedulers and prior to each shift on a daily basis by the Director of Nursing (or designee).</p> <p>iii. When a vacancy is identified, volunteers are recruited to fill the vacancy.</p> <p>iv. If not filled, trained staff are mandated on a rotating basis to cover the vacancy.</p> <p>3. <i>Violence risk screenings and other safety measures will be implemented</i></p> <p>a. The "Violence Risk Screening-10 (V-RISK-10)" will be used as the primary</p>		
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			<p>screening tool at the time of triage and for existing patients.</p> <p>i. An addendum sheet for the V-RISK-10 has been created that clarifies the scoring and subsequent categorization of risk.</p> <p>ii. The scoring yields a recommended violence risk rating, which has allowance for clinical judgment as an added factor.</p> <p>iii. Once that level is determined, a set of interventions are recommended to match the level, with again, clinical judgment being used to determine what safety interventions are appropriate.</p> <p>b. The V-RISK-10 has been integrated into the triage process:</p> <p>i. Prior to admission, patients are routinely reviewed by Community Mental Health Center QMHPs and/or Psychiatrists/Physicians , in which their presenting issues are documented.</p>		

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			<p>ii. The community screen is used by the triage nurses to assist in the completion of the V-RISK-10, and as additional information to determine an observational status that the patient will be placed on, immediately upon arrival to the hospital. When a community screen is not available, the triage nurse will use information as provided by the referring Physician, community mental health professional, law enforcement officers, family members or others to determine the immediate observational status.</p> <p>iii. The triage nurse uses this information to assign an initial observational status (with the completed form being scanned into the medical record once the patient is admitted).</p> <p>iv. After arrival, the patient is re-assessed (including the use of the V-RISK-10 if it was not</p>		

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STATEMENT OF DEFICIENCIES AN PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>174004</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) Date Survey Completed  <b>11/03/2015</b>	
NAME OF PROVIDER OF SUPPLIER  <b>OSWATOMIE STATE HOSPITAL PSYCHIATRIC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064</b>			
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					<p>able to be completed previously) by an RN and/or Psychiatrist with any revisions to the observational status being made.</p> <p>c. To assist in the management of risks, the hospital will downsize the number of CMS certified beds to 60 by January 1, 2016.</p> <p>i. Thereafter, no patient identified as being a high risk for violence will be admitted to the CMS certified section of the Osawatome campus by January 4<sup>th</sup>, 2016, until the CMS certified section is found to be in full compliance with all conditions of participation.</p> <p>ii. After January 4<sup>th</sup>, 2016, a list will be provided to CMS of patients receiving services in the certified section of the campus and will identify their assessed risk of violence towards others.</p> <p>d. By no later than December 4, 2015, the interdisciplinary team will reassess patients' observational status and treatment needs related to</p>		

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				<p>their changing levels of symptoms, including but not limited to:</p> <ul style="list-style-type: none"> <li>i. admission status (including legal standing upon admission),</li> <li>ii. threats and/or acts of aggression among other behaviors,</li> <li>iii. readiness for discharge,</li> <li>iv. participation in treatment, and</li> <li>v. any other factors believed relevant.</li> <li>vi. having reviewed the factors, the team will document the appropriate level of observational status/classification and, if indicated, ensure the patient's status is appropriately changed.</li> </ul> <p>e. Behavioral health staff (Psychologists &amp; Masters Level Clinicians) will assess all patients using the V-RISK-10, no later than December 10, noting the results in their chart and conveying the results to the Interdisciplinary Team (IDT) for immediate use in determining the patient's status/classification and any subsequent adjustments to</p>			

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					<p>their safety precautions and status.</p> <p>4. <i>Safety Rounds staff will be trained on their duties and the role of the Charge Nurse</i></p> <p>a. The Director of Operations provided training on October 29, 2015 on the job duties of the Safety Rounds staff (with subsequent trainings as needed for staff who were not available at that time)</p> <p>i. Safety rounds are to be completed at random intervals within every ten minute period.</p> <p>ii. All doors are to be checked, and unlocked doors/rooms are to be opened and checked.</p> <p>iii. Staff are to communicate any concerns discovered to the Charge Nurse (or to any available unit staff, for emergency situations) and MHDDTs.</p> <p>iv. Safety Rounds staff are to actively communicate with the Charge Nurse regarding any requested time away from the unit or other activities. The Charge Nurse must provide</p>		

