PRINTED: 02/17/2015 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			01/23/2015	
	PROVIDER OR SUPPLIER FOMIE STATE HOSPIT	TAL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZI 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064	P CODE		
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A 000	INITIAL COMMENT	rs	ΑC	000			
A 043	health resurvey (AS the above named for resulted in non-comparticipation of Pati Governing Body 42 Participation of Quareformance Improved 482.21; Condition of Services 42 CFR 44 42 CFR 482.43. The survey resulted the Condition of Pati CFR 482.13 and Conversing Services 42 removed on exit 1/2 482.12 GOVERNING There must be an elegally responsible of a hospital does not governing body, the for the conduct of the functions specified governing body This CONDITION is Based on observati staff interview, it was hospital met all Fed full responsibility for and monitoring policitotal operation. The provide a ligature risprovide for care in a and A-0144). The general control of the conduct of the provide for care in a and A-0144). The general conduction is a control of the conduction of the conduc		A 0	POC: - Through implementation of correction for Patient Righ Assessment/Performance I Nursing Services; Nursing Organization & Staffing; Nursing Patient Maintenance; I Control Program; Discharg Transfer & Referral; and Sursing Record Requirements for I Hospitals, the Governing Heast the hospital meregulations. - The Governing Body, Adm Executive Team (AET), wurst guiding force in ensuring the conduct for the hospital sees. By transforming the Performance I Council into Governing Body will ensure vision, guidance, and assurproper functions will occur hospital. - The implementation of preand mechanisms that inclured and learning throughout the result in systemic changes.	nts; Quality Improvement; Care Plans; Maintenance des, Supplies, Infection ge Planning; Special Medi Psychiatric Body will dets Federal ministrative will provide the the proper crvices rmance the AET, the are the proper rances that are within the deventive action de feedback he hospital w	t; of cal he r	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other sateguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 043	develop an ongoing measurable improve there is evidence the outcomes and must quality indicators the projects for process and operations (ref data collection to ic improvement and reperformance improvement are include an ongoing measurable improvements in the capture of the evidence it medical errors, meadverse events in the implement prevention that include feedback hospital (refer to Ahospital department the QAPI (Quality Almprovement) program for and patient safety in medical errors and wide quality assess improvement effort improved quality of improvement action A-0309). The gover hospital planned apin adequate number patient census, to each individual passes and effective in safe	age 1 g program that shows rement in indicators for which hat will improve health it measure analyze and track hat identify improvement ses of care, hospital service for to A-0273); failed to use lentify opportunities for shanges that will lead to must set priorities for its vement activities that focus on has (refer to A-0283); failed to program that shows rement in indicators for which will identify and reduce hasure and analyze and track he pharmacy and failed to have actions and mechanisms has ck and learning throughout the hasurance and Performance has and services participate in hasurance and Performance has and maintain and hace (refer to A-0308); and the hasurance and performance has and performance has addressed priorities for has are evaluated (refer to hing body failed to ensure the hospital has are evaluated (refer to hing body failed to ensure the hospital has are evaluated (refer to hing body failed to ensure the hospital has are evaluated (refer to hing body failed to ensure the hospital has are evaluated (refer to hing body failed to ensure the hospital has are evaluated (refer to hing body failed to ensure the hospital has are evaluated (refer to hing body failed to ensure the hospital has are evaluated (refer to hing body failed to ensure the hospital has are evaluated (refer to hing body failed to ensure the hospital has are evaluated (refer to hing body failed to ensure the hospital has are evaluated (refer to hing body failed to ensure the hospital has are evaluated (refer to hing body failed to ensure the hospital has are evaluated (refer to hing body failed to ensure the hospital	A 04	- - - E	quality improvement and patient sethrough the reduction of medical of As the hospital continues to recruistaff, it will continue to work with contractors to ensure continuity of adequate staffing to meet patient. In order to ensure continuous growservices, feedback from our most important resource, our staff, will obtained through the Idea Exchang Franklin Covey process, face to fainteractions with staff at all levels organization. In order to increase the likelihood successful discharge to the committhe hospital will evaluate all patients support needs ranging from social to medical needs. Plans will be implemented to address these needs Finally through the implementation plan of correction, the Governing committed to the delivery of safe a quality services to individuals with illness. **Itow are we monitoring:** AET will monitor activities of the oversight committees charged with producing services from the respedepartment. **Insure Compliance:** In its oversight, if care, treatment services do not meet the established expectations, the Superintendent of the require follow-up through the depthead and other leaders. Individual Responsible for Compliance: Individual Responsible for Compliance in the require follow-up through the depthead and other leaders.	t quality t quality needs. with of be ge, the ace in the of unity, nts support ds. on of this Body is and high h mental h ctive		

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A 115	changes in physical assessments of particular patient's condition; governing body fail followed their policy nursing care plan; governing body fail professional responsed records (rebody failed to deverent of special needs of psychiatric hospital governing body fail maintain facility supensure safety and governing body fail infection control sy governing body fail establish in writing and procedures plated A-0800, A-0812, A-0818, A-0823). The gove staff discharge patt another hospital for (refer to A-0837). Treassess its discharge plans responsive to discharge plans responsive to discharge plans responsive to discharge plans responsive to discharge patterns assessing the patterns assessing the patterns assessing the plans responsive to discharge	a patient experiences al condition; complete ongoing tient responses to notify physician of changes in (refer to A-0395). The ed to ensure nursing staff to update and keep a current (refer to A-0396). The ed to provide a designated nsible for maintaining the efer to A-0432). The governing lop and maintain an sure the safety and well-being of patients admitted to the refer to A-0701). The ed to ensure hospital staff oplies and equipment to equality (refer to A-0724). The ed to develop an active stem (refer to A-0749). The ed to ensure the hospital discharge planning policies anning (refer to A-0799, -0807, A-0810, A-0811, -0819, A-0820, A-0821, and rning body failed to ensure ients when they transferred to r further care and/or treatment the governing body failed to arging process on an on-going sement must include a review to ensure that they are narge needs (refer to A-843).	A 0				

