

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	INITIAL COMMENTS 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. 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. 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.	B 000	B 103/ 4862.61 SPECIAL MEDICAL RECORDS REQUIREMENTS FOR PSYCHIATRIC HOSPITALS I. Provide active treatment, including purposeful alternative interventions for 3/10 active sample patients. POC: OSH will ensure the provision of active treatment including alternative interventions by: - Behavioral health staff was educated via email on 8/4/15 about the importance of providing alternative interventions for patients not attending at least 70% of the groups on their treatment schedules. Alternatives may include more frequent 1:1 contact with the assigned therapist, opportunities to work on independent study projects (such as anger management worksheets) with oversight by the assigned therapist, or other 1:1 sessions with a representative from another discipline such as music or activity therapy. This was reinforced during a meeting with behavioral health staff on 8/5/15. As part of the treatment planning process the assigned therapist will discuss with the patient his or her expectations for therapy and therapeutic involvement and how we can best meet those needs while he/she is at the hospital. This will be documented as part of the initial treatment planning progress note and included as part of the treatment plan. If a patient is initially unable to articulate their preference or expectations for treatment, a	15 AUG 11 PM 12:34 CMS-SCER REGION VII
B 103	482.61 SPEC MEDICAL RECORD REQS FOR PSYCH HOSPITALS 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. This Condition is not met as evidenced by: Based on observation, interview and document review, the facility failed to:	B 103		

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

TITLE

(X6) DATE

Jerry Rea

Superintendent

8/7/15

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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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	plan based on their presenting symptoms and treatment needs will be generated and the patient's individual input added to the plan as he or she is able to articulate it. -Specific review of group attendance, participation in the therapeutic process, and potential barriers to attendance /participation is a mandatory field in the IDT Weekly Meeting Progress Note. For those patients who are not attending their schedule of active treatment; the IDT and/or assigned therapist will discuss with the patient why he or she is not attending classes, explore alternate treatment options (i.e. different groups or increased individual contacts with an assigned therapist or other group leaders), and make required modifications to the treatment schedule and document this communication with the patient and what attempts are being made to help encourage more active involvement in the treatment schedule. -An individual's level of participation in active treatment is included as a part of their assessed level of safety to determine therapeutic observational status. If patients are choosing not to participate it is difficult to assess their level of safety and their capability to handle less restrictive supervision. This will be complete by September 7, 2015. How are we monitoring: OSH will monitor the provision of active treatment, including alternative interventions by: a. For ongoing monitoring and quality assurance, therapy supervisors will review the treatment plans of their supervised staff prior		
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	<p>to, or during, regular weekly supervision meetings.</p> <p>b. If problems are noted they will be addressed immediately with clear expectations and a plan for correcting and monitoring the identified problem. If a problem is recurring or change is inconsistent, an objective related to the areas of difficulty will also be included as a part of the therapist's performance evaluation for additional monitoring and accountability.</p> <p>Ensure Compliance: For ongoing monitoring and quality assurance, therapy supervisors and the Director of Psychology will review 30 charts monthly to assess whether individual therapy contacts occur as assigned and sample patients are attending active treatment groups and if not whether alternative therapy interventions are provided in the treatment plan and documented in the patient's progress notes. Reviews will be addressed with the assigned clinician during weekly supervision. Supervisors will send completed review forms (Exhibit 1) to the Director of Psychology & Therapy Services to ensure review are being completed in a timely and appropriate manner.</p> <p>-Patient perception of the helpfulness of their groups and their level of satisfaction with treatment will be queried on a quarterly basis via a patient group satisfaction survey (Exhibit 2). Each therapist will collect surveys in one of their classes and submit these to their supervisor who will review and forward to the Director of PTS.</p> <p>-If a patient wants to complete a group satisfaction survey (Exhibit 2) but requires</p>	

