An unannounced Initial survey was conducted by Federal consulting surveyors from May 8, 2017 to May 10, 2017. The census at the time of the survey was 46 patients; the sample was eight (8) patients.

**B 117 482.61(b)(7) PSYCHIATRIC EVALUATION**

Each patient must receive a psychiatric evaluation that must include an inventory of the patient's assets in descriptive, not interpretive fashion.

This STANDARD is not met as evidenced by:

Based on record review, policy review, and interview, the facility failed to provide a psychiatric evaluation that included the personal patient assets and strengths on which to base a meaningful treatment plan in eight (8) of eight (8) active patient records reviewed (Patients A1, A2, A3, A4, B1, B2, B3, B4). The failure to identify patient strengths has the potential to impair the treatment team's ability to choose treatment modalities which best utilize the patient's attributes in therapy.

The findings include----

**A. Record Review**


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.
<table>
<thead>
<tr>
<th>ID</th>
<th>TAG</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>B 117</td>
<td>Continued From page 1</td>
<td>individualized treatment plan.</td>
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<td>B 117</td>
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<tr>
<td>B. Policy Review</td>
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<tr>
<td>1. Hospital Policy &quot;Psychiatric (PC-2.1) dated July 29, 2016 refers to &quot;Psychiatric Evaluation Template [ASM-1.3]. The Psychiatric Evaluation Template lists a section &quot;XVI ASSETS AND STRENGTHS&quot;. The psychiatric evaluations listed above and printed for surveyors' review, however, did not indicate a specific listing of patient assets and strengths.</td>
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<tr>
<td>C. Interview</td>
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<tr>
<td>1. In an interview on 5/9/17 at 2:00 pm and on 5/10/17 at 10:30 am the Medical Director confirmed that there was not a listing of patient strengths and assets on the psychiatric evaluations.</td>
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</tr>
<tr>
<td>B 122</td>
<td>482.61(c)(1)(iii) TREATMENT PLAN</td>
<td>The written plan must include the specific treatment modalities utilized.</td>
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<td>B 122</td>
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<tr>
<td></td>
<td>This STANDARD is not met as evidenced by: Based on record review, policy review and interviews, the facility failed to include activity therapy treatment interventions for eight (8) of eight (8) active sample patients (A1, A2, A3, A4, B1, B2, B3 and B4). This failure resulted in staff being unable to provide direction, consistent approaches and focused treatment for patients identified problems.</td>
<td></td>
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<tr>
<td></td>
<td>The findings include-----</td>
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</table>
### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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<tbody>
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<td>B 122</td>
<td>Continued From page 2</td>
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</tbody>
</table>

#### A. Record Review

1. Patient A1 (Master Treatment Plan dated 4/21/17) had no activity therapy interventions.
5. Patient B1 (Master Treatment Plan dated 5/2/17) had no activity therapy interventions.
7. Patient B3 (Master Treatment Plan dated 5/5/17) had no activity therapy interventions.

#### B. Policy Review

1. The facility policy, "Treatment Plan" (PC-4.0) with the effective date May 8, 2017 stated, "The treatment team will formulate multidisciplinary interventions."
2. The facility policy, "Social Services Organizational Plan" (LD 3.22) with the effective date August 30, 2016 stated, "As part of the delivery of compassionate, patient centered treatment, the Leisure and Fitness Service provides treatment interventions designed to..."
C. Interviews

1. In an interview on 5/9/17 at 11:00 a.m. Physician #3 confirmed that there were no activity therapy interventions in the master treatment plans.

2. In an interview on 5/9/17 at 2:30 p.m. the Director of Activity Therapy concurred that there were no activity therapy interventions on the master treatment plan.

B 144 482.62(b)(2) MEDICAL STAFF

The director must monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.

This STANDARD is not met as evidenced by:
Based on medical record review, policy review, and interview, the clinical director failed to:

A. Ensure the provision of a psychiatric evaluation that included the personal patient assets and strengths on which to base a meaningful treatment plan in eight (8) of eight (8) active patient records reviewed (Patients A1, A2, A3, A4, B1, B2, B3, and B4). The failure to identify patient strengths has the potential to impair the treatment team’s ability to choose treatment modalities which best utilize the patient's attributes in therapy. (See B117)

B. To ensure the inclusion of activity therapy treatment interventions on the Master Treatment Plans for 8 of 8 active sample patients (A1, A2,
B 144 Continued From page 4