Event ID: I5HF11

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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A 115	This CONDITION Based on observe staff interview the a safe setting to perfor 2 of 2 suicidal assaultive/violent of 1 suicidal and 2 patients in CCP of and 25 of 25 assaultive/violent of 1 suicidal and 25 of 25 assaultive/violent of 6 suicidal patients in CCP of and 25 of 25 assaultive/violent and 17 of 17 suicidal patients assaultive/violent and 17 of 17 suicidassaultive/violent failing to: Identify potential in the physical en Safety Management of 17 of 17 suicidassaultive/violent failing to: Identify potential in the physical en Safety Management of 17 of 17 suicidassaultive/violent failing to: Identify potential in the physical en Safety Management of 17 of 17 suicidassaultive/violent failing to: Identify potential in the physical en Safety Management of 17 suicidassaultive/violent failing to: Identify potential in the physical en Safety Management of 18 o	is not met as evidenced by: ation, document review, and hospital failed to provide care in ratients admitted to the hospital patients and 29 of 29 patients in the MAPS A1 unit, patients and 12 of 12 patients in the MAPS A2 unit, 120 of 20 assaultive/violent unit B1, 3 of 3 suicidal patients aultive/violent patients in the f 24 suicidal patients and 19 of ent patients in the PLS unit C1, itents and 15 of 15 patients in the HOPE unit C2, idal patients and 5 of 5 patients in the CSP unit EB by all risks and conduct surveillance vironment according to the "ent Plan" Policy; icide resistive shower and tub ibs, non-exposed plumbing on ides, and non-hinged commode uration of the water control plumbing pipes, and hinged created a looping hazard icide could be looped around the group to be used for choking or all 30 bathrooms/shower rooms in ursing units throughout the urniture which could provide tiles or could easily be positioned under a protruding	A 1	A 115 and A 144 POC: Patient Assessments: Supervision of patients is base assessed level of risk. Risk as conducted upon admission and varying intervals based on the of risk assigned to each indivities the primary objective of the ensure the level of supervision meet the current needs of pating Attachment 1, procedure PC-1 Therapeutic Observational State All Registered Nurses, Securitiand Admissions Clerks will be the revised admissions process Attachment 2. Training will be 2, 2015 and will be completed implemented by March 11, 20. The Program Nurse Manager Registered Nurses on the revitage process including the ir Observational Status determing patients admitted to OSH. The Director of Quality Manatrain all Admissions Clerks an Officers on the revised admissions Clerks and Officers on the revised admissions.	sessments are d thereafter at current level dual patient. It hospital to n is adequate to ents. (See 10.1, atus). ty Officers, e trained on s outlined in begin on March d and 015. will train all sed admissions nitial nation for all agement will and Secuity		

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		, LI OTOMANIO		0	SAWATOMIE, KS 66064		
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A 115	potentially provide a strangulation hazard - Provide door hand point. The door hand ligature attachment admitted to the host - Secure pictures to resistant screws or have the potential to others affecting all phospital at risk for heart - Secure heating/coair exchange vents resistant screws or for hanging or used hallways, 138 patier bathrooms/shower reprovide a non-tansuspended ceiling which potential to provide strangulation hazard hallways, 4 comfort throughout the facilities - Remove, replace, The electrical outlet potential to create a patient rooms, 30 behallways, 4 comfort throughout the facilities - Secure ceiling modern the light fixtures has anchor for hanging bathrooms/shower rooms, and 7 day has remove hospital fitted sheets with elastings and elastic has secured.	a hanging, choking, or d in all 138 patient rooms; dles that prevent an anchor dles created a potential point affecting all patients pital at risk for suicide; of the wall using tamper anchors. The picture frames to be used as a weapon on patients admitted to the arming themselves or others; poling vents to the ceiling and to the wall with tamper anchors creating an anchor as a weapon affecting 16 and to rooms, seven day halls, 30 rooms throughout the facility; apper proof ceiling. The with removable tiles expose ove the tiles that have the a hanging, choking, or d in 132 patient rooms, 16 rooms, and seven day halls ty; or cover electrical outlets. It is could be accessed with the fire or electrical shock in 138 athrooms/shower rooms, 16 rooms, and 7 day halls	A	1115	including the Observational Status determination upon admission. The Director of Nursing is responsible for ensuring that all new and existing regist nurses have received this training. The Director of Quality Management is responsible for ensuring that all new and existing Admissions Clerks and Security Officers have received this training. The admissions process including the Mental Health Screening Form, the appropriateness of admission and unit placement, referral source, and patient Observational Status determination is reviewed by the Assistant Superintender monthly and consists of 10% of all admissions. (See Attachment 3.) All dafrom this review is shared no less than quarterly with the Clinical Executive Teso that the Director of Nursing and the Director of Social Work can follow up a necessary with nursing staff and communental health centers. The hospital has increased staffing lever ensure there is continuous supervision is areas where patients reside including common areas and patient rooms. All patients will be randomly checked on experience of the checks required based upon the risk level assign to each individual patient.	nt ta eam essunity ls to n all	

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A 115	patients at risk for a nursing units throughout the provide a barrier Technician (MHT) and hall. Patients could computer keyboard choking, or strangulof seven patient under the patient of seven laundry and the provide a patient hundred pounds. The hospital admission of the pounds. The hospital admission of the pounds. Refer to A-0144 The hospital admission of the pounds of the difference real; think clearly; hospital the difference that usually include taking place or who hearing things that depressive disorders that usually include taking place or who hearing things that depressive disorders (characted in which a person hospital person hospital person on the periods of being experiods of being experiods of the person hospital person hospi	suicide in seven of seven ghout the facility; between the Mental Health station and patients in the day reach the telephone and d and cord to use for hanging, lation or as a weapon on three its; oap in patient 's laundry room ndry rooms. Laundry soap, lid be harmful; lift for patients exceeding four he lift had the potential for a patient over four hundred whits patients with diagnosis of that disorder that makes it hard the between what is real and not have normal emotional mally in social situations, as (loss of contact with reality is: false beliefs about what is to one is (delusions); seeing or aren't there (hallucinations)), rs, bipolar disorders (condition has periods of depression and attremely happy or being cross of disorders, impulse-control erized by failure to resist a timpulse that may harm and suicidal or homicidal	A 1	15	All staff responsible for assessments have been retrained on the importance of the initial patient assessment upon admissio (See Attachments 1 and 4). The training involved reviewing the assessment tool highlighting the significance of questior involving the risk of suicide and harm to or others. Staff were instructed on about importance of placing patients on the probservational Status Level to ensure pasafety at all times. This training was completed on 2/12/15 by Clinical Proging Director or designee. The Supervisory Nurse on each unit will ensure that all patient assessments scheef for that day have been completed and the each patient is assigned the appropriate of observation. If an observational statu needs to be modified, the nurse will conthe attending or on-call physician. The physician will review the assessment and determine whether a modification is appropriate. The Clinical Program Director or design will review new patient assessments from random sampling of 25% newly admitted patients each week to ensure that the assessments have been completed and the each patient has been assigned to the probservational Status. The "Safety Management Plan" policy Attachment 5) has been revised as of	n. g and as o self the oper tient gram I duled at level s tact d d mee m a ed hat oper	
	immediate threat to	actices presented an the health and safety of the ital administration was notified					

