

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

Printed: 07/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 174004	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 07/15/2015
NAME OF PROVIDER OR SUPPLIER OSAWATOMIE STATE HOSPITAL PSYCHIATRIC			STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
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B 000	<p>INITIAL COMMENTS</p> <p>An unannounced Psychiatric Hospital Full survey was conducted by Federal contract surveyors from July 13, 2015 to July 15, 2015. The census on the first day of the survey was 145; the sample of the active patients was 10.</p> <p>In addition to the Btag survey, the surveyors reviewed a compliant formulated by CMS Region 7 (Kansas City) on 6/29/15. The focuses of the compliant relating to the B tags were on discharges, analysis of protocol concerning any deaths in the facility or within two weeks of discharge since the last CMS survey (completed 1/14/15), seclusion/restraint issues and staffing shortages.</p> <p>Based on record review, observations and interviews, it was determined that the compliant issues for patient deaths and seclusion/restraints were not substantiated. No deficiencies relating to these issues were cited on the 2567. Deficiencies on discharge summaries were cited, but were related to timeliness, not patient care issues. However, issues related to staff shortages were found and citations were cited on the 2567. Refer to B150.</p>	B 000			
B 103	<p>482.61 SPEC MEDICAL RECORD REQS FOR PSYCH HOSPITALS</p> <p>The medical records maintained by a psychiatric hospital must permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the institution.</p> <p>This Condition is not met as evidenced by: Based on observation, interview and document review, the facility failed to:</p>	B 103			

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

TITLE

(X6) DATE

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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B 103	Continued From page 1 I. Provide active treatment, including purposeful alternative interventions for three (3) of 10 active sample patients (C24, E4 and E13). Although the treatment plans for these patients included multiple group therapies, patients regularly and repeatedly did not attend the groups. They spent many hours without structured activity and occupied most of their time sleeping or wandering around the hallways. Despite inconsistent or lack of regular attendance in groups, Master Treatment Plans were not revised to reflect other treatment , such as 1:1 (one to one) , instead of group therapy. Failure to provide active treatment measures results in affected patients remaining hospitalized without all interventions for recovery being provided in a timely fashion, potentially delaying their improvement. (Refer to B125I) II. Provide ongoing active treatment by qualified clinical staff for patients in one (1) of five (5) units (East Biddle). During the survey a scheduled active treatment group for six (6) patients, including active sample patients B4 and B12, was conducted by a new non-professional staff member without needed supervision/direction. This failure results in fragmented treatment for patients and supports negative, rather than positive social behaviors. (Refer to B125II) III. Ensure a therapeutic environment for scheduled treatment groups/activities for patients in one (1) of five (5) units (B1). During the survey, treatment groups for 18-20 patients, including two (2) of 10 active sample patients (A11 and A12) was hindered by confusion and extraneous interruptions of therapeutic groups/activities. This practice results in fragmented treatment for all patients. (Refer to B125III)	B 103			
B 108	482.61(a)(4) DEVELOPMENT OF	B 108			

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B 108	<p>Continued From page 2 ASSESSMENT/DIAGNOSTIC DATA</p> <p>The social service records, including reports of interviews with patients, family members, and others, must provide an assessment of home plans and family attitudes, and community resource contacts as well as a social history.</p> <p>This Standard is not met as evidenced by: Based on record review and interview, the facility failed to ensure that the Social Services Assessments included individualized recommendations for Social Work Services from the data gathered for two (2) of 10 active sample patients (E4 and E13). As a result, social work specific recommendations regarding treatment of patients' psychosocial problems were not described for the treatment team.</p> <p>Findings include:</p> <p>A Record Review</p> <p>1. Patient E4 was admitted on 7/5/15. The Psychosocial Assessment, dated 7/10/15, stated under the "Social Service Plan"---"Social services will meet weekly with [name of patient] and encourage [his/her] to talk with us and [his/her] team. Social services will also help [name of patient] plan and coordinate [his/her] discharge planning. S/he will also be encouraged to take his/her medication and participate in groups that apply to [his/her] borderline personality disorder."</p> <p>There was no mention of any specific discharge planning needs in the assessment for this patient.</p> <p>2. Patient E13 was admitted on 6/14/15. The Psychosocial Assessment, dated 6/18/15 stated under the "Social Services Plan"---"Social</p>	B 108		

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B 108	Continued From page 3 services will meet and work with [name of patient] at least weekly to help [him/her] stay positive and stabilize, evidenced by [name of patient] having less aggressive behavior. Social services will also encourage [name of patient] to attend grief therapy because of the loss of [his/her] mother and soon to be loss of [his/her] father. Social services will also encourage [name of patient] to attend groups and activities [sic]." There was no mention of any specific discharge planning needs to be addressed by social work staff for this patient. B. Interview In an interview on 7/14/15 at 3:25 p.m., the lack of specific discharge planning needs included in the Psychosocial Assessments was discussed with the Director of Social Work. She stated, "I'll see that discharge planning by social work staff is put into Psychosocial Assessments."	B 108			
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 and interview, the facility failed to ensure that the Psychiatric Evaluations included an inventory of specific patient assets that could be used in treatment planning for three (3) of 10 active sample patients (C16, E4 and E13). This failure to identify patient assets can impair the treatment team's ability to develop treatment interventions utilizing the individual strengths of each patient.	B 117			

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B 117	Continued From page 4 Findings include: A. Record Review The facility uses a check list of assets on the Psychiatric Evaluation. The admission Psychiatric Evaluations (dates of evaluations in parentheses) for the following patients did not contain patient assets: C16 (5/23/15), E4 (6/14/15) and E13 (7/5/15). There were no choices checked off on the list for assets found in each of these patients' Psychiatric Evaluation. B. Interview In an interview on 7/14/15 at 1:10 p.m., the lack of inclusion of choices for assets in the Psychiatric Evaluation was discussed with the Medical Director. She did not dispute the findings.	B 117		
B 125	482.61(c)(2) TREATMENT PLAN The treatment received by the patient must be documented in such a way to assure that all active therapeutic efforts are included. This Standard is not met as evidenced by: Based on record review, observation, and interview, the facility failed to: I. Provide active treatment, including purposeful alternative intervention, for three (3) of 10 active sample patients (C24, E4 and E13). Although the treatment plans for these patients included multiple group therapies, patients regularly and repeatedly did not attend groups. They spent many hours without any structured activity and occupied most of their time sleeping or wandering around the hallways. Despite inconsistent or lack of regular attendance in groups, Master	B 125		

