DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 11/13/2014 **FORM APPROVED**

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			OMB NO. 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
					С
		174004	B. WING		10/30/2014
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (CODE
OSAWAT	OMIE STATE HOSPIT	AL DEVCHIATRIC		500 STATE HOSPITAL DRIVE	
OUATIA	OMIL STATE HOSPIT	AL PSI CHIAIRIC		OSAWATOMIE, KS 66064	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLETION
A 000	INITIAL COMMENT	TS .	Α0	00 To Address A385 and A39	<u>)5</u>
		ons represent the findings of tions #78907 and #79186		Supervision and Care of E	ach Patient
A 385	named facility. The resulted in an Imme Condition of Particip CFR 482.23 and the Pharmaceutical Sewere not removed of 482.23 NURSING SThe hospital must be service that provide	SERVICES nave an organized nursing s 24-hour nursing services.	Α3	The Registered Nurse (RN complete nursing assessmedical issues at admission identified by the physicial by the patient, and docur results of their assessmer electronic medical record System [PCS]). As indicat assessment, the RN will conversing Care Plan for more	nents of on, when n or reported ment the nts in the I (Patient Care' red by the reate a
	This CONDITION Based on medical review, and staff int staff failed to: supe each patient; provio treat patient medica physician orders; of laboratory tests and physician of change complete ongoing a responses to interv lack of an effective immediate jeopard Medicare/Medicaid	es must be furnished or pistered nurse. Is not met as evidenced by: record review, document erview the hospital's nursing rvise and evaluate the care for le necessary medications to al needs; correctly transcribe arify physician orders; obtain a physician consultation; notify es in patient's condition; assessments of patient entions (refer to A-0395). The nursing service resulted in any identified by the Centers for Services on 10/30/14.	· · · · · · · · · · · · · · · · · · ·	severe issues. The RN wittemporary issue for less sexpected to be resolved iteless. The RN will create of PCS for the medical issue assessed as often as approximately conditions. Ongoing reast treatment is provided by services, and any change and/or patient refusal of reported directly to the RN. Assessments and an are documented in the PWound and edema treattemplates have been devenhance assessment, treattended.	Il create a severe issues in 30 days or orders within o(s) to be ropriate for the ssessment and nursing in condition care will be ohysician by the ny actions taken oCS.

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

to provide necessary medications to treat patient medical needs; to correctly transcribe physician

TITLE

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.

Facility ID: M061101

(X6) DATE

CENTER	KS FUR MEDICARE	& MEDICAID SERVICES			<u> </u>	MB MO. 0930-0391
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		174004	B. WING		Approximate the second	C 10/30/2014
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OS AWAT	OMIE STATE HOSPIT	AL DEVCHIATRIC		50	0 STATE HOSPITAL DRIVE	
COAMAI	OMIL SIAIL HOSPH	ALFOIGHAMO		OS	SAWATOMIE, KS 66064	
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A 385	Continued From pa	ige 1	Δ 1	385	monitoring of these conditions.	See
7,000	-	ysician orders; to obtain	Α.	,00	Attachments 1 & 2, respectively.	
		d physician consultation; to				
	notify physician of o	changes in patient condition			Physicians have been in-serviced	on the
		esulted in the hospital's inability to provide care a safe and effective manner.			importance of ordering dressing	
A 005			۸ ۹	395	changes and their timely follow	
A 395	482.23(D)(3) RN SC	JPERVISION OF NURSING	<i>r</i>	Jaj	based upon the clinical data con	
	Ortice				in the wound and edema templa	ites.
		must supervise and evaluate				1
	the nursing care for	r each patient.			Obtaining and Monitoring Labo	ratory
	This STANDARD i	s not met as evidenced by:			Tests and Physician Consultatio	<u>ns</u>
	The hospital repor	ted a census of 258 patients				allost o
	with a licensed bed	capacity of 206 beds. Based			When labs requiring nursing to o	collect a
		dical record review, document			specimen, or consultations are of the RN will ensure that an order	
		terview the hospital 's nursing vise and evaluate the care of			created within PCS for the lab or	
		rovide necessary medications			to be reviewed each day by the	
	to treat patients' me	edical needs, correctly			it is completed, the physician's o	order is
	transcribe physicia	n orders, clarify physician	e		discontinued, or it is cleared by	the
:	orders, and obtain	ordered laboratory tests and			laboratory due to the patient's	** rema
:	pnysician consultation of nat	ion that resulted in the ient's physical condition for two			repeated refusals. For all other	lab
	of twenty five samp	oled patients (patient #'s 9 and			orders, the RN will monitor daily	y until
	24). Failure to supe	ervise and evaluate patient's			the order is completed, cleared	
		places patients at risk for			discontinued. In both instances	
1	inadequate care.				progress note of the daily review	
	•				entered in PCS by the RN. If the	
					is refusing the lab or consult, th	at :
•			;		information will be included in	
	Findings include:				"refusal of treatments/test" pro	
	•				note (Attachment 3) and provid	lea to
	- Registered Nurs	se Position Description	î		the attending physician.	, /
	reviewed on 10/22	/14 at 4:30pm directed nursing				*
	statt to "respond provide direction in	to, assess, intervene and both physical and psychiatric			•	

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A 395	Continued From pa	ge 2	A 3	95	
		tuations" and "perform to insure individualized quality		Refusals of Care	
	patient care by utiliz	zing appropriate		In the event of patient refusals,	the
	Hospital/Nursing Se	ervice standards" and known medical issues to unit		nurses or other clinical staff will	
	physician and docu			encourage patients to participa	
				their plan of care as prescribed.	
	directed, "Initial crucial to determine treatment and servi patients' needs. D hospitalization, the	ewed on 10/29/14 at 3:40pm and ongoing assessments are the appropriate care, ices needed to meet the uring the course of patients' needs may change; trant that reassessments are		The licensed staff providing meto the patients will note any merefusals on a tracking sheet and "refusal of treatments/test" pronote which will be reviewed with attending physician or the cover physician.	dication the ogress th the ring
	Preparation, admin Medications " revieus directed, " Any medication)-Report	medical management policy " istration and Documentation of ewed on 10/29/14 at 3:40pm hissed dose (of t all missed doses to the RN who will inform the physician	*	Staff who escort patients to phy therapy or other appointments notify the RN that a patient did attend or refused therapy. The communicate refusals to the phy and document the refusal in PC event of ongoing refusals, the patients of the physical states	will not RN will nysicians S. In the patient's care plan
	Wounds/Major Inju 4:55pm directed " STAFF 1. Treatme Assessment During	rsing policy "Assessment of ries reviewed on 10/29/14 at .A. ACTION BY NURSING nts, Dressing Changes, and g each treatment application ge, the RN/LPN will assess	: :	needs.	- / - /

and document the following in a Progress Note: Location, Size...Dressing...Color, Temperature, Edema, Odor, Moisture and Appearance of Skin around the wound and if Exudate and drainage are present. 4. Assessment of Peripheral Edema

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OSAWAT	OMIE STATE HOSPIT	AL PSYCHIATRIC		500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
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A 395	Continued From pa	_	Α:	395 <u>Transcribing and Clar</u>	ifying Orde	ers
	RN/LPN will; Estable addressing the local (pitting or non-pitting which includes the cassessment, and the edema, physician in treatment the patient Patient Care System protocol of assessing a) RN/LPN to Assess edema site) every sing a Progress Note each assessment: I may be measured to measuring tape Ski	initial time of occurrence the ish a Temporary Issue tion and type of edema g) Write a Progress Note details of the initial le location and type of the otification, and any type of at received Enter into the ma Nurses order for the nent of the edema as follows; as and Document (insert thift RN/LPN are to document the following per protocol with Location, Size (circumference using a cloth or paper in Integrity-color, temperature, ace Pitting or Non-pitting		The role of the RN in a transcribing physician revised in policy and pathe RNs have been transcribing physician revised in policy and pathe RNs have been transcribed for Tags Adaptive Correction for Tags Adaptive Correc	orders has procedures ained regar e see the P 490 and Tap of Nursing g staff under rocesses, a oped that d	s been and ding lan of gs A500 erstand flow lepicts aff
	policy directed "N care that is essential helpful in the promorestoration of health and well-beingD. Nursing services for practice which are a upon the American "Psychiatric-Mental" "Standards of " Pra	rsing Services (LD-3.21) ursing care is the provision of al to the prevention of illness, otion, maintenance and n (both mental and physical), STANDARDS OF PRACTICE llows standards of nursing adapted for use, but based Nurse's Association's Health, "Scope and ctice, 2007, and the "Code of vith Interpretive Statements,		and expectations. Licensed Nursing staff serviced on the need vital signs taken prior administration of cer as required in our pocompliance that vital prior to these medical administered, Nurse observe staff weekly duties.	to have BP r to the tain medica licy. To vali signs are o ations being Managers v	/pulse ations date obtained g will

- Patient #9's closed medical record review on 10/27/14 revealed an admission date of 8/24/14 with a psychiatric diagnosis of major depressive disorder with severe psychotic features and