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A 144	of the Immediate Jepm. The IJ was not The cumulative efferovide for the safe potential for harm to hospital at risk for safe potential for harm to hospital at risk for safe potential for harm to hospital at risk for safe potential for harm to hospital at risk for safe safe potential for hospital for safe safe safe safe safe safe safe safe	ect of the systematic failure to try of patients resulted in the call patients admitted to the uicide or harm to others. NT RIGHTS: CARE IN SAFE right to receive care in a safe of the psychiatric uicidal and 29 of 29 of 12 assaultive/violent S unit A2, 1 of 1 suicidal and violent patients in the PLS unit and 25 of 25 assaultive/violent unit B2, 24 of 24 suicidal and violent patients in the HOPE unit Call patients and 15 of 15		115	2/10/2015. Those revisions are related to changes made to the review and purchase patient furnishings. All staff have been notified of the revised policy and asked to review the policy by email on 2/27/15. Trevised policy is located on the OSH intrisite and is accessible to all staff. Due to the identified environmental risks the following enhanced safety precaution have been instituted to ensure patient safe (Please see Attachment 6 for further explanation of these enhanced safety precautions). - Safety Round checks – All patients winch be checked on randomly every 7-10 minutes in addition to the checks required based upon the risk level assigned to explain individual patient. - All staff assigned to conduct safety round process including what to look if how to report any patient concerns. The will be completed by March 12, 2015. - Preventative Maintenance Rounds— A Facility Services staff will be re-trained on the Preventative Maintenance Rounds— A Facility Services staff will be re-trained on the Preventative Maintenance Rounds— A Facility Services staff will be re-trained on the Preventative Maintenance Rounds— A Facility Services staff will be completed and potential hazards and steps to take to address them. This will be completed March 12, 2015. - Environmental Rounds— All staff assigned to conduct Environmental	of The Cannet Seety.	

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A 144	- The hospital 's for Assessment " stat form will assist in e 24-hr nursing persidentified care need patients This for identified ward of the profession nurse with the patients Data current needs/behow the patients Data current needs/behow the patients Data current needs/behow the patients who are: 10 occasionally demo 2. Actively assaultiphysically/verbally Number of patient (requires some profintermediate risk self-injury; requires risk suicidal (in imposervations/Supervision checks). - Risk Manager S 2:20 pm indicated Assessment " for on each unit to held needs. The hospital 's pool observational States the following guida Therapeutic Obsethe safety of the padmission and one	es (in part): The data from this evaluating the adequacy of connel staffing, based on the ds and acuity level of the m shall be completed for each the hospital by a registered who has clinical knowledge of a should reflect the patients 'aviors. V. Psychiatric Nursing Assaultive/violent: Number of I. Potentially assaultive (has instrated during hospitalization ve (has evidence within last 48 hrs. 2. Suicidal: who are1. Low risk suicidal of otection against impulses 2. uicidal (high potential for sclose observation) 3. Acute mediate danger of suicide) VII. ervision: Number of patients supervision 2. Under ght supervision 3. Every 15-30 in checks 4. Every 3-4 hour sc. staff B interviewed on 1/12/15 at that the "Nursing Needs in is completed daily by a nurse up determine their staffing status "Therapeutic tus" dated 12/10/14 provided ance (in part): The purpose of rvational Status is to maintain atient and othersAt		1144	Rounds will be re-trained identific environmental issues and risk and to take to address any issues ident This training will be completed by 12, 2015. In addition, cameras will be installed monitoring of common areas, hallway common areas with restricted views, equipment has been ordered. This as expected to be complete April 1, 20. A General Maintenance Repair Tech (GMRT) will be assigned to each but check the environment of each area and take action to address the issues identified or contact the Facility Ser Office to request repair / replacement Issues identified will be documented Repair Log. Copies will be maintain the Facility Services Office. The Faservices Director will provide training GMRTs. This training and implement will be completed by March 4, 2015. Physical Environment Improvement Completed Actions Outlets – 2/4/15 Light fixtures – inserted tamper-pascrews added – 2/4/15 Pictures removed or tamper-proof were added – 2/4/15 Closet doors removed – 2/3/15	actions ified. y March I for ays, and The ction is 15. Inician aliding to daily vices at. I on a aned in acility and to the entation is. ents:	

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A 144	of risk of danger to Observational Statu Observation with 1: requires a specific at to have constant 1: Unit Observation (Figure Check b. The R.N. Timed Check Shee check, initials, and irregular intervals a Unit Observation (Checks being complescorted Observation (Greating Patientsmust rechecks being complescorted Observation (Greating Patients and management of the hospital 's "Poecember 2014 staguardians have the care in a safe setting a safe setting of the hospital 's popular and the care in a safe setting of the committee (EOCC buildings, grounds, c. Identify safety ris surveillance. C. Safe participates in performance of the committee	self or others. Therapeutic is Categories: Red: 1. Unit 1 (Red High Alert) a. 1:1 assigned clinical staff member 1 supervision of the patient. 2. Red-High Alert) 15 minute assigns staff to complete the tby entering the time of the appropriate codes at frequent, t least every fifteen minutes. 3. Orange-Moderate Alert) a. main on the unit with hourly eleted by Nursing Staff. 4. on Status (Moderate Alert) is accompanied by staff any the building. 5. Standard in 1. A patient may leave the up to 60 minutes during "ust stay within the approved is attent Handbook dated ates "Patients or their legal following rights: To receive	A 1	144	 Door handles changed to storage hand (intermediate phase) – 2/6/15 Unsecured furniture on units were eith removed or weighted down – 2/5/15 Secured heating ventilation and coolin (HVAC vents) by inserting tamper-prescrews – 2/4/15 Patient gowns with ties removed – 1/29/15 Fitted sheets removed – 1/20/15 Secured laundry soap – 2/4/15 Patient lift for patients up to 600lbs. Whave secured a rental company should require more than one lift – Re-training completed for all nursing staff on 2/12 Water fountains removed and plumbing covered – 2/6/15 Removed all cords and connected item the nursing station – 2/4/15 Patient telephone cords have been replaced with 12 inches or less cords - 2/4/15 Cabinet handles – All cabinet handles were removed on 2/2/15. The location the handles was covered with a wood plate and tamper proof screws. A key required to open the cabinets, which repended to open the cabinets, which repended without a handle. On-going Actions Door handles (ligature free handles to installed, 576 have been ordered) – The projected completion date is 4/3/15. 	Ve l we lag 2/15 lag las in of en is may	