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B 125	<p>Continued From page 5</p> <p>Treatment Plans were not revised to reflect alternative treatment, such as 1:1(one to one), instead of group treatment. Failure to provide active treatment results in affected patients being hospitalized without all interventions for recovery being provided to them in a timely fashion, potentially delaying their improvements.</p> <p>Findings include:</p> <p>I. Failure to provide individualized psychiatric treatment:</p> <p>A. Medical Record</p> <p>1. Active Sample Patient C24</p> <p>A. Patient C24 was admitted on 6/23/15. The Psychiatric Evaluation, dated 6/23/15, documented a diagnosis of Schizoaffective Disorder, Bipolar Type. "Per report, outpatient treatment order was revoked due to noncompliance with medications. Although the patient receives daily med [medication] drops, staff reported that they do not witness [him/her] swallowing [his/her] meds as s/he closes the door on them"---"Patient was not compliant with the admission process and was seen by [his/her] bedside. Refuse to talk, stating that s/he feels sleepy"---"Currently placed on 15 mins [minutes] checks for further observation."</p> <p>B. Patient C24 was observed sitting in an activity therapy group for about 10 minutes at a time on 7/13/15 around 2:20 p.m. The group, titled "Q&A" [Question and Answer] ran from 2:05 p.m. to 2:55 p.m. Even though the group leader reported that patient C24 had responded verbally earlier in the group to a peer question asked of him/her, the patient was observed slumped over a chair in the</p>	B 125		

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B 125	<p>Continued From page 6</p> <p>dayroom where the group was being conducted for two (2) to three (3) minutes at a time and getting up wandering around the dayroom not responding to any other patients or staff members.</p> <p>A review of patient C24's daily schedule showed that the group s/he was scheduled for was "Strategies to Maintain A Reality Orientation On Unit - 2:35 p.m. to 2:50 p.m. , not Q&A."</p> <p>C. The groups identified on patient C24's Master Treatment Plan (MTP dated 6/29/15) were: "Healthy lifestyles, Recovery Strategies, Integrated Psychological Therapy: Cognitive Training, Constructive Life Style Options On Unit (Saturday and Sunday), Coping Skills On Unit, Goals Review On Unit, Leisure Alternatives for Recovery Maintenance On Unit (Saturday and Sunday), Skills for Healthy Lifestyle On Unit, Self-Management Skills On Unit Into Strategies to Maintain A Reality Orientation On Unit."</p> <p>D. A review of the "Patient Weekly Group Attendance" sheet for 7/5/15 to 7/13/15 showed that patient C24 only attended two (2) of 18 scheduled groups for week of 7/5/15 and none of the four (4) scheduled groups on 7/12/15.</p> <p>E The "Group Therapy Progress Notes" showed the following information on C24's attendance at specific groups:</p> <p>Group - "Constructive Lifestyle Options On Unit {Saturday and Sunday}": 7/11/15 - "[Name of patient] was encouraged to attend group, but chose not to." 7/12/15 - "[Name of patient] was encouraged, but declined to attend group today."</p>	B 125			

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B 125	<p>Continued From page 7</p> <p>Group - "Coping Skills on unit": 7/11/15 - "[Name of patient] was encouraged to attend this group, but chose not to." 7/12/15 - "[Name of patient] was encouraged, but declined to attend group today to stay in the bedroom."</p> <p>Group - "Goal Review on unit": 7/11/15 - "[Name of patient] was encouraged to attend this group, but chose not to." 7/12/15 - "[Name of patient] was encouraged, but declined to attend group today."</p> <p>Group - "Healthy Lifestyles": 7/8/15 - "[Name of patient] was in bed in his/her room and did not get up for group. S/he was invited and encouraged with no verbal response." 7/10/15 - "[Name of patient] was slumped down in chair on the day hall which is an improvement as s/ he had been staying in his/her room, though s/ he did not go to group."</p> <p>Group - "Integrated Psychological Therapy: Cognitive Training" 7/4/15 - "[Name of patient] was lying in bed and did not acknowledge [his/her] name being spoken or invitation to attend group."</p> <p>Group - "Leisure Alternatives for Recovery Maintenance on unit (Saturday & Sunday)": 7/11/15 - "[Name of patient] was encouraged to attend this group, but chose not to." 7/12/15 - "[Name of patient] was encouraged, but declined to attend group today."</p> <p>Group - "Recovery Strategies": 7/8/15 - "When invited and encouraged, [name of patient] was still in bed in his room." 7/9/15 - "When invited, [name of patient] was in bed, did not respond to having [his/her] name</p>	B 125			

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B 125	<p>Continued From page 8 called several times." 7/10/15 - "[Name of patient] was slumped down in chair on the day hall, which is an improvement as s/he had been staying in [his/her] room. Though s/he did not go to group."</p> <p>Group - "Self-Management Skills On Unit": 7/8/15 - "[Name of patient] was encouraged to attend this group, but chose not to." 7/11/15 - "[Name of patient] was slumped down in chair on the day hall, which is an improvement as s/he had been staying in his/her room, though s/he did not go to group. S/he was invited and encouraged to attend, but muttered almost inaudible, 'No' and did open [his/her] eyes."</p> <p>Group - "Self-management Skills On Unit": 7/8/15 - "[Name of patient] was encouraged to attend this group, but chose not to." 7/10/15 - "[Name of patient] wandered the day hall area and was observed speaking with unseen others."</p> <p>Group - "Skills for Healthy Lifestyle On Unit": 7/8/15 - "[Name of patient] did not attend group as offered and remained resting on the other side of the day hall area." 7/9/15 - "[Name of patient] did not attend group as offered and was not seen in the day hall area." 7/10/15 - "[Name of patient] did not attend group as offered and remained in his/her room, per unit staff."</p> <p>Group - "Strategies to Maintain a Reality Orientation on unit": 7/9/15 - "[Name of patient] was encouraged to attend this group, but chose not to." 7/10/15 - "[Name of patient] was encouraged to attend this group, but chose not to."</p>	B 125			