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		174004	B. WING	B. WING		14	C 0/30/2014	
	PROVIDER OR SUPPLIER TOMIE STATE HOSPIT	AL PSYCHIATRIC		500	EET ADDRESS, CITY, STATE, ZIP CODE STATE HOSPITAL DRIVE AWATOMIE, KS 66064	-		
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A 395	Continued From pa medical diagnosis o	ge 4 of diabetes mellitus.	Α	395	For patients with moderate to medical conditions, the Nurse		·	

- Physician's Diagnostic Orders dated 8/24/14 at 9:10pm requested a urinalysis and urine drug screen. Lab Result notes reported on 9/2/14 indicated that no specimen was submitted for urinalysis or drug screen. The medical record lacked any nursing documentation of notification to the physician of inability to obtain patient #9's urine sample.
- Physician staff G assessed patient #9 on 8/26/14 for medical issues. Physical examination indicated patient #9 had swelling of the legs and a superficial ulcer on the tip of the second toe left foot. Physician staff G ordered Coreg (a medication to lower blood pressure, digoxin (a medication used to treat irregular heart rates by making the heart beat slower and stronger), clindamycin (an antibiotic) 150mg (milligrams) three times a day by mouth, physical therapy for hydrotherapy (whirlpool baths) and a pain medication.
- Patient # 9's Medication Administration Record and Vital Sign Report Sheets reviewed on 10/30/14 revealed nursing staff directed to check blood pressure prior to administration of Coreg (a medication to lower blood pressure). The medical record lacked evidence the nursing staff documented the patient's blood pressure prior to the administration of the Coreg on 8/27/14 8:00pm, 8/28/14 7:31pm, 8/29/14 7:40pm, 9/3/14 7:45pm, 9/8/14 8:22pm, 9/11/14 7:01pm, 9/12/14 8:28pm, 9/15/14 7:36am and 7:43pm, and

Managers, Director of Nursing & Assistant Director of Nursing will review assigned patient charts for compliance. To validate the clinical information noted in the chart, nursing supervisors will randomly conduct physical assessments of the identified patients to ensure that the patient's clinical condition matches the patient chart and to make necessary adjustments in the treatment plan if necessary. The Medical Director will periodically review samples of the physicians' progress notes of these patients to ensure timely and accurate orders. The Director of Nursing or Assistant Director of Nursing and Medical Director will report the results of the monitoring to the Director of Quality Assurance who will compile the results and provide routine feedback to the Executive Committee. Any opportunities for improvement identified during the reviews will be addressed upon identification.

Procedure for Implementing the Plan

In-service training has been initiated and is ongoing for nursing, medical,

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CENTER	49 FOR MEDICARE	& MEDICAID SERVICES			U	MB NO. 0938-039 I
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USAWAI	OMIE STATE HOSPIT	AL PSYCHIATRIC		0	SAWATOMIE, KS 66064	
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A 395	Continued From pa 9/17/14 7:19pm.	ge 5	Α:	395	laboratory and pharmacy staff. who are not on duty prior to No. 18, 2014, will be trained upon t	ovember
	and Vital Sign Repo	dication Administration Record ort Sheets reviewed on nursing staff directed to check sound heard over the lowest ne heart through a			return to work. Ongoing trainir provided as opportunities for improvement are identified thromonitoring process.	ng will be
	stethoscope) prior to medication used to	o administration of Digoxin (a treat irregular heart rates by			Quality Assurance Measure	
		eat slower and stronger). The			There will not be any serious ac	lverse
		ed evidence the nursing staff tient's apical pulse prior to the			outcomes due to standard of ca	
		goxin on the following days:			failures. Any opportunities for	
		30/14, 9/1/14, 9/2/14, 9/3/14,			improvement will be addressed	l and
:	9/12/14, 9/14/14, 9/	14, 9/8/14, 9/10/14, 9/11/14, 15/14, 9/16/14, 9/17/14, 24/14, and 9/25/14.			corrected promptly upon identi	
	- Nursing Care Pla	n #7opened 8/24/14 directed with all tests and treatment			The title of the person respons implementing the acceptable particles correction	
:	Intervention: Encourtreatment as ordered	ne wound for the next 5 days. The Encourage patient to comply with as ordered. Encourage patient to take as ordered. Change dressing as			The Director of Nursing is responsive for implementing the acceptab correction.	
• • •		mmediately notify the doctor "			The date when the hospital wifull compliance by November	
	Nursing Care Plans peripheral edema fincluding establishi addressing the loca	ical record lacked evidence the addressed the patient's ound on initial assessmenting a temporary issue ation and type of edema; note which includes the details	· · · · · · · · · · · · · · · · · · ·		The hospital will be in compliar Tuesday, November 18, 2014.	nce by

of the initial assessment and the location and type of the edema, and any type of treatment the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED C		
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A 395	patient received. The evidence the nursing following the protocontrol of the protocont	ge 6 ne medical record lacked ng staff entered progress notes tol for the assessment of necation, size, skin integrity and	А3	95				
		8/25/14 lacked ny assessment or attempted ent #9's left 2nd toe wound.				Commonwealth Commo		
	indicated patient #9 talk to the Interdisc assessment of left lacked evidence nu physician the patier refused assessmen	note dated 8/26/14 at 2:25pm refused am meds, refused to iplinary Team (IDT) refused 2nd toe. The medical record rsing staff notified the nt refused their medications or at of their toe wound or nursing e patient to comply with their						
	indicated patient #9	notes on 8/26/14 at 9:43pm started on an antibiotic for be but lacked any assessment				And the second s		
	revealed assessme staff H on 8/26/14: grade 2, no calf ten	es note written on 8/27/14 ent completed by physician Extremities, pitting edema derness both legsHas of second toe left foot.				man dan Joseph - An month of Manageric - Commission - Com		
	 Nursing notes on documentation of a 	8/27/14 lacked ny assessment or attempted	To the state of th			parties of the design of the d		

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A 395		page 7 atient #9's left 2nd toe wound.	A 3	95				
	indicated patient leg in front of the to allow the nurse medical record la notification to the of the assessmenthe patient to cor	ss notes on 8/28/14 at 9:53pm #9 with pretibial (the area of the shinbone) edema and refused e to assess the infected toe. The acked evidence of nursing staff a physician regarding the refusal nt or nursing staff encouraged mply with their treatments or cribed the peripheral edema ocol.	e companie de como manera e manera e manera e companie e como como como como como como como c					
	documentation o	on 8/29/14 lacked f any assessment or attempted atient #9's left 2nd toe wound.				emponent transfer and the second		
	9:31pm indicated medications inclusive record lacked even physician that parametrications inclusive medications inclusive medication	on 8/30/14 at 9:25pm and dipatient #9 refused all nighttime uding their antibiotic. The medical ridence nursing notified the atient #9 refused their uding the antibiotic or patient to comply with their			,	A THE STATE OF THE		
	documentation of	on 8/30/14 lacked of any assessment or attempted patient #9's left 2nd toe wound.	Company Common Statement Common Commo					
	- Nursing notes	on 8/31/14 lacked of any assessment or attempted	e delicità de la companya de la comp			S		

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A 395		age 8 ient #9's left 2nd toe wound.	AS	395		4 3 3 4 3
	patient #9 complai at 10 on a 1-10 sc medication. The m	n 9/1/14 at 1:57pm indicated ned of feet and body pain rated ale and they received pain redical record lacked any nursing assessments of left 2nd toe.	Communication and the communication of the communic			
	left foot pain at a 7 received pain med	6am patient #9 complained of on a scale of 1-10 and ication. The medical record f any nursing assessments of left 2nd toe.	A de la compressa conservamente deste la com-	A COLORADA C		
	notes on 9/2/14 at whirlpool therapy f debridement (remainfected tissue to in the remaining heal of toe has open so (centimeter) X 0.7	(PT) evaluation and treatment 10:13am indicated patient had or ten minutes followed by oval of dead, damaged, or mprove the healing potential of lthy tissue) of left 2nd toe. Tip ore measuring 1.0 cm cm. wound cleanser applied gauze bandage and taped in	day aya ayaa ayaa ayaa ayaa ayaa aa aa aa			
	foot pain on 9/3/14 lacked evidence of patient #9's right for	ested pain medication for right I at 2:43am. The medical record f any nursing assessment of not or their infected left 2nd toe couraged the patient to comply nts.				The second district Complete Control Complete Control