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			<p>explicit authorization of any time away to ensure that coverage is provided for the ongoing provision of safety rounds.</p> <p>b. The Director of Operations will ensure that safety rounds staff have been trained in how to work with, and in an environment of, individuals with severe mental illness.</p> <p>c. For all trainings of the safety rounds staff:</p> <p>i. Rosters of trained staff will be maintained,</p> <p>ii. Rosters will be compiled by both Safety &amp; Security and Staff Development, and cross-checked against staff rosters to ensure all staff have completed the training.</p> <p>d. The Charge Nurse will maintain active, day-to-day supervision of the activity of the safety rounds staff, promptly reporting any deficiencies or problems to the Chief of Security for resolution.</p> <p>5. <i>Safety and Security staff will provide support for the staff completing safety rounds</i></p>				

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			<p>a. As a part of routine, unit walk-throughs (each unit, each shift), the Safety &amp; Security Supervisors will monitor and review the completion of the safety rounds.</p> <p>i. Any issues noted will be addressed immediately (coaching, reminders, assistance).</p> <p>ii. Problems will be reported to the Chief of Security to develop further training, or to take personnel action as appropriate.</p> <p>b. Safety/Security supervisors are accountable for providing daily feedback through the completion of a unit monitoring form ("Safety Rounds"), regarding their findings during their time on the unit to ensure compliance (forms are sent to the Director of Operations for compilation and review) with safety rounds procedures.</p> <p>i. If these monitoring activities do not occur or are not being conducted properly, feedback/coaching is provided by the Director of Operations.</p>		

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			<p>ii. If the problem persists, supervisory staff progress through the disciplinary action process with documentation contained in the supervisor's file and the human resources department. The hospital follows state statutes and regulations in the implementation of a progressive disciplinary system.</p> <p>6. All staff have been reminded to not leave the hospital grounds on paid breaks</p> <p>a. As part of the unit safety training provided in November, staff were reminded that they are to remain on grounds during paid breaks.</p> <p>b. If an emergency call is received while staff are on paid breaks, they are to respond to the emergency situation.</p> <p>7. All staff are provided and required to wear a personal alarm device</p> <p>a. All staff working on the units are required to have an alarm.</p>		

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			<p>b. The alarms are available from, and maintained by Facility Services, and Safety &amp; Security staff:</p> <p>i. When alarms are obtained, the staff will be educated on how they are to be used, including use for both personal emergencies, and to summon additional staff if a patient emergency is discovered.</p> <p>ii. Staff will further be trained that they are to initiate their response to any sounding alarm, or <u>any cries for help or assistance</u> within 30 seconds.</p> <p>iii. The alarms are to be tested each day prior to starting work.</p> <p>1. If the alarm is faulty, staff are to report to Safety &amp; Security or Facility Services to have it repaired (battery replaced),</p> <p>2. Or to have it replaced if it is unable to be repaired.</p>		

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			<p>c. The limitations with the alarms are communicated to staff:</p> <p>i. The alarms have been tested and cannot be distinctively heard from behind a closed door from one end of a unit to the other end.</p> <p>ii. Routine education is provided as part of the shift report (charge nurse to oncoming staff) as to the limitations of the personal safety alarms and the expected communication between peers and to the charge nurse with regard to maintaining safe interactions on the units.</p> <p>iii. The personal alarms are an adjunctive piece for this overall awareness and are not considered the only intervention.</p> <p>d. Staff were trained in November that they are to be on the unit interacting with patients and each other.</p> <p>i. This will give them a greater awareness of the activities and locations of both patients and staff.</p>		

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				<p>ii. Included in the unit safety training in November was the expectation that when going to the far end of the unit, staff will let a peer know and to have the peer maintain an awareness of what is happening; and to be more alert for the possibility of alarm sounds.</p> <p>8. All staff have been trained to respond to emergency calls immediately</p> <p>a. Safety and Security staff respond to all emergency codes ("Code 2" behavioral and "Dr. Heart" medical) as the priority function of their job and there will always be a minimum of three Safety &amp; Security Officers on duty and able to respond.</p> <p>b. The dispatch responsibilities that were formerly held by security staff have been assumed by a dedicated "dispatcher" freeing up one more security officer on all shifts (at least 3 per shift who are now available to respond to calls).</p> <p>c. Each unit will send at least one staff to respond to Code</p>			