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B 125	<p>Continued From page 9</p> <p>2. Active sample patient E4</p> <p>A. Patient E4 was admitted on 6/14/15. The Psychiatric Evaluation, dated 6/14/15, documented a diagnosis of Unspecified Schizophrenia Spectrum and Other Psychotic Disorder. "Patient, who has been increasingly agitated, paranoid,"---"upon evaluation, patient states s/he does not remember throwing any chairs at anyone, but apparently s/he did so at the facility. Patient is ANOX3 [Alert and Oriented times three] for auditory hallucinations. Denies any VH's [Visual Hallucinations]. Denies any suicidal ideation, intent or plan. Denies HI [Homicidal Ideations]. States mood is fair, has had depression in the past. Denies Anhedonia. Stated sleep problems."</p> <p>B. On 7/13/15 around 11:55 a.m., patient E4 was observed lying in bed in [his/her] room. RN#6 was asked if patient E4 had attended the "Music for Coping" group held on the unit from 10:15 a.m. to 11:00 a.m. S/he stated "No".</p> <p>C. The groups identified on patient E4's Master Treatment Plan, dated 6/19/15, were: "Mind Music, Music and Movement; Rhythmic Expression; Wrap,"---"Community Meeting and Program Orientation Group"... "Coping Skills (Saturday & Sunday); Goal Review On Unit; Leisure Alternative for Recovery Maintenance - Saturday and Sunday; Self-Management Skills; Skills for a Healthy Lifestyle; Strategies to Maintain A Reality Orientation."</p> <p>D. A review of the "Patient Weekly Group Attendance" sheet for 7/5/15 to 7/13/15 showed that patient E4 attended only two (2) of 27 groups offered for week of 7/5/15 and zero (0) of four (4) groups offered on 7/12/15.</p>	B 125			

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B 125	Continued From page 10 E. The "Group Therapy Progress Notes" showed the following information on E4's attendance at specific groups: Group - "Community Meeting and Program Orientation Group": 7/8/15 - "Patient was encouraged to attend group. Patient chose to stay in [his/her] room." Group - "Coping Skills (Saturday & Sunday)": 7/11/15 - "Patient was in bed and did not respond to an invitation to group." Group - "Goal Review": 7/11/15 - "Patient was in bed and did not respond to an invitation to group." 7/12/15 - "[Name of patient] was encouraged to attend but was not seen in group." Group - "Leisure Alternatives for Recovery Maintenance - Saturday and Sunday": 7/11/15 - "Patient was in bed and did not respond to an invitation to group." 7/12/15 - "[Name of patient] was encouraged to attend but was not seen in group." Group - "Mind Music": 7/8/15 - "[Name of patient] remained in [his/her] room when encouraged to attend the group." Group - " Music and Movement " : 7/8/15 - "[Name of patient] remained in his/her room when encouraged to attend group." 7/10/15 - "[Name of patient] remained in his/her room when encouraged to attend group." 7/13/15 - "[Name of patient] remained in his/her room when encouraged to attend group." Group - "Music for Coping":	B 125			

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B 125	<p>Continued From page 11</p> <p>7/8/15 - "[Name of patient] remained in his/her room when encouraged to attend group." 7/10/15 - "[Name of patient] remained in his/her room when encouraged to attend group." 7/13/15 - "[Name of patient] remained in his/her room when encouraged to attend group."</p> <p>Group - "Self-management Skills": 7/7/15 - "[Name of patient] remained in his/her room when encouraged to attend group." 7/8/15 - "[Name of patient] remained in his/her room when encouraged to attend group." 7/9/15 - "[Name of patient] remained in his/her room when encouraged to attend group." 7/10/15 - "[Name of patient] remained in his/her room when encouraged to attend group."</p> <p>Group - "Skills for a Healthy Lifestyle": 7/9/15 - "[Name of patient] remained in his/her room when encouraged to attend group." 7/10/15 - "[Name of patient] remained in his room when encouraged to attend group."</p> <p>Group - "Strategies to Maintain a Reality Orientation": 7/7/15 - "[Name of patient] remained in his/her room when encouraged to attend group." 7/9/15 - "[Name of patient] remained in his/her room when encouraged to attend group." 7/10/15 - "[Name of patient] remained in his/her room when encouraged to attend group."</p> <p>3. Active sample patient E13</p> <p>A. Patient E13 was admitted on 7/5/15. The Psychiatric Evaluation, dated 7/5/15, documented diagnosis of "MDD [Major Depression Disorder] with Psychotic Symptoms Intermittent; Explosive Disorder R/O [rule out] PTSD [Post Traumatic Stress Disorder] [history of abuse], Borderline Personality Disorder."</p>	B 125			

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(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	
B 125	Continued From page 12 B. Patient E13 was observed on 7/13/15 in room in bed with cover over [his/her] head from 10:30 - 11:10a.m. during a "Wrap" group held on the unit. C. The groups identified on patient E13's Master Treatment Plan, dated 7/10/15 were: "Effective Thinking; Managing Your Mood; Express Yourself with Music; Managing Feelings with Music; Music Relaxation and Wrap." D. A review of the "Patient Weekly Group Attendance" sheet for 7/5/15 - 7/13/15 showed that patient E13 attended one (1) of 12 scheduled groups the week of 7/5/15 and zero of three (3) groups on 7/12/15. E. The "Group Therapy Progress Notes" showed the following information on E13's attendance at specific groups: Group - "Effective Thinking" - "[Name of patient] did not get out of bed when encouraged to come to this group." Group - "Express Yourself with Music": 7/10/15 - "[Name of patient] remained in [his/her] room when encouraged to attend the group." Group - "Goal Review": 7/11/15 - "Patient was in bed and did not respond to an invitation to group." 7/12/15 - "[Name of patient] was encouraged to attend but was not seen in group." Group - "Leisure Alternatives for Recovery Maintenance Saturday and Sunday": 7/11/15 - "Patient was in bed and did not respond to an invitation to group." 7/12/15 - "[Name of patient] was encouraged to attend but was not seen in group."	B 125			