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B 108	<p>Continued From page 3</p> <p>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]."</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 108	<p>assistance (i.e. is unable to read or write) a staff member such as the group leader or alternate staff member (such as peer support specialist) will be available to assist the patient in completing the survey.</p> <p>-The results of the surveys will be reported to hospital leadership through the Performance Improvement Council and through the Executive Clinical Committee.</p> <p>Documentation: See attached Treatment Plan Reviews: Provision of Active Treatment (Exhibit 1) See attached Group Satisfaction Survey (Exhibit 2)</p> <p>Individual Responsible for Compliance: Kathryn Gayetsky, PhD, Director of Psychology and Therapy Services</p>
B 117	<p>482.61(b)(7) PSYCHIATRIC EVALUATION</p> <p>Each patient must receive a psychiatric evaluation that must include an inventory of the patient's assets in descriptive, not interpretive fashion.</p> <p>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.</p>	B 117	<p><u>B103</u></p> <p>II. Provide ongoing active treatment by qualified clinical staff for patients in 1/5 units (E. Biddle).</p> <p>POC: OSH will ensure the provision of ongoing active treatment by qualified clinical staff by: -All newly hired group leaders will receive orientation and training for running groups in their area of service (i.e. clinical staff observe and shadow other clinical staff, leisure and fitness staff shadow existing leisure and fitness staff).</p>

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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	-Orientation will include multiple opportunities to shadow existing group leaders from the same service area and includes group and/or individual contacts. -An orientation period of four to six months will allow for staff to progress from shadowing/observing groups (first eight weeks) to running groups with a co-leader or under direct supervision (weeks nine to twenty-four), to running groups independently or with a co-leader as appropriate to group size and location. -All new group leaders will be required to demonstrate competence to lead class independently three times prior to beginning independent work. Their supervisor, or designee, will complete a Competency Assessment for Group Facilitators (Exhibit 3) each time a group is observed and review findings and make suggestions as appropriate. Supervisors will observe three different groups (i.e. different by size, theme, or approach). -If concerns are noted during observed sessions, additional training, orientation, or assistance will be identified and implemented until the group leader has demonstrated sufficient competence. Training plans will be individualized and based on the areas of need, the staff member will review progress and areas for improvement with their supervisors during supervision sessions (which would occur weekly if problems were identified in the area of competency). -All group leaders will have as part of their annual performance evaluations, an objective	
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	<p>regarding their competence and functioning as a group leader.</p> <p>-Supervisors of group leaders (or designated licensed clinical staff) will conduct live observations of therapists running groups no less than twice per year.</p> <p>-Supervisors (or designated licensed clinical staff) observing groups will complete a Competency Assessment for Group Facilitators (Exhibit 3) each time a group is observed. Information from these observations will be utilized to complete annual evaluations.</p> <p>How are we monitoring:</p> <p>-Existing group leaders will be required to demonstrate competency through observation and assessment with the Competency Assessment for Group Facilitators (Exhibit 3). If an individual is not able to demonstrate competency another group leader will take over the primary responsibility for the class allowing the other individual to co-lead, observe, and assist. Additional training needs may be identified and arranged on a case by case basis.</p> <p>-After initial competency is established, supervisors (or designated licensed clinical staff) will observe groups for each group leader at least twice per year and complete the Competency Assessment for Group Facilitators (Exhibit 3). Information from these observations will be discussed during regular supervisory meetings, weekly or bi-weekly based on the area of discipline, with each staff member and will be utilized in completion of annual evaluations. If problems</p>	

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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	<p>are identified during the observed groups or competency is otherwise questioned a plan for correcting the concerns will be developed and added as an objective to the individual's evaluation.</p> <p>-Observation forms will be kept as part of the employee's record and a copy will be sent to the Director of Psychology and Therapy Services (PTS).</p> <p>-All current group leaders will have their competency assessed (Exhibit 3) by October 1, 2015 with additional supports and /or training identified by that time.</p> <p>Ensure Compliance: -The Director of PTS will review the Competency Assessment for Group Facilitators (Exhibit 3) and keep a record to ensure that supervisors are completing the required number of observations. -Individual supervisors will document the ongoing competency reviews as part of the employee's annual evaluation</p> <p>Documentation: Please see attached Competency Assessment for Group Facilitator (Exhibit 3)</p> <p>Individual Responsible for Compliance: Kathryn Gayetsky, PhD, Director of Psychology and Therapy Services</p>	

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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	<p><u>B103</u></p> <p>III Ensure a therapeutic environment for scheduled treatment groups/activities for patients in 1/5 units (B1).</p> <p>POC: Staff were reminded in a hospital-wide email sent on July 29, 2015, that when groups are in session, the staff should minimize any disruptions or distractions for the group members and/or group leader. They were encouraged to assist the group leaders in preparing the environment for groups as well as for monitoring the environment throughout the group time period. Additionally, alternative areas have been identified in which groups can be held using curtains to provide a visual barrier to other patients and staff to reduce the likelihood of interruptions or distractions while groups are in session. (Curtains and curtained off areas will be supervised by staff, including monitoring via ceiling mounted cameras.) Areas created as appropriate group space on B building are: Rm 135 and Rm 153 for the B1 unit (the area of concern during the survey) and Rm 143 for the B2 unit. Rooms 107 and 106 are also available for group use by staff from B1 or B2. These spaces are in addition to the already existing group room available on each unit. The group schedules will be adjusted to utilize these alternative locations, thus eliminating the need for therapeutic groups on the "dayhall." The dayhall may be utilized for</p>		