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			<p>2 and Dr. Heart emergencies.</p> <p>d. Staff from all departments respond (including, but not limited to Psychological &amp; Therapy Services, Social Services, Nursing, Medical Services, Facility Services, Housekeeping, Administration, etc.) unless they are involved in patient care or another duty that precludes their ability to leave their post.</p> <p>e. All reporting staff are to follow the directions of the Charge Nurse (or Nurse Manager) regarding their duties in assisting with the emergency situation.</p> <p>9. <i>Emergency response drills will be held twice a month on each shift</i></p> <p>a. The results of each emergency drill will be assessed by the Safety Committee during their weekly meeting, and interventions will be developed for any deficiencies or opportunities for improvement which are identified.</p> <p>b. When the results of the drills demonstrate a consistent pattern of appropriate</p>		

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					<p>responses (staff arrive timely, in sufficient numbers, and respond to the charge nurse appropriately) the frequency of drills will be reduced but will continue to be completed no less than quarterly each shift.</p> <p>10. The Risk Manager or designee will review the video monitoring for all reported incidents</p> <p>a. The review of the video incident reports, with findings, will be included as part of the Risk Management investigation.</p> <p>b. Information from the reviews will be made available to the Superintendent:</p> <p>i. The Risk Manager provides a daily report to the Superintendent (Risk Mitigation meetings) about incidents that have occurred.</p> <p>ii. Any personnel issues noted as part of the video review will be referred to the staff person's supervisor for further investigation and follow-up.</p> <p>c. The Assistant Risk Manager will analyze incidents for recurring trends. When a</p>		
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			<p>trend is noted, it will be referred to the Safety Team of the Environment of Care Committee for additional review and to develop action steps for addressing the issue.</p> <p>11. <i>The initial staff orientation and training, as well as the annual re-training (EXPO) will be revised</i></p> <p>a. The Assistant Director of Nursing in charge of Nursing Education is provided with the relevant training outlines and documents.</p> <p>b. In collaboration with Nursing Education staff and Staff Development, curricula and training schedules will be revised, as appropriate, based on the outlines and other documents provided.</p> <p>12. <i>For all alleged incidents that would rise to the level of a sentinel event investigations will be initiated immediately</i></p> <p>a. The Charge Nurse will contact the Nurse Manager and the Director of Nursing as soon as possible (when safe to do so per the event) and inform them of the event.</p> <p>b. The Director of Nursing will immediately notify the</p>		

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FORM APPROVED

OMB NO. 0938-0391

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			<p>Superintendent and the Risk Manager.</p> <p>c. With respect to incidents which may be grounds for criminal charges, the Superintendent or administrative designee will contact the local law enforcement agency and cooperate fully with law enforcement officers or detectives in securing the crime scene and preserving evidence. The date and time that a law enforcement agency was contacted will be recorded by the Superintendent or administrative designee.</p> <p>d. The Nurse Manager and Director of Nursing will begin collecting statements from the staff and patients immediately involved in the event, and any witnesses; unless law enforcement has requested the opportunity to lead the investigation into possible criminal acts. In that case, the hospital will cooperate in the criminal investigation and complete its own investigation as soon as possible thereafter.</p> <p>e. The Director of Nursing will forward copies of all statements to the Risk</p>		

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			<p>Manager (or designee) along with a brief report about the event (location, individuals involved, date, time, etc.):</p> <ul style="list-style-type: none"> <li>i. Risk Manager (or designee) will compile the information received, and begin a formal investigation.</li> <li>ii. An initial report regarding the event is to be presented to the Superintendent within 24 hours of the event.</li> <li>iii. A complete report, with findings and recommended corrective actions is to be sent to the Superintendent no later than 72 hours after the event.</li> <li>f. Upon receipt of the report regarding the incident from the Risk Manager (or designee), the Superintendent will Convene the Administrative Executive Committee (within 24 hours) to implement formal corrective actions, with assignments, completion dates and staff responsible for the implementation clearly identified.</li> </ul>		