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B 125	<p>Continued From page 13</p> <p>Group - "Managing Feelings with Music": 7/9/15 - "[Name of patient] remained in his/her room when encouraged to attend the group."</p> <p>Group - "Managing Your Mood": 7/10/15 - "[Name of patient] was having a problem with his/her roommate and there was yelling and behaviors [sic] going on with both of them."</p> <p>Group - "Self-management Skills": 7/10/15 - "Patient was in bed and did not respond to an invitation to group."</p> <p>Group - "Strategies to Maintain a Reality Orientation": 7/10/15 - "Patient was in bed and did not respond to an invitation to group."</p> <p>Group - "Wrap": 7/13/15 - "[Name of patient] is on 1:1 [one to one] status and was asleep at group time."</p> <p>None of the Master Treatment Plans of the 3 patients mentioned above addressed problems with the patients' lack of attendance to scheduled groups listed on their treatment plans. None of their MTP's addressed any ways to provide alternative treatment measures for them.</p> <p>B. Interviews</p> <p>1. In an interview on 7/14/15 at 11:10 a.m., the problem of some patients not consistently attending groups was discussed with MH#1. She replied, "We lock the doors to their room so they will go to group."</p>	B 125			

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B 125	<p>Continued From page 14</p> <p>2. In an interview on 7/14/15 at 11:30 a.m., the lack of patient E13's attendance at assigned groups was discussed with RN#7. She stated "We try to keep doors locked so patient will attend groups."</p> <p>3. In an interview on 7/14/15 at 1:10 p.m., the lack of some patients not attending groups was discussed with the Medical Director. It was pointed out that the treatment teams did not address this problem on the master plans. The Medical Director stated, "I will look into this problem."</p> <p>II. Provide ongoing active treatment by qualified clinical staff for patients in one (1) of five (5) units (East Biddle). During the survey a scheduled treatment group for six (6) patients, including active sample patients B4 and B12, was conducted by a new non-professional staff member without needed supervision/direction. This failure results in fragmented treatment for patients and supports negative social behaviors.</p> <p>Finding include:</p> <p>Failure to provide active treatment by qualified clinical staff:</p> <p>On 7/13/15 a patient group was observed on East Biddle Unit (Crisis Stabilization) from 1:15 p.m. to 1:50 p.m. for six (6) patients, including active sample Patients B4 and B12. The group was scheduled as "Life Management Skills." The topic presented was "Self-esteem." During this group, little direction was given by the group leader (Group Leader 1). One patient "took over the group," and throughout the group patients had side discussions and argued with each other.</p>	B 125			

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B 125	<p>Continued From page 15</p> <p>Patient B4 got up and walked around the group, noticeably showing agitation. About 1:45 p.m., Patient B4 presented increased agitation and began dancing around the room, singing and laughing. At no time did the group leader redirect the patients, nor have Patient B4 removed from the group to an area with less stimulation.</p> <p>During interview on 7/13/15 at 1:55 p.m., Group Leader 1 stated that she had not planned to present the topic of "Self-esteem," but was unable to get the handouts necessary for the original group topic.</p> <p>During interview on 7/13/15 at 2:05 p.m., the Director of Psychology (directs therapy and programming staff) reported that Group Leader 1 has not been in her role for very long. She stated that due to not having a sufficient number of group leaders, this person has been assigned to conduct some groups.</p> <p>III. Ensure a therapeutic environment for scheduled treatment groups/activities for patients in one (1) of five (5) Units (B1) During the survey, treatment groups for 18-20 patients, including two (2) of 10 active sample patients (A11 and A12) was hindered by confusion and extraneous interruptions of therapeutic groups/activities. This practice results in fragmented treatment for all patients.</p> <p>Failure to ensure a therapeutic environment for scheduled treatment groups/activities:</p> <p>A. On 7/13/15 a patient group titled "Therapeutic Reading" was observed on B1 Unit from 10:05 a.m. to 11:00 a.m. for 18-20 patients, including active sample Patients A11 and A12. This group was held in the main dayroom with a waist-high</p>	B 125			

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B 125	<p>Continued From page 16</p> <p>wall at the back of the room. In addition, there was an adjoining room with a viewing window where patients sat at times, including active Patients A11 and A12. During the group patients roamed about the room, moved from the main area to the section behind the wall or in the adjoining room and 2-3 patients slept. Staff walked in and out of the room and got patients out of the group.</p> <p>During interview on 7/13/15 at 11:15 a.m., RN 2 and RN 3 verified the confusion during the group. They reported lack of space and stated that staff is looking at options to correct issues impacting treatment in this unit.</p> <p>B. On 7/14/15 a patient group aimed at memory and social skills was observed on B1 Unit from 9:10 a.m. to 9:30 a.m. for 18-20 patients, including active sample Patients A11 and A12. This group was held in the main dayroom with a waist-high wall at the back of the room with an adjoining room with a viewing window where patients sat, including active Patient A12. During the group patients roamed about the room, held side conversations and four (4) patients slept. At intervals staff members walked through the group room and at one point a staff member held a side conversation with a patient at the side of the room. A staff member rolled a cleaning cart through the group area and straightened chairs as she was walking through the room.</p> <p>On 7/14/15 at 9:35 a.m., the Director of Psychology verified the above findings.</p>	B 125			
B 133	<p>482.61(e) DISCHARGE PLANNING</p> <p>The record of each patient who has been discharged must have a discharge summary that includes a recapitulation of the patient's</p>	B 133			

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B 133	Continued From page 17 hospitalization. This Standard is not met as evidenced by: Based on record review and interview, the facility failed to ensure that patient Discharge Summaries were completed within thirty days after leaving the hospital per facility policy for three (3) of five (5) patients (D2, D3 and D5). 1 of 5 Discharge Summaries (D4) was not signed by the physician. These failures compromise the effective transfer of the patients' care to the next care provider. Findings include: A. Record Review 1. The following Discharge Summaries of these patients, who had left the facility, were not found in their records (dates of discharge in parenthesis): D2 (6/10/15), D3 (6/11/15) and D5 (6/12/15). 2. The Discharge Summary of patient D4, who was discharged on 6/11/15 and summary completed on 7/8/15 did not have the signature of the physician completing the form. B. Interview In an interview on 7/14/15 at 1:10 p.m., the lack of completion of Discharge Summaries by physicians was discussed with the Medical Director. She stated, "I'm already working on an action plan (to fix the problem)."	B 133		
B 136	482.62 SPECIAL STAFF REQS FOR PSYCH HOSPITALS The hospital must have adequate numbers of	B 136		