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064	
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A 144	free of hazards and grounds are nefforts of Facility Sorder to create an comfortable, safe, Furnishings and e in good repair8. concerns submitted visitors or other hed Director of Operated assistance of menongoing performal related to the environse activities safety program; c. deficiencies, problem related to managing Safety. Staff BB, Assistand on 1/22/14 at 2:00 documentation of addressing safety actual risks or haze environment of the Managing and Presenting impairment in the building observed and 4:30 pm and 4:20 pm showed to the Managing and Presenting in the same and care for their impairment in the building observed and 4:30 pm and 4:20 pm showed to the managing and presenting in the same and care for their impairment in the building observed and 4:30 pm and 4:20 pm showed to the managing and presenting in the same and the same are for their impairment in the building observed and 4:30 pm and 4:20 pm showed to the managing and presenting in the same are for their impairment in the building observed and 4:30 pm and 4:20 pm showed to the managing are for their impairment in the building observed and 4:30 pm and 4:20 pm showed to the managing are for their impairment in the building observed and 4:30 pm and 4:20 pm showed to the managing are for their impairment in the building observed and 4:30 pm and 4:20 pm showed to the managing are for their impairment in the building observed and 4:30 pm and 4:20 pm showed to the managing are for their impairment in the building observed and 4:30 pm and 4:20 pm showed to the managing are for their impairment in the building observed and 4:30 pm a	"H. Environment 5. Facilities naintained through collaborative services and program staff in environment that is clean and attractive. 6. quipment provided are safe and The EOCC reviews safety of by employees, patient, ospital committees/teams. The ions or designee, with the obers of the EOCC, a. Directs once improvement activities ronment of care; b. Directs the ronment of care monitoring and into the hospital wide patient. Reviews summaries of ems, failures and/or user errorsing, i. Safety; ii. Security; v. Fire the Superintendent, interviewed any findings from the EOCC issues or any potential or cards identified in the physical enhospital. Eventing Symptoms (MAPS) unit re unable to manage behaviors well being due to an acute ability to perceive reality) A1 on 1/12/15 between 2:00 pm 1/20/15 between 3:15 pm to	A 1	 Patient beds have beer purchased on 2/3/15. expected to be comple as product becomes av delivery is scheduled twith 73 beds. The next scheduled for 3/13/15 and the last on 3/27/15 Action will be comple Bathroom/Shower root be carried out in phase completion date is July contract.) Ceiling renovations with phases by building. To completion is September Physical Environment All areas accessible to paupdated and repaired to a standards as outlined by Health Administration (Center for Patient Safety environmental factors for attempts & self-injurious Completion dates are out the following sections. Closet Doors All closet doors in patier (approximately 250) wer action was completed by the service of the section of the section was completed by the service of the section of the section was completed by the section of the section of the section was completed by the section of the sect	Delivery is ted in three phases railable. The first o occur on 3/6/15 at is tentatively (another 73 beds). The ted by 3/31/15. If the projected of 31, 2015. (See till be carried out in the projected over 30, 2017. The projected over 30, 2017.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION		E SURVEY PLETED
		174004	B. WING			01/:	23/2015
NAME OF I	PROVIDER OR SUPPLIER		'I	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
004144				50	00 STATE HOSPITAL DRIVE		
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTIO	N	(X5)
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A 144	Continued From pa	ge 10	A 1	44	Any staff member who identifies an		
	assaultive/violent a	-			inappropriate or damaged structure or its	m	
		Therapeutic Observational			in or around the closet area will submit a		
		atients revealed: Red (15			"work request" to have the issue address	ed.	
		; Orange - 11 patients; Yellow			Until the structure or item is repaired, the	e	
	- 16 patients.	, crange in patiente, reneti			room will be locked and will not house		
					patients or be accessible to them until the	e 🗵	
	- Hallway A and ha	llway B revealed a total of 19	l)		repairs have been completed. Facility		
	patient rooms inclu	ding eight private and 11			Services will repair or replace structure	or	
	semi-private rooms	. All 19 patient rooms have			item within 24 hours of being identified.		
		ressers with removable					
		9		All staff were trained on the physical			
		metal slats formed into a grid			environment risks including those		
		mattress. The unsecured			associated with closet doors, on 2/12/15	by	
		in patient rooms moved			the Assistant Risk Manager.		
		ntial for placement under a			7 11 1 11 11 11 11		
		r propped up as a potential for			Individual responsible for compliance:		
		atients on the unit assessed			Director of Facility Services		
		es 3 ½ inch out from the door.			Electrical Outlets		
		otentially provide a hanging,			Electrical Outlets		
		lation for 2 of 2 patients on the			On 2/3/15, the Kansas State Fire Marsha	ıll	
		suicide risk. All 19 patient			approved the use of tamper-proof outlets		
		closet with either a handle,			areas, in which patients' have access,		
		e-inch opening. The closet			ameliorating outlet safety concerns. All		
		s, or openings potentially			electrical outlets have been inspected an		
		choking, or strangulation			either replaced, repaired, or upgraded		
	hazard for 2 of 2 pa	tients on the unit assessed as		- 1	(approximately 300 outlets). Outlets no	t	
		9 rooms have a suspended			needed have been identified and covered	i	
		ble 12-inch tiles. Above the			with a steel plate (approximately 300 ou	tlets	
		nbing and electrical wiring.			were blanked). This action was comple	eted	
		and wiring above the ceiling			by 2/4/15. Locked covers have been pla	iced	
		atial for hanging, choking, or			on the outlets in 8 rooms, which have be	en	
		d for 2 of 2 patients on the unit			identified for use for patients assessed a		
		ide risk. All 19 patient rooms			high risk. Locked covers will be added		
		ctrical outlets easily accessible			-		
		create a fire or electrical					
		nt rooms had one or two ceiling light fixtures with a plastic					
		ily removed. The light fixtures					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD			(X3) DATE SURVEY COMPLETED	
		174004	B. WING			01/2	23/2015
	PROVIDER OR SUPPLIEF			50	TREET ADDRESS, CITY, STATE, ZIP CODE 00 STATE HOSPITAL DRIVE DSAWATOMIE, 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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 144	have the potential hanging. All 19 pa ceiling heating/corone metal air exchwith non-tamper pan anchor for han patient rooms had with elastic edging to provide a hanging risk for 2 of 2 paties uicide risk. - Observation of reciling tile and rocceiling tile. Above and electrical wiring pipes and electrical provide a hanging hazard for 2 of 2 passicide risk. The revealed a metal room 143 revealed a metal room 143 revealed vent could easily be anchor for hanging. - The Day Hall (the revealed a susper 20-inch by 20-inch tiles are plumbing exposed pipes and have the potential strangulation haza assessed as a su contained two was that could be pulled weapon. Two teles beside the nurses providing a potential strangulation approviding a potential providing a potential provided a potential providing a potential providing a potential provided a providing a potential providing a potential providing a potential provided a providing a potential provided a	to provide an anchor for tient rooms had one metal oling vent easily removed and hange vent secured to the wall roof screws potentially creating ging or use as a weapon. All 19 a bed made with a fitted sheet g. The elastic has the potential ng, choking, or strangulation ents on the unit assessed as a second 143 revealed a displaced m 144 revealed a missing the ceiling tiles are plumbing all wiring has the potential to g. choking, or strangulation entients on the unit assessed as a second		144	additional rooms as needed based on the results of the individual patient risk assessment. Locking covers have been ordered but the manufacturing process at importation issues have slowed their arri It is anticipated that another 100 locking outlet covers will be on hand by 3/6/15 to complete the installation in the rooms designated for higher risk patients. Checks for hazardous electrical outlets where the conducted during the weekly Preventative Maintenance Rounds. If an are found, repairs or replacements will be made immediately. (Please see attachment for further explanation). The Procurement Officer was trained on process and the requirements of obtaining approval from the Environment of Care Committee's Safety Team before purchatorders for gowns, sheets, beds, furniture fixtures and other furnishings. All staff were trained on the physical environment risk, including those associated with electrical outlets, on 2/12/15 by the Assistant Risk Manager. Individual responsible for compliance: Director of Facility Services Light Fixtures	nd val. o vill y e e nt 7 the ag asing	