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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	<p>general leisure groups where some disruptions would not be considered problematic (e.g., separate table games, or group exercises). However, during such groups the other staff on the unit will be encouraged to minimize disruptions and to assist the group facilitator with attendance, participation and interaction with the patients.</p> <p>The curtains for the visual barriers will be installed by Facility Services on or before August 14, 2015</p> <p>The adjusted group schedules will be corrected by September 14, 2015</p> <p>How are we monitoring: Program Management, Nurse Managers and Departmental Leaders will collaborate to complete walk-throughs (Exhibit 4) of the units at least three times per week, per unit, noting where groups are being held and any environmental or personnel concerns that may be disruptive to the group process.</p> <p>Ensure Compliance: Managers who identify issues during walk-throughs (Exhibit 4) will follow up immediately when possible, but by no later than the next business day. The results of the unit walk-throughs will be provided to the Director of Performance Improvement who will compile the results for presentation at least monthly to the Performance Improvement Council and Administrative Executive Committee. Any noted deviation or concerns will be provided to the respective</p>	

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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	<p>departmental leader for follow-up with a report back to the PI Council and Administrative Executive Committee regarding actions taken.</p> <p>Documentation: The Director of Performance Improvement will maintain the unit walk-through reports. (Exhibit 4)</p> <p>Individual Responsible for Compliance: Kathryn Gayetsky, PhD, Director of Psychology and Therapy Services</p> <p>B 108/ 482.61(a)(4) DEVELOPMENT OF ASSESSMENT/DIAGNOSTIC DATA</p> <p>POC: The requirements & expectations for the social service assessments (both timeliness and content, including but not limited to an assessment of home plans and family attitudes, community resource contacts, social history and discharge planning needs) were reviewed with Social Work staff on July 29, 2015 at the Social Services Departmental meeting. (Individual follow-up will be provided for any staff not in attendance.)</p> <p>The Director of Social Work will review the work of each social worker using the attached "Social Service Assessment Review" (exhibit</p>	

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B 125	<p>Continued From page 10</p> <p>E. The "Group Therapy Progress Notes" showed the following information on E4's attendance at specific groups:</p> <p>Group - "Community Meeting and Program Orientation Group": 7/8/15 - "Patient was encouraged to attend group. Patient chose to stay in [his/her] room."</p> <p>Group - "Coping Skills (Saturday & Sunday)": 7/11/15 - "Patient was in bed and did not respond to an invitation to group."</p> <p>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."</p> <p>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."</p> <p>Group - "Mind Music": 7/8/15 - "[Name of patient] remained in [his/her] room when encouraged to attend the group."</p> <p>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."</p> <p>Group - "Music for Coping":</p>	B 125	<p>5) form and provide feedback during individual supervisory meetings. In addition, all readmissions that occur within 30 days will be analyzed for possible factors that should be added to the Social Service Assessment form to decrease future readmissions.</p> <p>This process will be in place by September 7, 2015</p> <p>How are we monitoring: The Director of Social Work will review (using the "Social Service Assessment Review" form, exhibit 5) at least 33% of the social service assessments completed by each social worker and will meet individually with each social worker at least once every other week to provide feedback and directions.</p> <p>Ensure Compliance: A synopsis of the results of the ongoing reviews will be compiled monthly and included as part of the ongoing performance improvement process for the social work department. Additionally, the synopsis will be reported to the Performance Improvement Council and Executive Clinical Committee at least monthly.</p> <p>Documentation: The Director of Social Work will maintain the individual "Social Service Assessment Review" (Exhibit 5) forms for a period of one year (summarized as part of the individual performance management process).</p>	