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B 136	<p>Continued From page 18</p> <p>qualified professional and supportive staff to evaluate patients, formulate written, individualized comprehensive treatment plans, provide active treatment measures and engage in discharge planning.</p> <p>This Condition is not met as evidenced by: Based on interview and document review, the facility failed to assure that the Medical Director and the Director of Nursing monitored active treatment and took corrective actions. Specifically,</p> <p>I. The Medical Director failed to:</p> <p>A. Ensure that patient Discharge Summaries were completed within thirty days after leaving the hospital per facility policy for three (3) of five (5) patients (D2, D3 and D5). One (1) of five (5) Discharge Summaries (D4) was not signed by the physician. These failures compromise the effective transfer of the patients' care to the next care provider. (Refer to B144 I)</p> <p>B. Ensure that the Psychiatric Evaluations included an inventory of specific patient assets that could be used in treatment planning for three (3) of 10 active sample patients (C16, E4, and E13). This failure to identify patient assets can impair the treatment team's ability to develop treatment interventions utilizing the individual strengths of each patient. (Refer to B144 II)</p> <p>III. Ensure that active treatment, including purposeful alternative intervention, for three (3) of 10 active sample patients (C24, E4 and E13). Although the treatment plans for these patients included multiple group therapies, patients regularly and repeatedly did not attend groups.</p>	B 136			

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B 136	<p>Continued From page 19</p> <p>They spent many hours without any structured activity and occupied their time by sleeping or wandering around the hallways. Despite inconsistent or lack of regular attendance in groups, Master Treatment Plans were not revised to reflect individual treatment sessions instead of group treatment. Failure to provide active treatment results in affected patients being hospitalized without all interventions for recovery being delivered to them in a timely fashion, potentially delaying their improvements. (Refer to B144 III)</p> <p>IV. Provide ongoing active treatment by qualified clinical staff for patients in one (1) of 5 units (East Biddle). During the survey a scheduled treatment group for six (6) patients, including active sample patients B4 and B12, was conducted by a new non-professional staff member without needed supervision/direction. This failure results in fragmented treatment for patients and supports negative social behaviors. (Refer to B144 IV)</p> <p>II. The Director of Nursing failed to:</p> <p>A. Staff sufficient numbers of registered nurses (RNs) for five (5) of five (5) patient units based on the numbers and acuity needs of patients. RNs report not having sufficient time to provide and document needed care for the number and acuity of patients being served. In addition, when only one (1) RN is on duty on a ward (two (2) RN's on East Biddle), s/he must leave the treatment team meeting(s) to assess patients in crises and carry out appropriate action in follow up to findings. With the current staffing, if the RN leaves the ward for any reason, including meals, his/her assigned unit does not have required RN coverage immediately available. This staffing pattern results in a deficient number of registered</p>	B 136			

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B 136	Continued From page 20 nurses to provide on-going patient monitoring, treatment planning and preventive interventions as well as supervision of non-professional nursing personnel. (Refer to B150) B. Ensure a therapeutic environment for scheduled treatment groups/activities for patients in one (1) of five (5) Units (B1) During the survey, treatment groups for 18-20 patients, including two (2) of 10 active sample patients (A11 and A12) were hindered by confusion and extraneous interruptions of therapeutic groups/activities. This failure results in fragmented treatment for all patients (30) on the unit and supports psychiatric symptoms and negative social behaviors. (Refer to B148 II)	B 136		
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 record review and interview, the Medical Director failed to adequately monitor and evaluate the care provided to patients at the facility. Specifically, the Medical Director failed to: I. Ensure that the Psychiatric Evaluations included an inventory of specific patient assets that could be used in treatment planning for three (3) of 10 active sample patients (C16, E4 and E13). This failure to identify patient assets can impair the treatment team's ability to develop treatment interventions utilizing the individual strengths of each patient. (Refer to B117) II. Ensure that patient Discharge Summaries were completed within thirty days after leaving the	B 144		

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B 144	Continued From page 21 hospital per facility policy for three (3) of five (5) patients (D2, D3 and D5). One (1) of five (5) Discharge Summaries (D4) was not signed by the physician. These failures compromise the effective transfer of the patients' care to the next care provider. (Refer to B133) III. Ensure that active treatment, including purposeful alternative intervention, for three (3) of 10 active sample patients (C24, E4 and E13). Although the treatment plans for these patients included multiple group therapies, patients regularly and repeatedly did not attend groups. They spent many hours without any structured activity and occupied their time by sleeping or wandering around the hallways. Despite inconsistent or lack of regular attendance in groups, Master Treatment Plans were not revised to reflect individual treatment sessions instead of group treatment. Failure to provide active treatment results in affected patients being hospitalized without all interventions for recovery being delivered to them in a timely fashion, potentially delaying their improvements. (Refer to B125 I) IV. Provide ongoing active treatment by qualified clinical staff for patients in one (1) of five (5) units (East Biddle). During the survey a scheduled treatment group for six (6) patients, including active sample patients B4 and B12, was conducted by a new non-professional staff member without needed supervision/direction. This failure results in fragmented treatment for patients and supports negative social behaviors. (Refer to B125 II)	B 144			
B 147	482.62(d)(1) NURSING SERVICES The director of psychiatric nursing services must be a registered nurse who has a master's degree	B 147			