Event ID: MOD211

FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1'''		(X3) DATE SURVEY COMPLETED		
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(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL		(EACH CORRECTIVE ACTION	N SHOULD BE	(X5) COMPLETION DATE	
- Nursing notes of 12:49pm indicated antibiotic for the wild had complained of pain medication at the wound on the The medical reconnotified the physicassessment of the encouraged them. - Nursing notes of patient continues effects and lacked assessment or attentions.	n 9/3/14 at 12:40pm and dispatient #9 continued on an yound to the left 2nd toe and if foot pain twice and received and the patient refused to allow left 2nd toe to be examined. It lacked evidence nursing a lacked evidence nursing a lacked evidence refused eir left 2nd toe or they to comply with their treatments. In 9/3/14 at 10:21pm indicated on antibiotic with no adverse it evidence of any nursing empted assessment of their	A compression of the compression	95			
indicated patient halls off (sheds) from most of open area. - Nursing notes of patient continues effects and lacked assessment or attrinfected left 2nd to expected pain most of the property	and eschar (dead tissue that om healthy skin) still covering a of their left 2nd toe wound. In 9/4/14 at 10:30pm indicated on antibiotic with no adverse devidence of any nursing empted assessment of their oe. I evidence of any nursing empted assessment of their oe. I evidence of any nursing empted assessment of their oe. I evidence of any nursing empted assessment of their oe. I evidence of any nursing empted assessment of their oe.				er en samme management management en son en	
	PROVIDER OR SUPPLIES SUMMARY S: (EACH DEFICIENCE REGULATORY OR PROVIDER OR SUPPLIES SUMMARY S: (EACH DEFICIENCE REGULATORY OR PROVIDER	PROVIDER OR SUPPLIER TOMIE STATE HOSPITAL PSYCHIATRIC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 - Nursing notes on 9/3/14 at 12:40pm and 12:49pm indicated patient #9 continued on an antibiotic for the wound to the left 2nd toe and had complained of foot pain twice and received pain medication and the patient refused to allow the wound on the left 2nd toe to be examined. The medical record lacked evidence nursing notified the physician patient #9 refused assessment of their left 2nd toe or they encouraged them to comply with their treatments. - Nursing notes on 9/3/14 at 10:21pm indicated patient continues on antibiotic with no adverse effects and lacked evidence of any nursing assessment or attempted assessment of their infected left 2nd toe. - PT treatment notes on 9/4/14 at 9:31am indicated patient had eschar (dead tissue that falls off (sheds) from healthy skin) still covering most of open area of their left 2nd toe wound. - Nursing notes on 9/4/14 at 10:30pm indicated patient continues on antibiotic with no adverse effects and lacked evidence of any nursing most of open area of their left 2nd toe wound. - Nursing notes on 9/4/14 at 10:30pm indicated patient continues on antibiotic with no adverse effects and lacked evidence of any nursing assessment or attempted assessment of their infected left 2nd toe. - Licensed Practical Nursing staff progress notes on 9/4/14 at 10:49pm indicated patient #9 requested pain medication at 4:03pm and at 9:30pm for left foot pain rated "over10" both	PROVIDER OR SUPPLIER TOMIE STATE HOSPITAL PSYCHIATRIC SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 - Nursing notes on 9/3/14 at 12:40pm and 12:49pm indicated patient #9 continued on an antibiotic for the wound to the left 2nd toe and had complained of foot pain twice and received pain medication and the patient refused to allow the wound on the left 2nd toe to be examined. 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A 395	Continued From p	age 10	Α;	395			
	indicated patient # refused an assess requested pain me complaint of body lacked evidence n patient #9 refused	s notes on 9/5/14 at 12:31pm 9 continued on antibiotic, ment of their toe and had edication in the morning for pain. The medical record ursing notified the physician assessment of their infected them to comply with their				A proposed a second sec	
	indicated patient # medication for right night. The medica nursing assessme	s notes on 9/6/14 at 5:15am 9 requested and received pain at foot pain twice during the I record lacked evidence of ents of patient #9's right foot or and toe during this shift or any	A CHARGE CONTRACTOR CO				
	indicated patient # 5:50am for foot pa	s notes on 9/7/14 at 0751 9 received pain medication at hin. The medical record lacked assessments of patient #9's he.	ter manife proportional series (see cases).				
	indicated patient r medications. RN v lacked evidence n physician of the m	s note on 9/7/14 at 9:23pm efused all nighttime vas notified. The medical record oursing staff notified the issed medications or nursing the patient to comply with their					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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A 395	- Nursing notes of patient #9 reques medication for for	on 9/8/14 at 5:36am indicated ted and received pain of pain at 12:57am. The medical dence of nursing assessments	A 3	395			
	indicated debride	otes on 9/9/14 at 10:28am ment of left 2nd toe completed overing most of open area.		and the second of			
	indicated patient i unrated left foot a	es notes on 9/9/14 at 10:55pm requested pain medication for nd ankle pain at 8:22pm. The cked any nursing assessment of nd toe.		Section 1. Communication and Control Communication Control Communication Control Contr			
	indicated patient a pain medication for "more swollen and staff to assess the lacked evidence of when patient #9 re infected toe or the	es notes on 9/10/14 at 2:30pm 49 wanted a nurse to give them for his left foot saying that it was d painful." and refused to allow eir toe. The medical record nursing notified the physician efused assessment of their e nursing staff encouraged the with their treatments.		en de l'Anna de			 A man of the company of
	#9 again until 9/10 the initial infected pain. Staff H indic mid leg swollen, topen ulcer, tende and erythematous	an staff H did not assess patient 0/14 at 4:21pm (two weeks after toe assessment) for left foot eated patient #9's left foot up to ender and left second toe has r, no active bleeding, swelling s. Patient #9 currently took pain antibiotic. The medical record					manyo dan kadalam kapamamamaman (i. v.

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	LTIPLE CONSTRUCTION DING	(X3) DA CO	(X3) DATE SURVEY COMPLETED	
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A 395		page 12 that a medical physician had ient since the initial consultation	A S	395			
	indicated patient whirlpool treatmed place a dressing lacked evidence notified the physi	otes on 9/11/14 at 9:45am refused to complete his ent and allow the therapist to on his toe. The medical record that nursing or therapy staff cian of the patient 's refusal or to comply with their treatments.	Communication of the second communication decomposed and decompose			C C C C C C C C C C C C C C C C C C C	
	patient #9 became hurting and requestion medical record la notified the physical patients.	on 9/11/14 at 11:37pm indicated the agitated about their foot ested to see the physician. The acked evidence the nursing staffician of the patient's request or assessment of the infected left	ope many regiment and details. (c) interpreted indicate programme definitioners in				
	patient #9 requemedication. The	on 9/12/14 at 5:14am indicated sted and received pain medical record lacked evidence at of patient #9 's infected toe.	Company of the second s				
	patient #9 reque assessment of the record lacked ev	on 912/14 at 2:47pm indicated sted pain medication and refused neir 2nd toe left foot. The medical idence the nursing staff patient to comply with their					
	- Nursing notes	on 9/13/14 at 1:38am indicated					

STATEMENT AND PLAN O	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL [*] A. BUILDI		ONSTRUCTION	COMPLETED		
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A 395	cold floors hurt m 8:37am indicated medications inclu record lacked ev physician patient including the ant staff encouraged treatments. - Nursing notes of documentation infected left 2nd - Nursing notes patient #9 reque toe pain and rate continue on anti could hardly wal to elevate their f	stay in bed all day because the my foot to walk on" and at a patient #9 refused their morning uding their antibiotic. The medical idence nursing staff notified the #9 refused all their medications ibiotic and any evidence nursing the patient to comply with their on 9/14/14 lacked any evidence n of assessment of the patient's toe. on 9/15/14 at 2:01pm indicated ested pain medication for their left ed their pain at a 10. They biotic. Patient #9 stated they k and patient #9 was encouraged for any assessment of their	Confidence of many frame of the management of the continue of	395				
	indicated that the not been taking record lacked et the patient to co	ress note on 9/16/14 at 11:36 the patient stated that staff have care of their toe. The medical vidence nursing staff encouraged omply with their treatment. notes on 9/16/14 indicated that		, emper, emperatura de la companya d			Company and the company of the compa	
	the patient refuse record lacked enotified the physical	sed their therapy. The medical vidence therapy or nursing staff sician of the patient 's refusal or patient to comply with their					not Page 14 of 4	