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	F CORRECTION	IDENTIFICATION NUMBER:		A. BUILDING		COMPLETED	
		174004	B. WING			01/	23/2015
	PROVIDER OR SUPPLIER	TAL PSYCHIATRIC		5	TREET ADDRESS, CITY, STATE, ZIP CODE 00 STATE HOSPITAL DRIVE DSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A 144	unit assessed as a eight electrical outlipotential to create a Day Hall had ceiling fixtures with a plast removed. The light provide an anchor eight metal ceiling an anchor for hang wall had four cabin potential hazard for strangulation for 2 assessed as a suic Technician (MHT) shall failed to have a the area from patie measured 42 ½ incoming with a strangulation of keyboard and cord. MHT staff O interindicated patients of MHT station to obtain the bathroom had plumbing. Two sink water faucet. The etoilet seat potential or strangulation had unit assessed as a had two ceiling mo with a plastic insertion.	suicide risk. The Day Hall had ets easily accessible with the a fire or electrical shock. The g mounted florescent light tic insert covering easily fixtures have the potential to for hanging. The day hall had vents easily removed creating ing or use as a weapon. One ets with C handles with the r hanging, choking, or of 2 patients on the unit side risk. The Mental Health station (desk area) in the day an adequate barrier enclosing ints. The MHT station thes tall and had a 12 ¾ inchest to be used as a weapon. Eviewed on 1/13/15 at 2:00 pm can and have reached over the telephone and keyboard. Eviewed on 1/13/15 at 2:00 pm can and have reached over the telephone and keyboard. Eviewed on 1/13/15 at 2:00 pm can and have reached over the telephone and keyboard. Eviewed on 1/13/15 at 2:00 pm can and have reached over the telephone and keyboard. Eviewed on 1/13/15 at 2:00 pm can and have reached over the telephone and keyboard. Eviewed on 1/13/15 at 2:00 pm can and have reached over the telephone and keyboard. Eviewed on 1/13/15 at 2:00 pm can and have reached over the telephone and keyboard. Eviewed on 1/13/15 at 2:00 pm can and have reached over the telephone and keyboard. Eviewed on 1/13/15 at 2:00 pm can and have reached over the telephone and keyboard.	A 1	144	All light fixtures have been secured with tamper-proof screws. This action was completed by 2/4/15. Approximately 700 lens covers will be added to existing light fixtures. These lenses were due to be ordered from Stanton 2/12/15. However, prior to placing the order, a representative from Stanton reviewed, on-site, the light fixtures and lenses required and reported that the host uses lighting fixtures from 3 different manufactures whose lenses and frames a not cross-compatible. Therefore, the hospital needs were re-evaluated with the conclusion being that given the age and indeterminate nature of many of the framproceeding in discreet phases is necessare ensure that the appropriate frames/lenses obtained. Based upon the above, the first set of lens/frames were ordered on 2/27/15 with expected delivery date of 3/20/15. All fixtures in patient areas will be re-evaluate with details determined and orders place 3/27/15 and the lens/frames are to be installed by 4/24/15. Checks for hazardous light fixtures will conducted during the weekly Preventative Maintenance Rounds. If any are found, repairs or replacements will be made immediately. If the light fixture cannot be fixed immediately. If the light fixture cannot be fixed immediately, the room will be lock	ion ne pital re e nes, ry to s are th an ated d by	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		174004	B. WING			01/	23/2015
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A 144	anchor for hanging vent in the ceiling ti the wall with non-ta anchor for hanging bathroom had two taccessible with the electrical shock. The shower room with a water temper protruding handle. commode with expression of the protruding handle. The plumbing and 5 inches from the 10-inch protruding plumbing potentially or strangulation had unit assessed as a had two ceiling more with a plastic insert light fixtures have the anchor for hanging metal vent in the cone vent secured to proof screws creation used as a weapon, electrical outlets ear potential to create a potential for hanging winch removable tile plumbing and electrical for hanging and potential for hanging and potent	ge 13 The bathroom had one metal les and one vent secured to mper proof screws creating an or use as a weapon. The to four electrical outlets easily potential to create a fire or an on hallway A had a bathtub rature dial with a 3 inch. The shower room had one osed plumbing pipes on the gis 28 inches from the floor the wall. One sink has a water faucet. The exposed y provides a hanging, choking, zard for 2 of 2 patients on the suicide risk. The shower room unted florescent light fixtures covering easily removed. The he potential to provide an the shower room had one eiling tiles easily removed and on the wall with non-tampering an anchor for hanging or The shower room had two asily accessible with the fire or electrical shock. The shower room had two saily accessible with the fire or electrical shock. The shower room had two saily accessible with the gardine or electrical shock. The shower room had two saily accessible with the gardine or electrical shock. The shower room had two saily accessible with the gardine or electrical shock. The shower room had two saily accessible with the gardine or electrical shock.		44	Facility Services will repair or replace to light fixture within 24 hours of being identified. The Procurement Officer was trained on process and the requirements of obtaining approval from the Environment of Care Committee's Safety Team before purch orders for gowns, sheets, beds, furniture fixtures and other furnishings. All staff were trained on the physical environment risks, including those associated with light fixtures, on 2/12/the Assistant Risk Manager. Individual responsible for compliance: Director of Facility Service Pictures and Wall Items All picture frames or other wall items in patient common areas on the units were removed or secured with tamper-proof screws (approximately 175 wall mount items were removed and an additional were secured with tamper-proof screws This action was completed by 2/4/15. Checks for unsecured pictures or other items will be conducted during the wee Preventative Maintenance Rounds. If a are found, repairs or replacements will made immediately.	asing e., (15 by wall kly	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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A 144	Continued From para suicide risk. Hally easily accessible wor electrical shock. The comfort room with removable 12-tiles are plumbing a exposed pipes and have the potential from strangulation hazar assessed as a suicide had four electrical to the potential to createlectrical shock. The ceiling mounted floplastic insert cover fixtures have the potential for hanging. The commoder with his plumbing pipes on inches from the flow	age 14 way A had four electrical outlets with the potential to create a fire or revealed a suspended ceiling sinch tiles. Above the ceiling and electrical wiring. The wiring above the ceiling tiles for hanging, choking, or and for 2 of 2 patients on the unit side risk. The comfort room outlets easily accessible with ate a fire or electrical shock or ne comfort room had two rescent light fixtures with a ing easily removed. The light otential to provide an anchor of the comfort room had one eraser the frames secured with screws with the potential for so a weapon. Soom on hallway B had two niged seats and exposed the toilets. The piping is 28 or and 7 inches from the wall.	A 14	All staff were trained on the environment risks, including other wall items, on 2/12/15 the Assistant Risk Manager. Individual responsible for complication of Facility Services Door Handles All door handles in patient act will be replaced with ligature. After identification was made acceptable ligature resistant he was placed on 02/09/15 to obtain handles. A second order was 02/23/15 for an additional 110 Upon receipt, the locksets will by unit to compliment the reputhe bathroom fixtures. It is an the door handles in patient are replaced by 04/03/15. All bathroom and shower roof in patient areas have all been self-locking handles that are dwith staff present to unlock the However, the doors remain units.	cessible areas free handles. of an andle, an order tain 466 door placed on locksets. If be replaced blacement of nticipated that eas will be m door handles replaced with only accessible ne doors. nlocked from		
	faucet. The expose seat potentially prostrangulation hazar assessed as a suit one metal vent with one vent secured t proof screws creat used as a weapon electrical outlets expotential to create	a 10-inch protruding water and plumbing and hinged toilet ovides a hanging, choking, or and for 2 of 2 patients on the unit cide risk. The bathroom had non-tamper proof screws and to the wall with non-tamper ing an anchor for hanging or an anchor had two asily accessible with the a fire or electrical shock. The ceiling mounted florescent light		the inside so the patient may bathroom. This is an intermed ensure patient safety until the shower rooms renovations are Until all door handles have be with ligature free handles, Sa	diate solution to bathrooms and e complete.		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		174004	B. WING			01/:	23/2015
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A 144	fixtures with a plast removed. The light provide an anchor for a with a water temper protruding handle. To commode with expotoilet. The piping is inches from the wal sink with a 10-inch exposed plumbing perioding, or strangul patients on the unit. The bathroom had to tiles easily removed wall with non-tamper anchor for hanging shower room had to potential to create a shower room had to potential to provide. Hallway B revealed florescent light fixture asily removed. The potential to provide hallway B has drop approximately 20 in Above the ceiling till wiring. The exposed ceiling tiles have the choking, or strangul patients on the unit hallway B had four	fixtures have the potential to or hanging. on hallway B had a bathtub rature dial with a 3-inch. The shower room had one osed plumbing pipes on the 28 inches from the floor and 5 l. The shower room had one orotruding water faucet. The potentially provides a hanging, lation hazard for 2 of 2 cassessed as a suicide risk. One metal vent in the ceiling and one vent secured to the er proof screws creating an or used as a weapon. The volectrical outlets with the afire or electrical shock. The aree ceiling mounted res with a plastic insert oved. The light fixtures have ride an anchor for hanging.	A 1	44	will continue. (See attachment 7 for furth explanation.) Individual responsible for compliance: Facility Services Director Unsecured Furniture All dressers have been removed from pathedrooms. This action was completed bedrooms. This action was completed 2/3/15. There will be space for the storag patient belongings in the polyurethane, molded beds discussed later under the "Beds" section. The unit furniture was weighted down w sand. This process was completed by 2/3/15. Observation of furniture is included as proof the Environment of Care rounds completed monthly. If unsecured or unweighted furniture is discovered, Facility Services will be notified immediately for repairs, replacement or removal. (See Attachment 7.) Facility services will many necessary repairs immediately, or if after regular business hours any repairs when made by Security Services. The Procurement Officer was trained on process and the requirements of obtaining approval from the Environment of Care Committee's Safety Team before purchase.	tient by ge of ith art c ke will the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED		
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A 144	- Managing and Punit A1 building obrevealed a patient hospital gown with Mental Health Tecinterviewed on 1/1 patients wear hospand some wear the acknowledged the strings and the fitte edging had the pora means of hangin acknowledged that request gowns or regardless of where isk to harm others. Managing and Pre (Individuals who a and care for their vimpairment in the building observed to 12:30 pm and 15:15 pm showed to 12:30 pm and 15:15 pm and 15	Preventing Symptoms (MAPS) asserved on 1/13/15 at 2:00 pm in the day hall wearing a strings for securing the gown. This his his his his his his his his his		orders for gowns, sheets, beds, for fixtures and other furnishings. All staff were trained on the phy environment risks, including un un-weighted furniture, on 2/12/Assistant Risk Manager. Individual responsible for compl Director of Facility Services Heating, Cooling and Air Exch (HVAC) All vents (approximately 500) in accessible areas have been secur tamper-proof screws. This action completed by 2/4/15. Checks for unsecured tamper-prime vents will be conducted during Preventative Maintenance Roundare found, repairs or replacement made immediately. All staff were trained on the phy environment risks, including enthere are tamper-proof screws, at all times on 2/12/15 by the Ass Manager. Individual responsible for comp Director of Facility Services Patient Gowns	iance: nange Vents patient ed with on was oof screws g the weekly ds. If any ts will be psuring that on all vents ssistant Risk		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		174004	B. WING			01/2	23/2015
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A 144	semi-private rooms furniture including drawers and wood metal springs with pattern to hold the lightweight furniture easily with the potentially with the potential on the unit handle that protruct the door handles patients assessed All 18 patient roome either a handle, lat opening. The close openings potentially or strangulation has assessed at risk for rooms have a susp 12-inch tiles. Above and electrical wirin wiring above the condition of 14 patients assessed at 18 patient electrical outlets expotential to create patient rooms had florescent light fixtucovering easily renoved and the wall with non-tanchor for hanging patient rooms had another for hanging patient rooms had another for hanging patient rooms had another for hanging patient rooms had	age 17 s. All 18 patient rooms have dressers with removable en beds with legs and flat metal slats formed into a grid mattress. The unsecured en in patient rooms moved ential for placement under a proposed up as a potential for 4 patients assessed at risk for All rooms have a 6 inch door les 3 ½ inch out from the door. Dotentially provides a hanging, ulation hazard for 14 of 14 at risk for suicide on the unit. Is have a metal closet with ch hook, or a one-inch et handles, latch hooks, or y provide a hanging, choking, zard for 14 of 14 patients or suicide on the unit. All 18 bended ceiling with removable et the ceiling tiles are plumbing go. The exposed pipes and eiling tiles have the potential for or strangulation hazard for 14 essed at risk for suicide on the rooms had two to four asily accessible with the a fire or electrical shock. All 18 one or two ceiling mounted unes with a plastic insert noved. The light fixtures have vide an anchor for hanging. All ad one metal vent secured to amper proof screws creating an or used as a weapon. All 18 a bed made with a fitted sheet. The elastic on the fitted	A	144	Patient gowns with ties have been remove from the hospital. This action was completed by 1/29/15. The Procurement Officer was trained on process and the requirements of obtaining approval from the Environment of Care Committee's Safety Team before purchasorders for gowns, sheets, beds, furniture fixtures and other furnishings. All staff were trained on the physical environment risks, including those associated with patient gowns, on 2/12/by the Assistant Risk Manager. Individual responsible for compliance; Director of Nursing Unsecured "Tech Desk" Areas "Tech Desks" in areas that are accessible patients have had all cords and connected items removed. This action was compleby 2/4/15. As part of the weekly preventative maintenance rounds, facilities staff will check to ensure that the "tech desks" on units are appropriate and safe. All staff have been trained on 2/12/15 to the Assistant Risk Manager to contact Informational Technology Services if the computer equipment is found in patient care areas.	the ag asing , , , , , , , , , , , , , , , , , , ,	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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A 144	sheets provide a has strangulation hazar assessed at risk for assessed at risk for a control by 20-inch by 20-		A 14	Fitted Sheets All fitted sheets were removed from the hospital. This action was completed by 1/20/15. The Procurement Officer was trained on process and the requirements of obtainin approval from the Environment of Care Committee's Safety Team before purcha orders for gowns, sheets, beds, furniture, fixtures and other furnishings. As part of the weekly preventative maintenance rounds, facilities staff will check to ensure that there are no fitted shon the beds or in the linen closet. If fitted sheets are found, they will be removed fit the room immediately and reported to the Director of Nursing. The Director of Nursing will follow up with all staff. All staff were trained on the physical environment risks, including those associated with fitted sheets, on 2/12/15 the Assistant Risk Manager. Individual responsible for compliance: Director of Nursing Laundry Soap	the g sing neets d rom e	