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B 147	Continued From page 22 in psychiatric or mental health nursing or its equivalent from a school of nursing accredited by the National League for Nursing, or be qualified by education and experience in the care of the mentally ill. This Standard is not met as evidenced by: Based on interview and document review, the Director of Nursing (DON) failed to meet the educational or on-going consultation and/or training requirements necessary for his administrative position as Executive Nurse within this facility. This hindered direction for the nursing department and the level of care provided by nursing personnel. Findings include: A. Review of the resume for the Director of Nursing (DON) and on revealed that the DON did not have a Master's degree in Psychiatric/mental Health Nursing. The resume revealed that the DON he is BSN prepared with a Master's in Business Administration with less than a year in psychiatric nursing. He has about 3 months service in the present DON position. B. During interview with the Director of Nursing at on 7/14/15 at 2:40 p.m. he verified the above information. The DON failed to present proof of attending on-going training programs directly related to nursing care delivered in this facility nor has he received on-going consultation with a nurse with a Master's degree in Psychiatric/Mental Health Nursing.	B 147		
B 148	482.62(d)(1) NURSING SERVICES The director must demonstrate competence to participate in interdisciplinary formulation of	B 148		

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B 148	<p>Continued From page 23</p> <p>individual treatment plans; to give skilled nursing care and therapy; and to direct, monitor, and evaluate the nursing care furnished.</p> <p>This Standard is not met as evidenced by: Based on observation, interview and record review, the Director of Nursing failed to:</p> <p>I. Staff sufficient numbers of registered nurses (RNs) for five (5) of five (5) patient units (B1, B2, C1, C2 and East Biddle) based on the numbers and acuity needs of patients. RNs report not having sufficient time to provide and document needed care for the number and acuity of patients being served. In addition, when only one (1) RN is on duty on a ward (two (2) RNs on East Biddle), s/he must leave the treatment team meeting(s) (held on most units Monday-Friday from 9:00 a.m. -11:00 a.m.) to assess patients in crises and carry out appropriate action in follow up to findings. With the current staffing, if the RN leaves the ward for any reason, including meals, his/her assigned unit does not have required RN coverage immediately available. This staffing pattern results in a deficient number of registered nurses to provide on-going patient monitoring, treatment planning and preventive interventions as well as supervision of non-professional nursing personnel. (Refer to B150)</p> <p>B. Ensure a therapeutic environment for scheduled treatment groups/activities for patients in one (1) of 5 Units (B1). During the survey, treatment groups for 18-20 patients, including two (2) of 10 active sample patients (A11 and A12) were hindered by confusion and extraneous interruptions of therapeutic groups/activities. This failure results in fragmented treatment for all patients (30) on the unit and supports psychiatric</p>	B 148			

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B 148	Continued From page 24 symptoms and negative social behaviors. (Refer to B125-III)	B 148			
B 150	<p>482.62(d)(2) NURSING SERVICES</p> <p>There must be adequate numbers of registered nurses, licensed practical nurses, and mental health workers to provide the nursing care necessary under each patient's active treatment program.</p> <p>This Standard is not met as evidenced by: Based on observation, interview and document review, the Director of Nursing failed to staff sufficient numbers of registered nurses for five (5) of five (5) patient units based on the numbers and acuity needs of patients. RNs report not having sufficient time to provide and document needed care for the number and acuity of patients being served. In addition, when only one (1) RN is on duty on a ward (two (2) RNs on East Biddle), s/he must leave the treatment team meeting to assess patients in crises and carry out appropriate action in follow up to findings. With the current staffing, if the RN leaves the ward for any reason, including meals, his/her assigned unit does not have required RN coverage immediately available. This staffing pattern results in a deficient number of registered nurses to provide on-going patient monitoring, treatment planning and preventive interventions and supervision of non-professional nursing personnel.</p> <p>Findings include:</p> <p>A. Patient Unit Findings:</p> <p>1. Unit B1 is a 30-bed continuing care program</p>	B 150			

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NAME OF PROVIDER OR SUPPLIER OSAWATOMIE STATE HOSPITAL PSYCHIATRIC			STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
(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	
B 150	<p>Continued From page 25</p> <p>serving adults with psychiatric symptoms that have contributed to their involvement in the court system with a patient census of 30 on the first day of the survey (7/15/15). Review of the Patient Need Assessment for these patients that was completed by nursing on the first day of the survey revealed the following information:</p> <ul style="list-style-type: none"> a. 5 patients required dressing changes. b. 5 patients required diabetic checks. c. 3 patients required seizure precautions. d. 30 patients were potentially assaultive e. 28 patients presented a low risk for suicide and 2 presented an intermediate risk for suicide. f. 9 patients were experiencing active hallucinations/delusions. g. 10 patients took medications reluctantly and 5 patients presented difficulty in taking medications. h. 5 patients were on assault precautions l 4 patients were on elopement precautions. j. 3 patients were on line of sight supervision k. 6 patients were on 15-30 minute monitoring checks. L. 6 patients were constantly demanding staff time. <p>Review of the staffing schedule provided by the Director of Nursing for Unit B1 for 7/7/15 through 7/13/15 (first day of the survey) revealed only 1 RN on duty for the following day and evening shifts of duty for a census of 30 patients:</p> <ul style="list-style-type: none"> a. Day shifts: 7/7/15, 7/9/15, 7/10/15, 7/11/15, 7/12/15 and 7/13/15. b. Evening shifts: 7/7/15, 7/8/15, 7/9/15, 7/11/15, 7/12/15 and 7/13/15. <p>2. Unit B2 is a 26-bed continuing care program</p>	B 150			

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B 150	<p>Continued From page 26</p> <p>serving adults who are experiencing discharge barriers for community placement with a patient census of 26 on the first day of the survey (7/15/15). Review of the Patient Need Assessment for these patients completed by nursing on the first day of the survey revealed the following information:</p> <ul style="list-style-type: none"> a. 15 patients required assistance with bathing, dressing and/or feeding. b. 2 patients required dressing changes. c. 4 patients required diabetic checks. d. 25 patients were potentially assaultive e. 1 patient presented a low risk for suicide f. 7 patients were experiencing active hallucinations/delusions. g. 25 patients took medications reluctantly h. 2 patients were on assault precautions i. 2 patients on fall 4 precautions. j. 1 patient was on line of sight supervision k. 3 patients were on special monitoring due to eating disorders L. 2 patients were constantly demanding staff time. <p>Review of the staffing schedule provided by the Director of Nursing for the ward Unit B2 for 7/7/15 through 7/13/15 (first day of the survey) revealed only one (1) RN on duty for the following day and evening shifts of duty for a census of 26 patients.</p> <ul style="list-style-type: none"> a. Day shifts: 7/11/15 and 7/12/15. b. Evening shifts: 7/7/15, 7/9/15, 7/10/15 and 7/12/15. <p>3. Unit C1 is a 30-bed acute adult admissions program with a patient census of 30 on the first day of the survey (7/13/15). Review of the Patient Need Assessment for these patients completed by nursing on the first day of the survey revealed</p>	B 150			