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A 395	Continued From	page 14	A	395			
	Treatments* date to: Document ass 2nd toe left foot of patient refuses a - Nursing notes patient #9 reques medication for fo	rder Sheet *Non-medicated ad 9/17/14 directed nursing staff sessment of diabetic ulcer on every shift starting 9/17/14. If ssessment, document. on 9/17/14 at 6:08am indicated sted and received pain of pain at 5:21am. The medical	The second secon				
	#9 's infected to - Nursing progre at 9:06pm indica non-compliant w antibiotic and pa	ess in treatment notes on 9/17/14 ted patient #9 had been ith medications including in medication for his toe. The ment note lacked any different tions or goals addressing patient	A Commence of the Commence of				
	patient #9 had or requested an as pain medication and wrapped the nursing staff do including the ex dressing, the co- edema, odor, m skin around the drainage are pro- evidence of phy	on 9/17/14 at 11:40pm indicated concerns about their toe and seessment, dressing change, and . Nursing staff applied ointment eir toe. The medical record lacke cumentation of the wound act location, size, type of oisture and appearance of the wound and if exudate and esent. The medical record lacked is the dressing change to the	d				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD	TIPLE CONST ING		(X3) DATE SURVEY COMPLETED C		
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A 395	Continued From pointed infected left 2nd to		A:	395			
	again until 9/18/14 exam) for a follow Assessment reveal erythematous, no the second toe ganails. Patient #9 corefused to go for hordered Hibiclens solution to left food consultation, CBC BMP (basic metal)	I did not assess patient #9 (eight days after last medical up for their left foot pain. aled left second toe tender, discharge, plantar surface of agrene, dryness and ingrown ontinued on antibiotic and aydrotherapy. Physician staff H (a skin cleanser and antiseptic) to daily for 7 days, a podiatry (complete blood count) and polic panel) lab tests and a the left second toe.	The second section of the section	Section (Companies Companies) and Adaptive Action of the Companies (Companies) and the Companies of the Comp			
	podiatry consultat The medical reconsultation. The possibility of the	dical record lacked evidence the ion from 9/18/14 was ordered. In lacked evidence that nursing hysician of the missed lab result notes reported on the patient refused to complete d CBC) ordered on 9/18/14 medical record lacked any tation indicating the patient or that nursing staff notified the atient's refusal. The lab result in 9/25/14 indicated that no bmitted for left toe wound in 9/18/14. The medical record g documentation of the missed notification to the physician of tain the specimen.					
	The Administrativ	e Nursing staff A interviewed or		Tall Commencer C			, consistent approximate of the constraint of th

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MUI A. BUILD			(X3) DATE SURVEY COMPLETED	
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A 395	Continued From page 16 10/30/14 at 12:00pm acknowledged patient #9's medical record lacked evidence nursing staff scheduled a podiatry consult, obtained a wound culture and documented efforts to encourage compliance with medications or treatments.		A	395			
	 General progress notes on 9/18/14 at 1:12pm indicated that the patient refused to go to physical therapy. The medical record lacked evidence nursing staff encouraged the patient to comply with their treatments. 		Contract to the second contract of the second				
	patient #9 requested assessment of the documented the todiscolored and dark medical record laction of the wound include.	dursing notes on 9/18/14 at 2:14pm indicated ient #9 requested pain medication and an essment of their left 2nd toe. The nursing statemented the toe had no drainage; skin is colored and dark in color on the bottom. The dical record lacked complete documentation he wound including the temperature, presence dema, odor, or moisture and dressing blied.		A manufacture of the second of			
refused therapy. The me evidence the therapy or r physician of the patient '	tes on 9/18/14 indicated patient he medical record lacked py or nursing staff notified the tient 's refusal and lacked nursing staff encouraged the with their treatments.					A management of the second of	
	patient received pa assessment of the record lacked evid the physician of th	n 9/19/14 at 1:51am indicated ain medication and refused affected area. The medical ence the nursing staff notified e patient 's medication refusal ne patient to comply with their					miles in a control or and descriptions (i.e. of the control of the

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD			(X3) DATE SURVEY COMPLETED	
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A 395	Continued From p treatments.	age 17	A	395			a a
	patient #9 refused medical record lac	n 9/19/14 at 2:21pm indicated assessment of their toe. The cked evidence nursing staff atient to comply with their	A Common of the	\$ \$ \$			
	patient #9 refused toe. The medical i	n 9/19/14 at 6:21pm indicated I to allow assessment of their record lacked evidence nursing the patient to comply with their		. The management of the comments of			
	the nurse noticed them pain medica medication or ass The medical reco notified the physic	n 9/19/14 at 10:39pm indicated patient #9 limping and offered ation. The patient refused sessment of the left second toe. rd lacked evidence nursing cian of the change in condition encouraged them to comply with	to the late of the same of the	The second secon			and the property of the second
	documentation of	cord lacked nursing staff an assessment of patient #9's oe the night shift of 9/19/14.	E. accommentation of the first section	A _a pe (<u>Pangun</u>) _e i quamamadhi makidi sana 'sanig			
	patient refused al	on 9/20/14 10:03am indicated Il his morning medications. The icked evidence nursing staff cian of the missed medications		consequences state of the contract of the cont			

	THE PROPERTY OF THE PROPERTY O		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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A 395	Continued From and nursing staff comply with their	encouraged patient #9 to	A	395				
	patient #9 refuse second toe. The	on 9/20/14 at 2:30pm indicated d assessment of their infected medical record lacked evidence ouraged the patient to comply ents.	· manufacture of dades to comment concentrations					
	patient refused a The medical reco	on 9/20/14 at 10:39pm indicated ssessment of his left 2nd toe. ord lacked evidence the nursing the patient to comply with their					e construction description of the construction	
	patient #9 receiv and refused asso medical record la	on 9/21/14 at 7:34am indicated ed pain medication at 2:39am essment of their infected toe. The acked evidence the nursing staff patient to comply with their	A CONTRACTOR CONTRACTO	The second of the second secon				
,	indicated patient from now". The indicated that pa morning of 9/20/ record lacked ev the physician eit	ess notes on 9/21/14 at 1:26pm stated "I'm refusing medications Medication Administration Record tient had refused medications the 14 and 9/21/14. The medical ridence that nursing staff notified her day of the patient's refusal to ations and to encourage them to r treatments.		er e				
	- Nursing notes	on 9/21/14 at 9:04pm indicated		aue : magazana anap				

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A 395	patient #9 refused toe. Nursing note indicated patient medical record la the physician pati or encouraged the treatments.	d assessment of their infected is on 9/21/14 at 9:46pm #9 refused all medications. The incked evidence nursing notified itent #9 refused their medications is patient to comply with their	A 3	395				
	patient #9 request medication and a infected toe but record lacked nur wound description temperature, presmoisture and any	on 9/22/14 at 12:10am indicated sted and received pain allowed the nurse to assess their efused a dressing. The medical rsing documentation of the n including size, color, drainage, sence of edema, odor, and vevidence nursing staff patient to comply with their	Community of the second of the			Apparational and the control of the		
	patient #9 refuse toe and morning lacked evidence physician of the r	on 9/22/14 at 2:12pm indicated d assessment of their infected medications. The medical record the nursing staff notified the missed medications or the buraged the patient to comply ents.	AND CONTRACTOR THE PROPERTY OF					
	patient #9 reques medications at 5: medications. The the nursing staff missed medication comply with their	on 9/22/14 at 9:54pm indicated sted and received pain 33pm and refused their evening medical record lacked evidence notified the physician of the ons or encouraged the patient to treatments. The medical record tation of a nursing staff	Appropriate the special section of the specia			A consideration of the control of th		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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A 395	Continued From assessment of the on the evening s	e patient's infected left 2nd toe	A S	395		* · · · · · · · · · · · · · · · · · · ·
	patient #9 reques medications and their foot. The me	on 9/23/14 at 6:04am indicated sted and received pain refused to allow assessment of edical record lacked evidence encouraged the patient to treatments.	· Constitution of			
	nursing staff assoleft 2nd toe on th	cord lacked documentation of a essment of the patient's infected e day, evening, and night shifts day and evening shifts 9/24/14.	Accomplishments propagation of the same and same			
	1:40am nursing s Documentation is with flaking dry s black with white is vertically and 1.5 Proximal to the n and lower on the circle 1 cm at the between the great intact and the sk third toe is intact documentation of edema, odor, and applied. The medical	ss notes on 9/25/14 indicated at staff assessed patient #9's toe. Indicated "the entire foot is red kin. The end of the second toe is claking skin around the tip 1 cm cm across distal to the nailbed. It is allowed to the skin appears darker toe next to the third toe a half is base appears darker. The skin at toe and the second toe is no between the second toe and "The wound assessment lacked if the temperature, presence of it distalled moisture and type of dressing dical record lacked evidence the office of the change in the n.				
	- Medical Physic #9 until 9/25/14 (sian staff H did not assess patient 7 days after the last exam) at	Name of State of Stat			9