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A 144	- The patient bathre commodes with a half plumbing pipes on inches from the flood The bathroom had plumbing. Two sink water faucet. The etoilet seat potentiall or strangulation had assessed at risk for bathroom had one one vent secured to proof screws creatifused as a weapon, electrical outlets ear potential to create a bathroom had two fixtures with a plast removed. The light provide an anchor of the shower stall with a 3-inch protrust had one commode plumbing pipes on inches from the flood one sink has a 10-the toilet seat and provides a hanging hazard for 14 of 14 suicide on the unit, electrical outlets ear potential to create shower room had to light fixtures with a lig	oom on hallway A had two hinged seat and exposed the toilets. The piping is 28 or and 7 inches from the wall. one urinal with exposed is have a 10-inch protruding exposed plumbing and hinged by provides a hanging, choking, and for 14 of 14 patients in suicide on the unit. The metal vent easily removed and to the wall with non-tampering an anchor for hanging or in The bathroom had two isily accessible with the define or electrical shock. The ceiling mounted florescent light this insert covering easily fixtures have the potential to for hanging. In on hallway A had a bathtub that a water temperature dial adding handle. The shower room with hinged seat and exposed the toilet. The piping is 28 or and 5 inches from the wall. Inch protruding water faucet. Exposed plumbing potentially inchoking, or strangulation in patients assessed at risk for inches from had two asily accessible with the affire or electrical shock. The two ceiling mounted florescent plastic insert easily removed. ave the potential to provide an and the control of the provide and the provide	A	144	Laundry soap was placed under lock and key on each unit. This action was completed by 2/4/15. Individual responsible for compliance: Director of Nursing As part of the weekly preventative maintenance rounds, facilities staff will check to ensure that all laundry soap on units is stored in a locked area. If any laundry soap is found outside the locked area, the Director of Nursing will take immediate action to secure the soap and report the issue to the Program Nurse Manager to follow up with staff. Individual responsible for compliance: Director of Nursing Patient Lifts A patient lift that can accommodate an individual who weighs up to 600 lbs had been secured and is stored in the PLS building. All patients who may need the will be assigned to the PLS unit. This a was completed by 2/12/15. A copy of the operation manual is attact to the lift and has also been posted on thospital intranet. A list of medical equipment available for use including patient lists has been developed and placed in each of the homestic points and the patients of the homestic patients.	the d d d d d d decion	