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B 150	<p>Continued From page 27 the following information:</p> <ul style="list-style-type: none"> a. 1 patient required dressing changes. b. 7 patients required diabetic checks. c. 2 patients required seizure precautions. d. 27 patients potentially assaultive and 3 were actively assaultive. e. 2 patients presented a low risk for suicide and 1 patient presented an intermediate risk for suicide. f. 9 patients took medications reluctantly and 25 patients presented difficulty in taking medications. g. 3 patients were on assault precautions h. 1 patient was on elopement precautions. i. 17 patients were constantly demanding staff time. <p>Review of the staffing schedule provided by the Director of Nursing for the ward Unit C1 for 7/7/15 through 7/13/15 (first day of the survey) revealed only one (1) RN on duty for the following day and evening shifts of duty for a census of 30 patients.</p> <ul style="list-style-type: none"> a. Day shifts: 7/8/15, 7/10/15, 7/11/15, 7/12/15 and 7/13/15. b. Evening shifts: 7/7/15, 7/9/15, 7/11/15, 7/12/15 and 7/13/15. <p>4. Unit C2 is a 30-bed acute adult admissions program with a patient census of 30 on the first day of the survey (7/13/15). Review of the Patient Need Assessment for these patients completed by nursing on the first day of the survey revealed the following information:</p> <ul style="list-style-type: none"> a. 11 patients required assistance with bathing, dressing and/or feeding. b. 4 patients required diabetic checks. c. 8 patients potentially assaultive and 7 were 	B 150			

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B 150	<p>Continued From page 28</p> <p>actively assaultive.</p> <p>d. 3 patients presented a low risk for suicide, 4 patients presented an intermediate risk for suicide and 1 presented acute suicidal risk.</p> <p>e. 14 patients presented hallucinations/hallucinations.</p> <p>f. 7 patients took medications reluctantly and 4 patients presented difficulty in taking medications.</p> <p>g. 1 patient was placed in seclusion/restraints within last 48 hours</p> <p>h. 4 patients were on assault precautions</p> <p>i. 2 patients on fall precautions</p> <p>j. 2 patients were on elopement precautions.</p> <p>k. 9 patients were constantly demanding staff time.</p> <p>Review of the staffing schedule provided by the Director of Nursing for the ward Unit C2 for 7/7/15 through 7/13/15 (first day of the survey) revealed only one (1) RN on duty for the following day and evening shifts of duty for a census on duty for a census of 30 patients.</p> <p>a. Day shifts: 7/9/15, 7/11/15 and 7/13/15. b. Evening shifts: 7/7/15, 7/9/15, 7/10/15, 7/11/15, 7/12/15 and 7/13/15.</p> <p>5. Unit East Biddle is a 30-bed program serving patients in crisis with a patient census of 29 on the first day of the survey (7/13/15). This unit has two (2) patient teams (Red, Blue) requiring one (1) RN coverage for each patient team. This ward has two (2) teams (Red, Blue) with patient teams meeting simultaneously from 9:00 a.m. to 11:00 a.m. each Monday through Thursday and sometimes on Friday; this schedule requires the presence of one (1) RN in each patient team planning meeting.</p>	B 150			

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B 150	<p>Continued From page 29</p> <p>Review of the Patient Need Assessment for these patients completed by nursing on the first day of the survey revealed the following information:</p> <ul style="list-style-type: none"> a. 2 patients required assistance with bathing, dressing and/or feeding. b. 2 patients required dressing changes c. 2 patients on seizure precautions d. 3 patients required diabetic checks. e. 6 patients potentially assaultive and 1 patient was actively assaultive. f. 5 patients presented hallucinations/hallucinations. g. 3 patients took medications reluctantly and 2 patients presented difficulty in taking medications. h. 9 patients were on assault precautions i. 2 patients on fall precautions j. 1 patient was on elopement precautions. k. 2 patients were constantly demanding staff time. <p>Review of the staffing schedule provided by the Director of Nursing for Unit East Biddle for 7/7/15 through 7/13/15 (first day of the survey) revealed only two (2) RNs on duty for a census of 29 patients with two (2) patient treatment teams on the following day shifts of duty: 7/7/15 and 7/10/15.</p> <p>There was only one (1) RN on the following shifts of duty:</p> <ul style="list-style-type: none"> a. Day shift: 7/12/15 b. Evening shifts: 7/11/15 and 7/12/15. <p>B. Review of nursing policy (LD-3.21) revealed that core staffing requires only one (1) RN on the day and evening shifts of duty for all units, with</p>	B 150			

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B 150	<p>Continued From page 30</p> <p>the exception of East Biddle which requires two (2) RNs with the except for week-ends and holidays.</p> <p>C. Interviews:</p> <p>1. In an interview on 7/13/14/15 at 11:25 a.m., RN6 was asked about information on patients on his/her unit. RN6 stated that s/he had just come back from vacation and was not familiar with the problems of all of the patients. When asked what the census was and what staff were assigned to this unit, s/he stated that there were 30 patients and that the nursing staff consisted of one (1) RN, one (1) LPN and six (6) techs (Mental Health Workers). S/he was then asked if any of the patients were on special precautions. RN6 stated that three (3) patients were on 1:1 (one to one) observation, which meant that three (3) of the six (6) MHT's would be with these three (3) patients and the other three (3) would be responsible for the rest of the patients. The LPN was responsible for medication administration. In response to the question of how s/he gets his/her work done without another nurse helping him/her with things a MHT or LPN could not do, RN6 stated, "I often stay over two (2) to three (3) hours after my shift ends to get everything done." When asked what his/her responsibilities were, RN6 stated, "I do all the treatment plans. I attend the treatment team meetings. I do all the progress notes on all the patients that are required by RNs." RN 6 admitted that it was difficult to do all the work required of him/her.</p> <p>2. During interview on 7/13/15 at 11:55 a.m., MHT3 stated that s/he was doing a double (meaning two (2) shifts). MHT3 admitted that s/he had worked the night shift and was asked to stay on and work part of the day shift due to staff</p>	B 150			