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD			(X3) DATE SURVEY COMPLETED C	
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A 395	erythematous, ter tender, planter su H documented the diabetes mellitus with the antibiotic transfer to an acu left leg cellulitis ar	page 21 and his left leg to be ander, warm, swollen, left first toe rface gangrene. Physician staff e patient has known history of and the patient is noncompliant treatment. Patient #9 required te care hospital on 9/25/14 for and gangrene and underwent second toe of his left foot.	A	395			
	patient #9 remain	ress notes on 9/30/14 indicated led at the medical hospital and lattion of the left second toe.	Commission Co.	Approximate the excellences of the second			
	to administration evaluate the nurs create care plans peripheral edema regarding complia physician orders patient's physicia refusals or chang podiatry consulta obtain a wound of #9 to comply with resulted in the de-	illed to: monitor vital signs prior of medications, supervise and sing care needs of patient #9, to address the patient's care plan ance with treatments, obtain for dressing change, notify the n of the patient's medication ges in condition, schedule a stion, obtain laboratory tests, sulture, and to encourage patient in their treatments. These failures exterioration of the patient's in and necessitated a transfer of tigher level of care and an ioe.					
	- Patient #24's o	losed medical record reviewed		and the second			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED C	
		174004	B. WING		10)/30/2014	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
A 395	on 10/29/14 revea 6/13/14 from a corpsychiatric diagnodepressive type arvein thrombosis (I to indicate the local as right, left, or both as the local as right, left, or both as the local patient #24's history approximately three completed on 6/13 transferred from a Protime Internation a test to measure clot) of 1.1 (There staff J ordered lab comprehensive macomplete blood confoliation) of 1.4 (There staff J ordered lab comprehensive macomplete blood confoliation) of 1.1 (There staff J ordered lab comprehensive macomplete blood confoliation).	led a transfer date of mmunity hospital with a sis of schizoaffective disorder, nd medical diagnosis of deep DVT). The medical record failed ation of the lower extremity DVT	A 3	95			
	Coumadin (medic blood clot from for mouth every other every other day. P	ation used to prevent harmful ming or growing larger) 5mg by day and Coumadin 7.5mg hysician orders directed staff to 7.5mg on 6/14/14 and	A Communication and administrative country of the communication of the c				
	patient #24 's me nursing staff on 6 revealed nursing s of 5mg to be given Coumadin order of at 8:00pm. Pharm	f B provided printed page of dication order entered by the 1/13/14. The printed page staff entered a Coumadin order n every day at 8:00pm and a of 7.5mg to be given every day excist Staff B indicated this fe dosage of Coumadin.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE COI	NSTRUCTION	(X3) DATE SURVEY COMPLETED		
		174004	B. WING			10	C /30/2014
	PROVIDER OR SUPPLIE	R PITAL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIP CO 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 395	Continued From	page 23	Α:	395			6 · · · · · · · · · · · · · · · · · · ·
	6/13/14 at 10:59p #24's unit reques Coumadin dose. significant dosage adequate for entreaded	off B provided a fax sent on to nursing staff on patient ting clarification of the Fax indicated that "this is a se increase. Order is not y. Entered at approximately lose". The medical record lacked raing staff responded to the cation.		2 4 			
	- ADON staff A, interviewed on 10/30/14 at 9:10am indicated faxes are used for communication between nursing staff and pharmacy for order clarification. Nursing is to follow up with the doctor after receiving a request for clarification request fax from the pharmacist.		Company and the company and th		·		
	directed "Patier values for Couma Interventions incl ordered. Adminis	ursing care plan dated 6/14/14 nt will have therapeutic lab adin therapy within three days" uded: "Follow up with labs as ter anti-coagulant as ordered. or increase bleeding, bruising".	A Communication of the communi				CONTRACTOR OF THE CONTRACTOR O
	directed "Patient associated with I Interventions incl and monitor sym	reatment Plan dated 6/14/14 will have no complications DVT/PE during hospitalization". uded: "will evaluate health status ptoms as needed to treat be and monitor response to	American electron (American electron con colonia electron (American electron American electron American electron electro				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		i ` ′		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		174004	B. WING			C 10/30/2014	
	PROVIDER OR SUPPLIE	FITAL PSYCHIATRIC		50	REET ADDRESS, CITY, STATE, ZIP CODE 0 STATE HOSPITAL DRIVE SAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 395	indicated that pa 08:00pm medica The medical rec nursing staff noti the patient's med	tient #24 refused 08:00am and tient #24 refused 08:00am and tions (including the Coumadin). ord lacked documentation fied the physician at the time of dication refusal. Nursing acked an assessment of patient	A :	395			
	Administration re However, patient contain a discontain medical record la	not appear on the Medication ecord (MAR) after 6/14/14. t #24's medical record failed to tinue order for Coumadin The acked evidence the nursing staff e Coumadin missing from the	Andrew Communication Communication (Communication Communication Communic				S
	interviewed on 1	ctor of Nursing (ADON) staff A 0/29/14 at 1:50pm acknowledged art lacked evidence of a r for Coumadin.		gy - Ok October o Colors International Interior			
	indicated the pate medications. The documentation reat the time of the medications and	ess note on 6/15/14 at 10:20pm ient refused all nighttime e medical record lacked jursing staff notified the physician e patient's refusal to take their lacked nursing documentation of of the patient's lower extremities.	4	с сопросовер у венесоверственностичественности (пересоверственности			
	call and an addit	aff B reported a follow up phone ional fax dated 6/16/14 to the arify the coumadin dosage as ed to respond to the initial	manya mangang kangang dan mangang mang	en de la companya de			The state of the s

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		174004	B. WING	Geometry		C 10/30/2014	
	PROVIDER OR SUPPLIER TOMIE STATE HOSPI			STREET ADDRESS, CITY, 500 STATE HOSPITAL DOSAWATOMIE, KS 60	STATE, ZIP CODE RIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORREC CROSS-REFEREN	PLAN OF CORRECTION TIVE ACTION SHOULD BE CED TO THE APPROPRIATE EFICIENCY)	(X5) COMPLETION DATE	
	"Warfarin(Coumad pharmacy's 2nd re doses." Staff B rev respond to the sec Staff B indicated pa cracks after the thi	ched to the fax stated in) needs to be reviewed- quest pt (patient) has missed 2 ealed nursing staff failed to ond request to clarify the order. atient #24 " fell through the	A3	95			
	10:05am indicated process for clarifications. Pharmacist Staff B timely clarifications. Staff B indicated the procedure; "the farmaddress medication clarification, entry on thave a system alterations can take the current system way to know if any someone calls the	they did not have a good ation of medication orders. revealed failure to receive from the units. Pharmacist ere needs to be a different ax system does not adequately norders needing timely or administration and they do so of checks and balances since e place at any point of entry in ". Staff B revealed there is no one received the fax unless pharmacy back. Staff B 4 they filled out a variance					
	the hospital 's risk 10/30/14 revealed involving nursing s nursing incorrectly notes lacked evide including any new clarification of med the nursing staff or	es of the incident completed by manager staff W reviewed on a failure to transcribe an order ervice. The notes confirmed entered Coumadin order. The nce of any other follow-up policy 's or procedures for ication orders, or education to pharmacy staff regarding the arifying medication orders.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C	
		174004	B. WING		10	/30/2014
	PROVIDER OR SUPPLIE	R PITAL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIF 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
A 395	indicated patient treatment and me medical record for documentation of to ensure lab wor patient's medical lacked nursing dof the patient's lo record lacked evi	page 26 ss note on 6/16/14 at 5:37pm has been non-compliant with edications and lab work. The tiled to contain any further attempts by nursing staff k necessary to monitor the conditions was performed and becumentation of an assessment wer extremities. The medical dence of any lab specimens and during the patient's	; ; ; ;	395		Company than the first of the property consequence of the company that the company of the compan
	indicated the pati medications. The documentation n at the time of the medications and	ss note on 6/17/14 at 10:09am ent refused all their morning medical record lacked ursing staff notified the physician patient's refusal to take their lacked nursing documentation of f the patient's lower extremities.	manuscriptor of manuscriptor of manuscriptor of manuscriptors.			
	indicated the pati medications. The documentation n at the time of the medications and	ss note on 6/17/14 at 9:54pm ent refused all their nighttime medical record lacked ursing staff notified the physician patient's refusal to take their lacked nursing documentation of the patient's lower extremities.				
	indicated the pat medications. The documentation n at the time of the medications and	ess note on 6/18/14 at 10:36am ient refused all their morning e medical record lacked ursing staff notified the physician patient's refusal to take their lacked nursing documentation of the patient's lower extremities.				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIE			STREET ADDRESS 500 STATE HOSP OSAWATOMIE,				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH C	IDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOU EFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE	
A 395	Continued From p	page 27	A 3	95				
		s notes on 6/19/14 lacked any e patient's lower extremities.)	
	5:34am indicated thirty minutes and but patient refuse medical record la	ocumentation at 6/20/14 at that patient cried out loudly for the patient's legs were swollened further assessment. The cked evidence nursing staffician of the change in condition.	· · · · · · · · · · · · · · · · · · ·					
	10/23/14 provided	te staff V interviewed on d personal notes that indicated t #24 's legs were very red and s or spots.	And the control of th				The state of the s	
	revealed notificat "excessive body in #24's mouth and choking noises. It was drooling with out as if in pain, and edema (swelling) refused nursing a notified patient #2 condition and the Medical staff H's 3:26pm revealed gasping", refused required transfer	dated 6/20/14 at 3:16pm ion to the unit nurse of fluids " coming from patient nose as well as crying and lursing notes revealed patient difficulty swallowing, was crying and had a large amount of to both legs. Patient #24 assessment. Nursing staff 24's psychiatric doctor of their y notified the medical doctor. progress notes 6/20/14 at patient was "drooling and ed medical exam, and the patient to a local hospital to rule out ping a foreign object such as						