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			<p><b>13. In addition, more security staff are being recruited</b></p> <ul style="list-style-type: none"> <li>a. Current staff vacancies are being adjusted to reflect these duties.</li> <li>b. Once recruited, two more security officers will be on-duty at all times during the evening and night shifts (thus ensuring that there will be 5+ officers available to respond during evening/night shifts). <ul style="list-style-type: none"> <li>i. New security staff will be provided training on mental health issues and how to interact successfully when individuals experience severe and persistent symptoms of mental illness,</li> <li>ii. Training will include the integration of security onto the unit in support of the therapeutic milieu (as a resource officer),</li> <li>iii. The Director of Operations, in collaboration with the Director of Nursing, will establish a working schedule for the security officer assignments to the units.</li> </ul> </li> </ul>		

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				<p>c. As they are hired and complete training, the new security officers will be assigned to the units as a supplement to the existing mobile patrol.</p> <p><b>3. <u>Monitoring Procedures to ensure that the plan of correction is effective</u></b></p> <p>1. The Nurse Managers will actively review the ongoing provision of services being provided on the units.</p> <p>a. When the Nurse Managers are on the units, they will work with the Charge Nurse and other staff to ensure that all staff are completing their duties as assigned.</p> <p>b. Random checks of quality will be completed:</p> <p>i. Nurse Managers will perform random quality checks of nursing practices while on the units.</p> <p>ii. A Quality Improvement Nurse will randomly review the documentation completed by nurses on the units.</p>			
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			<p>1. This includes assessments, progress notes, the completion of clinical guidelines and other documentation as indicated.</p> <p>2. At least 15 reviews are completed each week with documentation being provided to the Director of Nursing and Nurse Managers</p> <p>c. The Nurse Managers will be on the units each day they are at the hospital (and will ensure that they observe across shifts through their week), and will prepare a brief report of their observations.</p> <p>i. The report will be sent to the Nursing Department Administrative Assistant who will compile the results.</p> <p>ii. These will be compiled and grouped together with the daily end of shift reports prepared and sent by the Charge Nurses .</p>		

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			<p>iii. The compiled results will be presented at the Nursing Administrative Committee meeting each week as a standing agenda item for review and for the development of corrective actions.</p> <p>2. At the end of each shift, the Charge Nurse prepares a brief report of behavioral issues that occurred, as well as how the situation was resolved and sends this report to the Nurse Managers, Assistant Director of Nursing, Director of Nursing, Risk Manager and Assistant Risk Manager.</p> <p>3. Code 2 and Dr. Heart calls will be reviewed by the Nurse Managers:</p> <p>a. The Nurse Manager will report on the event during the daily Utilization Management call if it involved actual or potential harm to the patient(s) or staff, or will need ongoing monitoring due to the intensity of the presenting issue(s).</p> <p>i. The Utilization Management call involves the Director of Nursing, Assistant Directors of Nursing,</p>		
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			<p>Nurse Managers, Chief Medical Officer (or designee), the Director of Psychological &amp; Therapy Services, and consulting nursing and/or medical staff.</p> <p>ii. The Utilization Management call is used as a means to consistently ensure patients with higher intensity medical or behavioral needs are consistently having their needs addressed.</p> <p>b. Videos of every Code 2/Dr. Heart event (that occur within range of one or more cameras) are reviewed by the Risk Manager (or designee) who will provide monthly trend data to the Safety Committee.</p> <p>4. The Nursing Administrative Committee, composed of the Consulting MSN, Director of Nursing, Assistant Directors of Nursing, Nurse Managers (from all the units) and Program Managers, (and Nursing Administrative Assistant), meets each week.</p> <p>a. Meetings are held to review identified issues and develop action steps to address issues.</p>		
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				<p>b. Minutes are taken and maintained, and are available for review by all staff.</p> <p>c. Problems or trends noted will be addressed and tracked as part of the regular, ongoing meeting process.</p> <p>d. Specific personnel issues noted will be addressed by the appropriate Nurse Manager with feedback to the Director of Nursing and Human Resources.</p> <p>5. Video Recordings of each day's activities on the units are monitored (with documentation of the monitoring being maintained in a video review log). These reviews are conducted by the following staff:</p> <p>a. Director of Nursing – responsible for the review and investigation of nurse staffing and nursing interaction (and general oversight) issues;</p> <p>b. Assistant Risk Manager – responsible for the review of all incidents for which incident reports have been created (and which occurred within proximity to the cameras);</p> <p>c. Director of Operations – responsible for the review</p>			