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 144	- Hallway A reveat florescent light fixing removed. The light provide an anchor drop style ceiling with removable till plumbing and electrical for hanging a potential for hanging hazard for 14 of 1 suicide on the unit outlets easily accessore at a fire or electrical and accessible with the electrical shock. The comfort room had accessible with the electrical shock. The comfort room had accessible with the electrical shock. The comfort room had accessible with the electrical shock. The commodes with the plumbing pipes or inches from the flow that the electrical shock is series with the point of the sinks have faucet. The exposses at potentially prestrangulation hazar unit assessed as a series with a series	led seven ceiling mounted tures with a plastic inserts easily at fixtures have the potential to for hanging. Hallway A has with approximately 20 inch X 20 es. Above the ceiling tiles are ctrical wiring. The exposed above the ceiling tiles have the ng, choking, or strangulation 4 patients assessed at risk for the table with the potential to	A	144	treatment rooms. This list is also avail on the hospital intranet site as part of a procedure, Durable Medical Equipment (NUR-5.2) (See Attachment 8). Program Nurse Managers and Nursing Supervisors will ensure that an appropfunctional lift remains available and is correctly utilized by trained staff for prequiring it. Nursing staff have been made aware of availability of the lift and of its location of 2/12/15 by the LPN responsible for arranging Durable Medical Equipmenthe hospital. All nursing staff were trained on the use of the lift on 2/12/15 by Nursing Education. Individual responsible for compliant Director of Nursing Water Fountains All water fountains in areas accessible patients have been removed. This act was completed by 2/6/15. Due to the unavailability of free acces water, nursing staff have been instruct make water available upon request. Eunit has a kitchenette stocked with Styrofoam cups for distribution to pat	shift riate, being atients f the mas to for proper ce:	