PRINTED: 11/13/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		174004	B. WING		Management of the Control of the Con	C 10/30/2014	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CO	DER'S PLAN OF CORRECT RRECTIVE ACTION SHOU ERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 395	Continued From pa food or liquid into y tract).	age 28 our nose, mouth, or respiratory	A 3	95			
	#24 required admi	ated 6/20/14 at revealed patient ssion to an Intensive er hospital with a diagnosis of a groin in right leg.					
A 490	critical medication requests from phat dosage. Nursing staffer missed doses the care plan regal including administration and ensuring the land failed to perform patient's lower extraction supervise and econtributed to the physical condition intensive care unit 482.25 PHARMACT The hospital must that meet the need institution must have registered pharmatunder competents is responsible for eprocedures that m	have pharmaceutical services als of the patients. The ve a pharmacy directed by a cist or a drug storage area supervision. The medical staff developing policies and inimize drug errors. This elegated to the hospital's	Company of the control of the contro	190			

Facility ID: M061101

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:				COMPLETED	
		474004	B. WING			C	
NAME OF E	PROVIDER OR SUPPLIER	174004	B. WING		TREET ADDRESS, CITY, STATE, ZIP CODE	10/30/2014	
					00 STATE HOSPITAL DRIVE		
OSAWAT	OMIE STATE HOSPIT	TAL PSYCHIATRIC		0	SAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION	
A 490	Continued From pa	ige 29	A	490	To address A490 and A500	t ·	
		is not met as evidenced by:	Į.		Pharmacy, medical, nursing and		
	Based on medical record review, document review, and staff interview the hospital's pharmacy failed to develop a tracking system for clarification of medication orders, failed to monitor the effectiveness of medications, and failed to coordinate medication needs for patients (refer to A-0500). The lack of an effective pharmacy			1	laboratory staff will increase thei		
					consultations with the team appr		
					in regards to high risk medication		
					laboratory results and risk manage		
					activities to ensure patient safety		
		clarification of medication of monitor medication therapy	1		quality of care. The hospital hire		
		dication needs for patients	1		new Director of Pharmacy in ord		
	resulted in an imme	ediate jeopardy identified by	1		meet this objective and ensure t		
	the Centers for Medicare/Medicaid services on 10/30/14.				standards of practice are in acco	rdance	
					with Federal and State laws.	*	
			ė.		Transcribing and Clarifying Orde	<u>ers</u>	
	The cumulative effect of the pharmacy's systemic failure to develop a tracking system for				The process for clarification of		
		ication orders, to monitor the edication therapy and	1		medication orders was changed		
	coordinate medicat	tion needs for patients and			require a pharmacist to contact		
		utdated drugs and biologicals for patient use resulted in the			phone the prescriber or attendi	ng	
		o provide care in a safe and			physician if questions or concer		
	effective manner.			-00	that would prohibit the pharma		
A 500	482.25(b) DELIVE	RY OF DRUGS	А	500	110111 processing a	rder.	
-		patient safety, drugs and			The pharmacist will contact the		
	biologicals must be	controlled and distributed in			Director or designee if no respo		
		th applicable standards of practice, rederal and State law.			received from the attending or	COVETING	
			- 1		physician.		
	This STANDARD is not met as evidenced by:						
	with a bed capacity	ospital reported a census of 258 patients bed capacity of 206 beds. Based on			**************************************		
	medical record rev	cal record review, document review, and			T. Concept		
	staff interview the hospital pharmacy lacked a						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	174004	B. WING		C 10/30/2014			
			STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064				
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL			CTION SHOULD BE COMPLÉTION DATE DATE			
tracking system forders and failed investigation of a twenty five sampl and #25). The ho supervise and copharmacy service patient's medical errors/omissions. Findings include: - The American Service of the American Servi	or clarification of medication to complete a thorough medication event for three of ed patients (patient's #9, #24 spital's pharmacy's failure to ordinate all the activities of es resulted in deterioration of a condition and medication Society of Health-System HP) Guidelines: Minimum macies in Hospitals directs: Patient Responses to Medication etion therapy monitoring includes is sment of patient problems and fa. The therapeutic of the patient 's medication ent adherence to the prescribed en j. Assessment of the he patient 's medication.		If an order can be pro- requires further actio (i.e. clarify indication pharmacist will enter the nurse, fax a copy request to the unit, a within 72 hours to en unsuccessful, the pha contact the Medical I designee. Pharmacy will include Management in all re clarification in order and trends of medica Risk Manager and / or investigate each repo Manager and / or de- the Medical Director Nursing, or other clin address any issues id will be presented to	In by the physician / diagnosis), the the order, notify of the clarification and follow-up usure resolution. If armacist will Director or the Risk equests for to track patterns ation events. The or designee will ort. The Risk signee will request , Director of aical manager to lentified. Reports			
- Patient #9's clo 10/27/14 revealed with a psychiatric disorder with sevenedical diagnosis	plicable diagnostic markers and s. sed medical record review on d an admission date of 8/24/14 diagnosis of major depressive ere psychotic features and s of diabetes mellitus. Physician	Po discount de la management de la manag	Therapeutics Commi Management Comm Clinical Reviews High risk medication the hospital formula	ittee. s (as identified in			
	PROVIDER OR SUPPLIE TOMIE STATE HOSF SUMMARYS (EACH DEFICIEN REGULATORY OF tracking system for orders and failed investigation of a twenty five sampl and #25). The ho supervise and copharmacy service patient's medical errors/omissions. Findings include: - The American Spharmacists (ASI Standard for Pharmacists (ASI Standard for P	PROVIDER OR SUPPLIER TOMIE STATE HOSPITAL PSYCHIATRIC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 30 tracking system for clarification of medication orders and failed to complete a thorough investigation of a medication event for three of twenty five sampled patients (patient's #9, #24 and #25). The hospital's pharmacy's failure to supervise and coordinate all the activities of pharmacy services resulted in deterioration of a patient's medical condition and medication errors/omissions. Findings include: - The American Society of Health-System Pharmacists (ASHP) Guidelines: Minimum Standard for Pharmacies in Hospitals directs: "A. Reviewing Patient Responses to Medication TherapyMedication therapy monitoring includes a proactive assessment of patient 's medication regimend. Patient adherence to the prescribed medication regimenJ. Assessment of the effectiveness of the patient 's medicationAntimicrobial Stewardship and Infection Prevention and Control. Pharmacists should monitor patients' laboratory reports of microbial sensitivities or applicable diagnostic markers and advise prescribers. - Patient #9's closed medical record review on 10/27/14 revealed an admission date of 8/24/14 with a psychiatric diagnosis of major depressive disorder with severe psychotic features and medical diagnosis of diabetes mellitus. Physician staff G assessed patient #9 on 8/26/14 for	PROVIDER OR SUPPLIER TOMIE STATE HOSPITAL PSYCHIATRIC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 30 tracking system for clarification of medication orders and failed to complete a thorough investigation of a medication event for three of twenty five sampled patients (patient's #9, #24 and #25). The hospital's pharmacy's failure to supervise and coordinate all the activities of pharmacy services resulted in deterioration of a patient's medical condition and medication errors/omissions. Findings include: - The American Society of Health-System Pharmacists (ASHP) Guidelines: Minimum Standard for Pharmacies in Hospitals directs: "A. Reviewing Patient Responses to Medication TherapyMedication therapy monitoring includes a proactive assessment of patient ry smedication regimend. Patient adherence to the prescribed medication regimenj. Assessment of the effectiveness of the patient's medicationAntimicrobial Stewardship and Infection Prevention and Control. Pharmacists should monitor patients' laboratory reports of microbial sensitivities or applicable diagnostic markers and advise prescribers. - Patient #9's closed medical record review on 10/27/14 revealed an admission date of 8/24/14 with a psychiatric diagnosis of major depressive disorder with severe psychotic features and medical diagnosis of diabetes mellitus. Physician	PROVIDER OR SUPPLIER TOMIE STATE HOSPITAL PSYCHIATRIC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 30 tracking system for clarification of medication orders and failed to complete a thorough investigation of a medication event for three of twenty five sampled patients (patient's #9, #24 and #25). The hospital's pharmacy's failure to supervise and coordinate all the activities of pharmacy services resulted in deterioration of a patient's medical condition and medication errors/omissions. Findings include: Findings include: Findings include: Findings include: The American Society of Health-System Pharmacists (ASHP) Guidelines: Minimum Standard for Pharmacies in Hospitals directs: "A. Reviewing Patient Responses to Medication regimend. Patient adherence to the prescribed medication regimen], Assessment of the effectiveness of the patient's medication regimend. Patient adherence to the prescribed medication regimen], Assessment of the effectiveness of the patient's medication regimend. Patient adherence to the prescribed medication regimen], Assessment of the effectiveness of the patient's medication regimend. Patient adherence to the prescribed medication regimen], Assessment of the effectiveness of the patient's medication regimend. Patient adherence to the prescribed medication regimen], Assessment of the effectiveness of the patient's medication regimend. Patient adherence to the prescribed medication regimen], Assessment of the effectiveness of the patient's medication regimend. Patient adherence to the prescribed medication regimen], Assessment of the deficient with a psychiatric diagnosis of major depressive disorder with severe psychotic features and medical diagnosis of diabetes mellitus. Physician staff G assessed patient #9 on 8/26/14 for			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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		174004	B. WING	t-	A STATE OF THE STA	10/	30/2014
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A 500	superficial ulcer or foot. Physician stata antibiotic) 150mg (by mouth, physica (whirlpool baths), and the pain. Staff H indicated leg swollen, to open ulcer, tender and erythematous pain medication and erythematous pain medication and erythematous pain until 9/18/14 for their left foot passecond toe tender plantar surface of dryness and ingroon the antibiotic of ordered a wound evaluate the patient #9's medic wound culture res was monitoring the patient had be a consistent Direct on 10/30/14 at 12	elling of the legs and a in the tip of the second toe left iff G ordered clindamycin (an imilligrams) three times a day if therapy for hydrotherapy and a pain medication. did not assess patient #9 if (two weeks later) for left foot ated patient #9's left foot up to ender and left second toe has if no active bleeding, swelling if Patient #9 currently used a ind clindamycin. If did not assess patient #9 if (8 days later) for a follow up ain. Assessment revealed left if, erythematous, no discharge, if the second toe gangrene, if with mails. Patient #9 continued indamycin. Physician staff H culture of the left second toe. It all record lacked evidence of cults and the hospital pharmacy if effectiveness of the antibiotic if of Nursing staff A interviewed if of Opm acknowledged nursing	Commence of the commence of th	500	medications in which a review determined clinically necessar reviewed by a pharmacist in a manner. Consultations and cowill be documented in the PCS A pharmacist will perform a comprehensive clinical pharm review and consult with the pfor any recommendations mo The Pharmacy Department with a report to Pharmacy and The Committee regarding clinical interventions. Investigation of Medication E medication events was revise medication events will be the investigated by the Risk Manadesignee and reported on at Management Committee at lemonthly to endorse the finding determine need for additional	y will be nongoing ontacts is. acology hysician onthly. Il provide rapeutics ivents d. All roughly ager or Risk east or	· · · · · · · · · · · · · · · · · · ·
	9/18/14 to determ appropriate antibion - Nursing progres indicated patient # flaking dry skin. The black with white flaking the skin white flaking dry skin.	in the wound culture ordered on ine if patient #9 received the otic. Is notes on 9/25/14 at 1:40am If 's entire foot is red with he end of the second toe is aking skin around the tip. tation indicated patient #9		enclamenta (1975), (All the Analysis of the publishments (premistration) - 1985 - 1985 - 1986 - 1986 - 1986 -	investigation.		ar , decorate - an increase decorations defined alleys for the