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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." 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	<p>Individual Responsible for Compliance: Debra Dameron, LSCSW, Director of Social Work</p> <p>B 117/ 482.61 (b)(7) PYSCHIATRIC EVALUATION</p> <p>POC: -Physicians were reminded to include at least two assets in the psychiatric evaluations during the medical meeting dated July 21, 2015. The evening, night and week end on call physicians will be sent copies of the medical minutes. -The content and formatting of the psychiatric evaluation template will be revised and updated to make the choices more identifiable both for the physician and the reviewer on or before September 1, 2015. -At least 30 charts will be reviewed on a monthly basis to ensure that at least two assets have been included in the psychiatric evaluations.</p> <p>How are we monitoring: On a monthly basis, 30 charts will be reviewed to determine if at least two assets have been identified in the psychiatric evaluations.</p> <p>Ensure Compliance: -The Medical Director will send written reminders to individual physicians whose psychiatric evaluations did not include at least two assets and follow up with individual performance reviews. The physicians will be</p>	

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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	required to make corrections within one week of being notified by the Medical Director of the missing assets. -The Medical Director will share with the medical staff at least twice a month the results of the reviews and with the Executive Clinical Committee and Performance Improvement Council at least monthly. Documentation: -Medical meeting minutes -Written reminders to the evening, night and week end on call medical staff members -Revised psychiatric evaluation template by September 1, 2015 -Bi-monthly chart reviews Individual Responsible for Compliance: Maria M. Gustilo, M.D., Medical Director B 125/ 482.61 (c)(2) TREATMENT PLAN – I. Provide active treatment, including purposeful alternative interventions for 3/10 active sample patients. See response to B103, (I)	

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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	<p><u>B 125</u></p> <p>II. Provide ongoing active treatment by qualified clinical staff for patients in 1/5 units (E. Biddle)</p> <p>See response to B103, (II)</p> <p>III Ensure a therapeutic environment for scheduled treatment groups/activities for patients in 1/5 units (B1).</p> <p>See Response B103, (III)</p> <p>B 133/ 482.61(e) DISCHARGE PLANNING –</p> <p>POC: On July 24, 2015 the Medical Director procured the weekend on-call Physicians to complete late discharge summaries. -The physicians were reminded to complete the final progress notes and sign the discharge summaries so these could be scanned into the Patient Care System within 30 days after leaving the hospital. -On a daily basis, physicians will be given a pending list of final progress notes to be completed up to the next 15 days after discharge by the program assistant.</p>

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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	<p>-Medical record staff will submit a report of timeliness of all discharge summaries on a monthly basis to each respective physician.</p> <p>-The Medical Director will remind individual physicians and send written reminders when discharge summaries are within seven (7) days of being late.</p> <p>How are we monitoring:</p> <p>-On a weekly basis, the medical record staff will submit a report of timeliness of all discharge summaries for the month to the Medical Director for weekly follow up. Findings will be summarized in a monthly report.</p> <p>-The Medical Director will share the monitoring report with physicians on a bimonthly basis during medical meetings or by email and follow up with individual performance reviews.</p> <p>Ensure Compliance:</p> <p>-The Medical Director will review 30 charts per month to ensure that discharge summaries are completed within 30 days, 95% or greater will be completed on time.</p> <p>-A Quality Assurance/Performance Improvement (QAPI) project has been initiated to ensure that this objective is corrected.</p> <p>-The Superintendent will review the QAPI data on a monthly basis and provide follow up to the Medical Director.</p>		

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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	<p>Documentation:</p> <ul style="list-style-type: none"> -Monthly report of timeliness of discharge summaries -Medical staff meeting minute <p>Individual Responsible for Compliance: Maria M. Gustilo, M.D., Medical Director</p> <p>B 136/482.62 SPECIAL STAFF REQS FOR PSYCH HOSPITALS –</p> <p>I. Specifically, the Medical Director failed to:</p> <p>a) Ensure that patient Discharge Summaries were completed within 30 days after leaving the hospital per facility policy for 3/5 sample patients. 1/5 Discharge Summaries were not signed by the physician.</p> <p>See Response B133</p> <p><u>B136</u></p> <p>b) Ensure that the Psychiatric Evaluations included an inventory of specific patient assets that could be used in treatment planning for 3/10 sample patients.</p> <p>See Response B117</p>		