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B 150	<p>Continued From page 31</p> <p>shortage. When asked how s/he felt about that, MHT3 stated, "I didn't want to work another shift, but I was afraid to say no." When asked why, MHT3 stated, "They will write you up if you refuse and if you refuse many times, you'll get fired." When asked why the hospital couldn't find someone else to work, instead of making him/her do it, MHT3 stated, "They don't have enough staff. This place is a revolving door (meaning staff come and go quickly)."</p> <p>3. In an interview on 7/13/15, the occurrence of working overtime was discussed with MHT2 who was going to work a double shift- days and then evenings. When asked how often s/he had to do this, MHT2 stated, "I do this about once a week." When asked why nursing staff had to work so much overtime, MHT3 stated, "Due to loss of staff. They leave for better jobs and more money."</p> <p>4. During interview on 7/13/15 at 2:30 p.m., RN 1 stated that s/he is called out of treatment team meetings to assess patients on the ward.</p> <p>5. During interview on 7/14/15 at 9:30 a.m., RN 2 reported that when s/he is the only RN on the unit that s/he must leave the treatment team meeting for patient emergencies on the unit. S/he reported that emergencies are subject to occur during team meetings that are held Monday-Thursday/weekly and sometimes on Friday as well. S/he stated that when the patient acuity is high, nursing administration is called and help is sent when possible.</p> <p>6. In an interview on 7/14/15 at 10.30 a.m., RN8 was asked how s/he liked his/her job. RN8 stated, "I like this job. What I don't like is a change in the work schedule." When asked what s/he meant,</p>	B 150			

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B 150	<p>Continued From page 32</p> <p>RN stated, "One year ago we worked every third weekend. Now we work every other weekend due to the change of working 12 hour shifts to 8 hour shifts." When asked how this change affected his/her work on the unit, RN8 stated, "I now work alone with no other RN to help me" RN8 was asked what all s/he had to do by herself. S/he stated, "Today I have to document on five (5) edema patient assessments, one (1) wound assessment and I don't know how many weekly assessments, do any admissions or discharges, and go to treatment team meetings. It's a lot." When asked who relieves him/her for lunch being the only RN on the unit, RN8 stated, "I have no relief for lunch. I just eat in the staff lounge while the LPN and techs are out on the unit."</p> <p>7. During interview on 7/14/15 at 10:50 a.m., RN 4 reported that his/her ward has two (2) teams requiring an RN for each team during the day shift of duty. S/he stated that with current staffing it is difficult "getting weekly notes and assessments done on time." RN 4 reported that the RN is called out of the team meetings for patient crises that result in disruption of the team meetings. S/he reported that the RN goes out on the unit, assesses the patient(s) and takes appropriate action. RN 4 stated, "There are some days that I am in the treatment team only 30-45 minutes (of the 2 hour team meeting)." S/he explained that on this ward each RN is responsible for their patients (about 15 each); this includes attending the team meetings as well as responding to issues/crises for the patients on his/her team.</p> <p>8. During interview on 7/14/15 at 1:25 p.m., RN 5 reported that the RN is called out of the team meetings to assess patients and take appropriate action when s/he is attending treatment team</p>	B 150			

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B 150	Continued From page 33 meetings. S/he added this usually takes "less than 30 minutes" each time. S/he reported that there is procedure for relief coverage for the RN assigned to the ward while attending treatment team meetings or meals. S/he reported that she eats in a room on the ward and is called out from meals to address patient issues. 9. During interview on 7/14/15 at 2:40 p.m., when discussing RN staffing, the Director of Nursing responded, "I know that we are short." On 7/15/15 at 10:40 a.m., the DON verified that the facility does not have a policy/procedure addressing relief for RNs when attending treatment team meetings, meals, etc.	B 150			
B 152	482.62(f) SOCIAL SERVICES There must be a director of social services who monitors and evaluates the quality and appropriateness of social services furnished. This Standard is not met as evidenced by: Based on record review and interview, the Director of Social Work failed to ensure that the Social Services Assessments included individualized recommendations for Social Work Services from the data gathered for two (2) of 10 active sample patients (E4 and E13). As a result, social work specific recommendations regarding treatment of patients' psychosocial problems were not described for the treatment team. Findings include: A Record Review 1. Patient E4 was admitted on 7/5/15. The Psychosocial Assessment, dated 7/10/15, stated under the "Social Service Plan"---"Social services	B 152			

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B 152	<p>Continued From page 34</p> <p>will meet weekly with [name of patient] and encourage [his/her] to talk with us and [his/her] team. Social services will also help [name of patient] plan and coordinate [his/her] discharge planning. S/he will also be encouraged to take her medication and participate in groups that apply to [his/her] borderline personality disorder."</p> <p>There was no mention of any specific discharge planning needs in the assessment for this patient.</p> <p>2. Patient E13 was admitted on 6/14/15. The Psychosocial Assessment, dated 6/18/15 stated under the "Social Services Plan"---"Social services will meet and work with [name of patient] at least weekly to help [him/her] stay positive and stabilize, evidenced by [name of patient] having less aggressive behavior. Social services will also encourage [name of patient] to attend grief therapy because of the loss [his/her] mother and soon to be loss of [his/her] father. Social services will also encourage [name of patient] to attend groups and activities [sic]."</p> <p>There was no mention of any specific discharge planning needs to be addressed by social work staff for this patient.</p> <p>B. Interview</p> <p>In an interview on 7/14/15 at 3:25 p.m., the lack of specific discharge planning needs included in the Psychosocial Assessments was discussed with the Director of Social Work. She stated, "I'll see that discharge planning by social work staff is put into Psychosocial Assessments."</p>	B 152			