NAME OF PROVIDER OR SUPPLIER OSAWATOMIE STATE HOSPITAL PSYCHIATRIC IXA) ID PRIETY (SACHEPITAL PSYCHIATRIC) A 500 Continued From page 32 refused their antibiotic 30% of the time. Medical record lacked evidence the hospital band is office in the antibiotic drug regimen. - Physician staff H did not assess patient #9 again until 9/25/14 at 10.49am and documented left leg erythematous, tender, warm, swollen, left first toe tender, plantar surface gangrene and required amputation of the left second toe. Patient #9s medical record lacked evidence the hospital's pharmacist tracked the antibiotic clindamycin for 31 days and their wound continued to deteriorate. - Patient #9's medical record lacked evidence the hospital's pharmacist tracked the antibiotic use and its effectiveness, addressed patient's compliance with their drug regimen, and monitored for labs (cultures or other diagnostic marker). - Patient #24''s closed medical record reviewed on 10/26/14 revealed a transfer date of 6/13/14 from a community hospital with a psychilatric diagnosis of schizoaffective disorder, depressive type and medical diagnosis of deep vein thrombosis (DVT). The medical record failed to indicate the location of the lower extremity DVT.	STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		I DENTIFICATION NUMBER.		FIPLE CONSTRUCTION NG	(X3) DATE SU COMPLE	(X3) DATE SURVEY COMPLETED		
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- Admission evaluation notes on 6/14/14 revealed Physician staff J's knowledge that patient #24's history included a DVT diagnosed approximately three to four months ago. A lab test	A 500	refused their antibrecord lacked evid addressed the pat antibiotic drug regin and until 9/25/14 left leg erythemator first toe tender, place has known history is noncompliant with a patient required traffer left leg cellulitis required amputation amputation and their would be remained on the adays and their would and its effectivene compliance with the monitored for labs marker). - Patient #24 's con 10/29/14 revea 6/13/14 from a corpsychiatric diagnoral depressive type and vein thrombosis (It to indicate the location of the patient #24's history and the pa	iotic 30% of the time. Medical ence the hospital pharmacy ient's adherence to the men. I did not assess patient #9 at 10:49am and documented ous, tender, warm, swollen, left intar surface gangrene, Patient of diabetes mellitus and patient the antibiotic treatment. It is an acute care hospital and first toe gangrene and on of the left second toe. It is all record revealed patient #9 intibiotic clindamycin for 31 and continued to deteriorate. Itical record lacked evidence the cist tracked the antibiotic use is, addressed patient's it is addressed patient's it is addressed patient's it is addressed patient's it is a cultures or other diagnostic dised a transfer date of inmunity hospital with a is of schizoaffective disorder, and medical diagnosis of deep ovT). The medical record failed ation of the lower extremity included a DVT diagnosed		In-service training has been in and is ongoing for nursing, me pharmacy staff. Staff who are duty prior to November 18, 2 be trained upon their return. Ongoing training will be proved opportunities for improveme identified through the monitor process. Quality Assurance Measure There will not be any serious outcomes due to standard of failures. Any opportunities for improvement will be address corrected promptly upon ide The title of the person response implementing the acceptable correction The Director of Pharmacy is a for implementing the acceptable for implementing the acceptable correction.	edical and enot on O14, will o work. ded as not are oring adverse care or ed and ntification. eplan of esponsible			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED C		
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A 500	transferred from s Protime Internation (PT/INR-test to me blood to clot) resultevel is 2-3). Physical including a PT/INF panel (CMP) and a to be completed of revealed the facility lab tests. Patient # reveal any lab test	age 33 8/14 at the hospital the patient howed a non-therapeutic nal Normalized Ratio easure the time it takes for lts of 1.1 (Therapeutic PT/INR cian staff J ordered lab tests R, comprehensive metabolic a complete blood count (CBC) in 6/16/14. The medical record y failed to complete the ordered 24's medical record failed to is (PT/INR) completed to test ing time from admission to	Company (CO) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	5500	The Risk Manager is responsible ensuring compliance with the investigative process. The date when the hospital will compliance by November The hospital will be in compliance by November 18, 2014.	rill be in 18, 2014 nce by	
	Coumadin (medic blood clots from fo by mouth every ot by mouth every ot directed staff to be	Physician orders dated 6/13/14 required coumadin (medication used to prevent harmful lood clots from forming or growing larger) 5mg y mouth every other day and Coumadin 7.5mg y mouth every other day. Physician orders irected staff to begin Coumadin 7.5mg on /14/14 and Coumading 5.0 mg on 6/15/14.		S. S		2	
	clarification reque- Nurses 'station of because nursing s Coumadin order a 8:00pm and 7.5mg 8:00pm. Pharmac page of patient #2 by the pharmacy ventry by the nursing	f B indicated they faxed a st of the Coumadin order to the n patient #24's unit on 6/13/14 staff entered the is 5mg to be given every day at g to be given every day at ist staff B provided the printed 4's medication order received verifying the incorrect ordering staff and indicated that this fe dosage of Coumadin.					
		edication Administration Record ney refused the 7.5mg		OC. MANDO etc. (1998)	•		call on love disministration

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A 500		6/14/14. The medical record tient #24 received any dose of	A !	500			
	failed to receive a reafter the clarification prompting a "follow additional clarification 6/16/14. Note attack (Coumadin) needs 2nd request pt (pation Pharmacist staff B respond to the fax a order. Pharmacist the medication on h	Staff B indicated that they put hold. Pharmacist staff B 4 "fell through the cracks after		type to complete particles of the complete set of the complete particles of the complete particl			
	discontinue order fo Coumadin did not a	dical record failed to contain a or Coumadin. However, ppear on the MAR after t did not receive any 4/14-6/20/14.		COO			Application of the state of the
	interviewed on 10/2	of Nursing (ADON) staff A 9/14 at 1:50pm acknowledged acked evidence of a or Coumadin.		underspangenderer mehr synnerspendebadden sollstettigsfrinke,			
	9:10am indicated no doctor after receiving	rviewed on 10/30/14 at ursing is to follow up with the ng a request for clarification Staff A indicated faxes are		Construction and Associated Control of the Control			· otherwise control of the control o