A3, A4, B1, B2, B3 and B4). This failure resulted in staff being unable to provide direction, consistent approaches and focused treatment for patients identified problems. (See B122)

C. To ensure the provision of Therapeutic Activities provided by a qualified Therapeutic Activity Director. This deficient practice has the potential to adversely affect coordination and integration of comprehensive therapeutic active treatment programs. Failure to provide oversight of active treatment by a qualified Therapeutic Activities Director results in affected patients being hospitalized without all interventions for recovery being delivered to them, potentially hindering their improvement. (See B157)

Interview

1. In an interview on 5/9/17 at 2:00 p.m. and on 5/10/17 at 10:30 a.m. the Medical Director confirmed that there was not a listing of patient strengths and assets on the psychiatric evaluations. The Medical Director further confirmed the absence of a therapeutic activity program and the presence of only a leisure activity program.

B 158 482.62(g)(2) THERAPEUTIC ACTIVITIES

The number of qualified therapists, support personnel, and consultants must be adequate to provide comprehensive therapeutic activities consistent with each patient's active treatment program.

This STANDARD is not met as evidenced by:
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**JOHN DOE**  PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H061002

**DATE SURVEY COMPLETED** 05/10/2017

**NAME OF PROVIDER OR SUPPLIER**

**ADAIR ACUTE CARE AT OSAWATOMIE STATE HOSPITAL**

**STREET ADDRESS, CITY, STATE, ZIP CODE**

500 STATE HOSPITAL DRIVE
OSAWATOMIE, KS 66064

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
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</table>
| B 158 | Continued From page 5 | Based on record review, document review and interview, the facility failed to have a qualified Therapeutic Activity Director. This deficient practice has the potential to adversely affect coordination and integration of comprehensive therapeutic active treatment programs. Failure to provide oversight of active treatment by a qualified Therapeutic Activities Director results in affected patients being hospitalized without all interventions for recovery being delivered to them, potentially hindering their improvement. (See B122 also)

The findings include-----

A. Record Review

1. Patient A1 (admission date 4/18/17) had no data on the Initial Activity Assessment (dated 4/20/17) that could be used to develop individualized interventions. The assessment was signed by an Activity Specialist I.

2. Patient A2 (admission date 4/22/17) had no data on the Initial Activity Assessment (dated 4/25/17) that could be used to develop individualized interventions. The assessment was signed by an Activity Specialist I.

3. Patient A3 (admission date 5/1/17) had no data on the Initial Activity Assessment (dated 5/3/17) that could be used to develop individualized treatment interventions. The assessment was signed by an Activity Specialist I.

4. Patient A4 (admission date 5/4/17) had no data on the Initial Activity Assessment (dated 5/5/17) that could be used to develop individualized treatment interventions. The assessment was
B 158 Continued From page 6

signed by an Activity Specialist I.

5. Patient B1 (admission date 4/29/17) had no data on the Initial Activity Assessment (dated 5/2/17) that could be used to develop individualized treatment interventions. The assessment was signed by an Activity Specialist I.

6. Patient B2 (admission date 4/21/17) had no data on the Initial Activity Assessment (dated 4/24/17) that could be used to develop individualized treatment interventions. The assessment was signed by "Staff" with no discipline designation.

7. Patient B3 (admission date 5/4/17) had no data on the Initial Activity Assessment (dated 5/6/17) that could be used to develop individualized treatment interventions. The assessment was signed by an Activity Specialist I.

8. Patient B4 (admission date 4/26/17) had no data on the Initial Activity Assessment (dated 4/26/17) that could be used to develop individualized treatment interventions. The assessment was signed by an Activity Specialist I.

B. Document Review

1. The curriculum vitae of the Activities Director stated that he/she has a Bachelor of Arts degree in Physical Education, Emphasis in Sports Administration.

2. The position description of the Activities Director is titled "Activity Therapist II" although the person currently filling the position (see above) does not have a degree in a therapy discipline.
3. The position description of the "Activity Therapist I" indicates that that the persons currently filling these positions do not have a degree in a therapy position.

C. Interviews

1. On 5/9/17 at 2:30 pm, the Director of Activities stated, "I do not do Therapeutic Activities. I am not an Activities Therapist."

2. On 5/9/17 at 3:00 pm, the Medical Director concurred that the hospital did not have a Director of Therapeutic Activities.

3. On 5/9/17 at 3:15 P.M., the Director of Social Work (who supervises the Director of Activities) stated, "We do not have Activity Therapy here or an Activity Therapy Director."