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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	<p><u>B136</u></p> <p>II. Ensure that active treatment, including purposeful alternative interventions, for 3/10 active sample patients.</p> <p>See Response B103, (I)</p> <p><u>B136</u></p> <p>III. The Director of Nursing Failed to:</p> <p>a) Staff sufficient numbers of registered nurses (RNs) for 5/5 patient units based on the numbers and acuity needs of patients.</p> <p>POC: As a means of providing sufficient numbers of registered nurses for 5/5 patient units based on the numbers and acuity needs of patients, OSH is increasing nursing core staffing from 1 RN per shift on a.m. and p.m. shifts to 2 RNs (3 RNs for day shift on East Biddle), beginning Oct. 1, 2015. As a means of meeting the new core staffing, OSH will work with KANSASWORKS, a web-based matching and labor market information system, as well as OSH Human Resources to filling nursing staff</p>	
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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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 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	vacancies. In order to attain and maintain new core ratios, a factor of 1.3 will be used to accommodate turnover rates (backfill) and time off (e.g. vacations). -The hospital is actively recruiting to hire additional RNs for the a.m. and p.m. shifts so that we can be staffed at a rate of 2 RNs per unit (except in the Crisis Stabilization Program where there will be 3 RNs) per each of the a.m. & p.m. shifts. Staffing RNs have increased to 2 per unit with 3 for East Biddle on AM shift. OSH is actively recruiting additional nursing staff and implementing 2 RNs per unit with 3 for East Biddle on PM shift. NOC RNs have been educated and instructed to coordinate their breaks with other RNs so an RN is available to all units at all times. There will be a floating RN position to cover for breaks and meals. -Until regular FTE positions are hired, the hospital will continue to recruit and utilize four (4) agencies to supplement the regular staff. During this period of recruiting, 2 RNs will be assigned per unit to the extent possible, but in no event will a unit be left without at least one available RN. In addition, across all shifts, the schedulers will provide specified times for the RNs on the units to be provided a lunch break with an RN or RN Manager assigned to cover the unit while the RN is away. When there are 2+ RNs available or assigned to a unit, each will be assigned to provide coverage for the other's lunch break to ensure that at least one RN is available on the unit at all times.		
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	<p>How are we monitoring: The Director of Nursing or designee will review nursing staff levels daily to ensure adequate staff levels are met. If nursing staffing levels are inadequate, the Director of Nursing will coordinate with nurse managers, scheduling coordinators, and nursing staff to ensure adequate staffing to meet all patient needs. In addition, the percentage of time RNs are receiving breaks will be monitored.</p> <p>Ensure Compliance: Each day, the staffing patterns will be reviewed for each unit by the Director of Nursing or designee noting whether each met the required RN staffing level (of 2 RNs per unit, per a.m. & p.m. shift, except CSP which is to be staffed at 3 RNs per a.m. & 2 RNs per p.m. shift). This information will be compiled as part of the ongoing performance improvement process for nursing administration and will be reported at least monthly to the Performance Improvement Council. The Director of Nursing will collaborate with the Director of Human Resources at least weekly to communicate staffing needs as a means to ensure compliance.</p> <p>Documentation: Daily staffing schedules and staffing pattern reviews</p> <p>Individual Responsible for Compliance: Joshua Felts, BSN, MBA, Director of Nursing</p>	

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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	<p><u>B136</u></p> <p>b) Ensure a therapeutic environment for scheduled treatment groups/activities for patients in 1/5 units (B1)</p> <p>See Response B103, (III)</p> <p>B 144/482.62 (b)(2) MEDICAL STAFF</p> <p>I. Ensure the Psychiatric Evaluations included an inventory of specific patient assets that could be used in treatment planning for 3/10 active sample patients (C16, E4, E13).</p> <p>See Response B136 (b)</p> <p><u>B 144</u></p> <p>II. Ensure that patient Discharge Summaries were completed within 30 days after leaving the hospital per facility policy for 3/5 patients. 1/5 (D4) Discharge Summaries was not signed by the physician.</p> <p>See Response B133</p>	

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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 (A 11 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 III. Ensure that active treatment, including purposeful alternative intervention, for 3/10 active sample patients (C24, E4, E13). See Response B103, (I) B 144	
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	IV. Provide ongoing active treatment by qualified clinical staff for patients in 1/5 units (E. Biddle). See Response B103, (II) B 147/ 482.62 (d)(1) NURSING SERVICES – POC: On July 14, 2015, the Director of Nursing began collaborating with an Osawatome State Hospital RN, with a master's degree in mental health nursing (Exhibit 6). As a part of the planned consultation, the Osawatome State Hospital RN, with a master's degree in mental health nursing, will provide ongoing training topics including, but not limited to:	