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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A 500	Continued From pa used for communic and pharmacy for	cation between nursing staff	A 5	00		
	10/29/14 at 3:55pr supposed to make about the issue so C acknowledged a	Staff C interviewed on nevealed pharmacy is sure an RN or doctor knows clarification can be given. Staff fax to the units' nurses' pe proper procedure.		The state of the s		
	10:05am indicated process for clarific Pharmacist Staff E timely clarifications Staff B further indicated different procedure adequately address timely clarification, they do not have a balances since alto point of entry in the Staff B revealed the anyone received the pharmacy back they filled out an in-Medical Director 10/30/14 at 10:30a	B interviewed 10/30/14 at the facility did not have a good ation of medication orders. Frevealed failure to receive a from the units. Pharmacist cated there needs to be a c; "the fax system does not a medication orders needing entry or administration and system of checks and crations can take place at any current system '. Pharmacist ere is no way to know if the fax unless someone calls at the control of the				
	as ordered by a ph - Investigative not	ent #24 not receiving Coumadin hysician. es of the incident completed by taff W reviewed on 10/30/14 at				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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A 500	involving nursing se	age 36 failure to transcribe an order ervice. The notes confirmed entered Coumadin order.	A Commence and the comm	500			
	revealed the hospit new policies and pr	spital's policies on 10/29/14 al pharmacy failed to develop rocedures for medication ts since this incident in June.	The service and a service and				A component of
	revealed patient #2 Intensive Care Unit	ted 6/20/14 at 9:09pm 4 required admission to an at another hospital with a from ankle to groin in right	A C ON MACHINERAN AND CONTROL OF THE				
	tracking system for and their practice to without consultation to a patient not reco to treat the patient's deterioration of a pa	armacy's failure to provide a clarification of medications place a medication on hold with a physician contributed eiving medications necessary medical condition and led to atient's physical condition in to an intensive care unit.					
	on 10/30/14 reveale 6/19/2014 with a ps schizoaffective disc	sed medical record reviewed ed an admission date of sychiatric diagnosis of order, and medical diagnosis nias (irregular heart rate).	Vancana andrea department of the second of t				TO 1 TO 1 () Common and common a

	AND DEAN OF CORRECTION INCREMENTATION AND INDEED.		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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A 500		age 37 on 6/20/14 at 0830 directed	(500			į	
	the patient to receive to treat irregular he	re digoxin (a medication used art rates by making the heart onger) .125mg every morning						
	10/30/14 revealed a form completed on digoxin order of .12 Wednesday and Fr MAR lacked eviden	dical record reviewed on a medication reconciliation 6/20/14 at 0830 including a 5 mg every Monday iday. The medical record and ace the reconciliation form was cy with the change in						
	2:45pm revealed th #25 lacked the corr taking the medication not daily as ordered they faxed a clarific on patient #25's un and a laboratory red is a high risk medic	B interviewed on 10/29/14 at the medication order for patient ect frequency-patient #25 was on three times a week at home d. Pharmacist Staff B indicated ation to the nurse 's station in 6/20/14 for the digoxin quest for digoxin level as this ation. The medical record enursing staff responded to er.						
	revealed nursing started refused digoxin 0.12 received digoxin 0.2	nistration record (MAR) aff documented patient 25mg on Saturday 6/21/14, 125mg on Sunday 6/22/14, in 0.125mg on Monday						

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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A 500	Continued From p	age 38	A !	500				
	had digoxin level d and the results we at 6:12am. The pa <0.5 mcg/L (norma	ts sheet revealed the patient drawn on 6/20/14 at 12:30pm re available for review 6/21/14 tient's digoxin level was lowal range 0.8-2.0 mcg/L). The ked evidence pharmacy was esult.		e o continue de la co			A COMPANY AND A	
	2:45pm revealed p a response from n on 6/20/14 prompt 6/23/14 stating "l	B interviewed on 10/29/14 at oharmacy staff failed to receive ursing staff from the fax sent ing a follow up fax dated Pharmacy is discontinuing this isk. Med w/o (without) obtaining is for safe use"		- contributions (statistics) - challes vitable. In the law two				
	discontinue order f	ord lacked evidence of a for the digoxin. However, the n did not appear on the MAR on		. Incompa har capit dimpa (c. haginos)			The second secon	
	requested digoxin record lacked evid	r dated 6/23/14 at 10:40am level at 1400. The medical ence pharmacist staff B was f the ordered digoxin level.		U. Called velocity commun. (- P.C. and C.C.) (INVESTIGATION A				
		er dated 6/25/14 revealed an l25mg to be given every lay, and Friday.	The care of the ca	RE. A. CARAGEL MIN., MINISTER, ASSAULT, MINISTER, ASSAULT, ASSAULT				
		ed patient #25 was given Thursday 6/26/14 and Friday	Confidence of Commission Co	A Company of the Comp				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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A 500	Continued From p	age 39	A !	500			* * * * * * * * * * * * * * * * * * *
	10:05am indicated received a week's the patient had not 6/21/14 and they well evel ordered on 6/21/14 and incident report of 10/30/14 at 12: to obtain an order digoxin. - Review of hospit reveal the hospital policies and proce clarification requested to 10/21/14 at 12: to obtain an order digoxin. - The hospital's playstem for clarification requested hospital's pharmac medications without consultation with the contributed to a page 10/21/14 and they well evel or 10/21/14 at 12: to obtain an order digoxin.	f B interviewed 10/30/14 at dipatient #25 would have worth of digoxin in three days if it refused the dose on Saturday were not aware of the digoxin is/20/14 or 6/23/14 or their st Staff B revealed they filled out on 6/24/14. Ites of the incident report risk manager staff W reviewed 100pm revealed pharmacy failed prior to discontinuing ordered tall policies on 10/29/14 failed to I pharmacy developed any new edures for medication sts since this incident in June. The cy's practice of discontinuing at obtaining an order in the physician or nursing staff attent not receiving medications the patient's medical condition.	COLUMN TO THE PROPERTY OF THE				

Attachment 1: Design Template for new PCS Wound Care Assessment form

Wound Care Assessment Time of Assessment hours Yes, describe how wound occurred New wound? No Location of Wound(s)-- (exact anatomical location) Size of Wound(s) – (exact dimensions of width, length, depth at widest / deepest area) Brown Gray Black Yellow Pink Color Red Other Warm Cold Temperature Normal Edema Odor Moisture, exudate and drainage Appearance of Skin around the wound

If decubitus ulcer, specify stage

Wound Stage	Description
1	P serum-filled blister. Purple or maroon localized area of discolored intact skin or blood-filled blister due to damage of underlying soft tissue from pressure and / or shear. The area may be preceded by tissue that is painful, firm, mushy, boggy, warmer or cooler as compared to adjacent tissue.
2	Partial-thickness loss. Dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open / ruptured serum-billed blister. Presents as a shiny or dry shallow ulcer without slough or bruising.
3	Full-thickness skin loss. Subcutaneous fat may be visible but bone, tendon, or muscle are not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.
4	Full-thickness skin loss with exposed bone, tendon, or muscle. Slough or eschar may be on present on some parts of the wound bed. Often includes undermining and tunneling.
Unstageable	Full-thickness tissue loss in which the bed of the ulcer is covered by slough (yellow, tan, gray, brown, or black).

Pressure-relieving devices used

Treatment and / or Dressings (Describe irrigation solutions used, medications applied, and / or dressing applied)

Physician notified for change in condition and / or non compliance with assessment or treatment?

Yes, Time hours Physician(s)

No, Wound is improving

Instructions from physician

Attachment 2: Design Template for new PCS Peripheral Edema Assessment form

Peripheral Edema Assessment Time of Assessment New onset of edema? Yes Type of Edema None Non pitting edema 1+ = Trace (Mild pitting, slight indentation, no perceptible swelling of the leg) 2+ = Moderate (Moderate pitting, indentation subsides rapidly) 3+ = Deep (Deep pitting, indentation remains for a short time, leg looks swollen) 4+ = Very deep (Very deep pitting, indentation lasts a long time, leg is very swollen) Location of Edema and Measurement (circumference may be measured using a cloth or paper measuring tape) Warm Cold Temperature Normal Moisture, drainage and exudate Appearance of Skin (check all that apply) Yellow Pink Tan Black Red **Erythematous** Petechiae Wheeping Scaling skin Bruised Other: **Treatment Patient Receives for Edema and Compliance** Physician notified for change in condition and / or non compliance with assessment or treatment? Physician(s) Yes, Time hours No, edema is stable or improving Instructions from physician

Attachment 3: Design Template for new PCS Refusal of Treatment(s) / Tests form

Refusal of Treatment(s) / Tests

Patient refused the following:
Medication(s) at hours. The specific medications refused included:
Blood draw for laboratory tests
To provide urine specimen
Wound culture
Physical therapy
Dental appointment
Podiatry appointment
Off grounds appointment with
Other, specify
Steps taken to encourage patient compliance
Physician notified for non compliance with assessment or treatment
Time hours Physician(s)
Instructions from physician