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			<p>and investigation of safety rounds staffing and interaction issues.</p> <p>6. The videos are monitored to evaluate/investigate:</p> <ul style="list-style-type: none"> <li>a. Incidents - Anything that would be considered an incident has an incident report created (if one had not already been submitted) and is followed through the risk management process;</li> <li>b. Completion of safety rounds and timed checks – are reviewed by the Director of Operations and the Director of Nursing with follow-up provided to the appropriate supervisory staff and the specific staff members;</li> <li>c. Response to Dr. Heart and Code II emergencies, - are reviewed by both the Director of Nursing and the Director of Operations for appropriate response, interactions and outcome;</li> <li>d. Staff involvement/interactions – are reviewed by the Director of Nursing with follow-up provided to appropriate supervisory staff and the specific staff members.</li> </ul> <p>7. Supervisory staff provides feedback at the time of review and/or after the fact when staff are identified who are not working as trained/assigned.</p>		
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					<p>a. Feedback/coaching is provided at the point the issue is observed (during in-person/on-site supervision) or as soon as possible after the observation (for video reviewed issues).</p> <p>b. If the problem persists, supervisory staff progress through the disciplinary action process with documentation contained in the supervisor's file and the human resources department. The hospital follows state statutes and regulations in the implementation of a progressive disciplinary system.</p> <p>8. As a daily responsibility the Assistant Risk Manager will review the documentation of completed checks to identify any areas in which checks were not documented or documented timely. Any issues identified will be communicated to the Chief of Safety and Security and Director of Operations daily when found.</p> <p>9. The Risk Manager or designee will include information obtained from the video monitors when providing a preliminary report of incidents to the Superintendent during the regular risk mitigation meetings.</p>		

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			<p>10. As an adjunct to the live supervision (by the Charge Nurse) and the random daily checks (by the Safety &amp; Security staff), the Director of Operations will randomly review video feed weekly for each unit and shift to determine timely and thorough completion of safety rounds. Any issue identified will be communicated to the Chief of Safety and Security for follow-up.</p> <p>11. As a part of routine, unit walk-throughs (each unit, each shift), the Safety &amp; Security Supervisors will monitor and review the completion of the safety rounds.</p> <p>a. Any issues noted will be addressed immediately (coaching, reminders, assistance). Problems will be reported to the Chief of Security to develop further training, or to take personnel action as appropriate.</p> <p>b. Safety &amp; Security supervisory staff will complete the Safety Rounds audit sheet to document their reviews of the safety rounds' staff actions (at least three times per shift).</p> <p>c. Results of the audits will be compiled weekly by the Director of Operations:</p>		

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

PRINTED: 11/24/2015

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AN PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>174004</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) Date Survey Completed  <b>11/03/2015</b>	
NAME OF PROVIDER OF SUPPLIER  <b>OSWATOMIE STATE HOSPITAL PSYCHIATRIC</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064</b>			
(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) COMPLETION DATE	
			<p>i. Compiled results will be made available to the Nursing Administrative Committee as additional supervisory information to cross verify their audits/observations,</p> <p>ii. The Director of Operations will provide a report to the Administrative Executive Committee no less than once per month of the compiled results.</p> <p>12. The Director of Operations will review the schedule and completion of all emergency response drills, to ensure completion and appropriate reporting to the Safety Committee.</p> <p>13. Safety and Security staff will maintain a log of all "Code 2" and "Dr. Heart" events, forwarding a copy daily to the Nurse Managers, Assistant Director of Nursing, Director of Nursing, Risk Manager and Assistant Risk Manager.</p> <p>14. For any reported event rising to the level of a potential sentinel event, the Superintendent will review all developed investigation results and make</p>				

LABORATORY DIRECTORS' OR PROVIDER/SUPPLIER REPRESENTATIVES'S SIGNATURE

TITLE

(x6) DATE

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					<p>them available to the Executive Committee for further actions.</p> <p><b>4. <u>The Title of the Person Responsible for Implementation of the Plan:</u> Director of Nursing</b></p> <p><b>5. <u>The Date the Hospital will be in Full Compliance :</u> January 1, 2016</b></p>		

LABORATORY DIRECTORS' OR PROVIDER/SUPPLIER REPRESENTATIVES'S SIGNATURE

TITLE

(X6) DATE

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