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A 144	the tiles and one venon-tamper proofs hanging or used as had two electrical of the potential to creat The bathroom had light fixtures with a removed. The light provide an anchor - The shower room with a water temper protruding handle. commode with a hiplumbing pipes on inches from the flow The shower room I protruding water farexposed plumbing choking, or strangulations assessed. The bathroom had and one vent seculations are well-called bathroom electrical outlets who or electrical outlets who or electrical outlets who or electrical shocks ceiling mounted flow plastic covering each ave the potential hanging. Hallway B reveal florescent light fixture asily removed. The potential to provide Hallway A has drop approximately 20 in the potential to provide Hallway A has drop approximately 20 in the potential to provide Hallway A has drop approximately 20 in the potential to provide Hallway A has drop approximately 20 in the potential to provide Hallway A has drop approximately 20 in the potential to provide Hallway A has drop approximately 20 in the potential to provide Hallway A has drop approximately 20 in the potential to provide Hallway A has drop approximately 20 in the potential to provide Hallway A has drop approximately 20 in the potential to provide Hallway A has drop approximately 20 in the potential to provide Hallway A has drop approximately 20 in the potential to provide Hallway A has drop approximately 20 in the potential to provide Hallway A has drop approximately 20 in the potential to provide Hallway A has drop approximately 20 in the potential to provide Hallway A has drop approximately 20 in the potential to provide Hallway A has drop approximately 20 in the potential to provide A has drop approximately 20 in the potential to provide A has drop approximately 20 in the potential to provide A has drop approximately 20 in the potential to provide A has drop approximately 20 in the potential to provide A has drop approximately 20 in the potential to provide A has drop approximately 20 in the potenti	ent secured to the wall with screws creating an anchor for a weapon. The bathrooms butlets easily accessible with late a fire or electrical shock. It wo ceiling mounted florescent plastic inserts covering easily fixtures have the potential to for hanging. In on hallway B had a bathtub erature dial with a 3-inch. The shower room had one inged seat and exposed the toilet. The piping is 28 or and 7 inches from the wall. In had one sink with a 10-inch laucet. The toilet seat and potentially provides a hanging, ulation hazard for 14 of 14 at risk for suicide on the unit. One metal vent easily removed red to the wall with non-tamper ing an anchor for hanging or and three orescent light fixtures with a sily removed. The light fixtures to provide an anchor for led six ceiling mounted ures with a plastic covering he light fixtures have the ean anchor for hanging.	A 1	144	The hospital has met with a manufacture representative (Sexauer) and a new four that is ligature-free is being designed. fountains will be custom built to meet needs of the hospital and are expected ready for installation by 3/27/15. Prior the new fountains being installed, the will be remodeled to provide a more seanchor (steel plate) for the fountain. Monitoring of the drinking fountain arwill be a regular part of the Preventative Maintenance Rounds. During these roughly the seanch of the fountain (as they are and then as they will be once fountains installed) will be monitored for missing damaged hardware. If problems are for they will be fixed immediately or steps be taken to secure the area from patient access until Facility Services can make necessary repair(s). Individual responsible for compliance regarding areas where the water fountain were removed: Director of Facility Services Individual responsible to ensure the sa handling of water: Director of Nursing Patient Telephone Cords All telephone cords in areas that are accessible to patients have been replace with cords that are 12 inches or less in	ntain These the to be to valls cure eas re unds, now are g or und, the the the	

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A 144	wiring. The exposed ceiling tiles have the choking, or strangular patients on the unit Hallway B had four accessible with the electrical shock. Had attached to the wall Continuing Care (Consychiatric symptor involvement with the are referred by law and treatment (DCT 1/12/15 between 2: the following: The CCP unit B1 current patients - (1 suicide (1 low risk sassessed as risk for potentially assaultive/violent). Status for the 28 paminute) - 3 patients - 8 patients and Green Hallway A and had patient rooms inclused including drawers and woode metal springs with a pattern to hold the lightweight furniture easily with the poten protruding device of hanging for 1 of 1 patients on the control of the lightweight for 1 of 1 patients of 1 pa	ge 22 d pipes and wiring above the e potential for hanging, lation hazard for 14 of 14 assessed as a suicide risk. electrical outlets easily potential to create a fire or allway B had three pictures with non-tamper proof screw. CP) unit (Individuals whose ms have contributed to their e courts; and individuals who enforcement for Detox, care (7)) B1 building observed on (100 pm and 4:30 pm showed) had a total of 30 beds with 28 patient assessed as risk for suicidal) and 20 patients rassaultive/violent (16 re/violent and 4 actively Therapeutic Observational atients revealed: Red (15 re/violents revealed: Red (15 re/violents) at total of 18 ding seven private and 11 ressers with removable en beds with legs and flat metal slats formed into a grid mattress. The unsecured in patient rooms moved intial for placement under a reproped up as a potential for patient on the unit. All rooms handle that protrudes 3 ½ inches and the protrudes and the protrudes 3 ½ inches and the protrudes and the protrudes and the protrudes and the protrudes and the protrud	A	144	length. This action was completed by 2/4/15. The telephone cords will be checked a of the Environment of Care Rounds completed monthly. If broken cords a found, staff will remove the cord and a Technology Request to have the cord repaired or replaced within 24 hours. The Director of Information and Technology (IT) provided training to staff of the necessity of using phone of 12 inches or less in length on all phone accessible to patients on 2/2/15. All staff were trained on the physical environment risks, including those associated with telephone cords, on 2 by the Assistant Risk Manager. Individual responsible for compliance Director of Facility Services More Extensive Building Renovation Beds All beds will be replaced with polyure molded beds that include storage space patient belongings, which are free of 1 points. 220 patient beds have been purchase 2/3/15 from Dallas Midwest with a prodelivery date of approximately 4-6 we	s part re submit d all IT cords nes /12/15 : thane, e for igature ed on ojected	

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A 144	out from the door. In provides a hanging hazard for 1 of 1 parooms have a metallatch hook, or a one handles, latch hook provide a hanging, hazard for 1 of 1 parooms have a suspended tiles. Above the ceil electrical wiring. The above the ceiling till hanging, choking, of 1 patient on the unit of four electrical our potential to create a patient rooms had offlorescent light fixtur covering easily remathe potential to provide a patient rooms had a strangulation hazard at risk for suicide or the bathroom on with a hinged seat a on the toilets. The patient provides in the potential with have a 10-inch protexposed plumbing a potentially provides	The door handles potentially choking, or strangulation tient on the unit. All 18 patient I closet with either a handle, e-inch opening. The closet is, or openings potentially choking, or strangulation tient on the unit. All 18 rooms ceiling with removable 12-inching tiles are plumbing and e exposed pipes and wiring is have the potential for ristrangulation hazard for 1 of it. All 18 patient rooms had two dets easily accessible with the infire or electrical shock. All 18 one or two ceiling mounted res with a plastic insert oved. The light fixtures have ride an anchor for hanging. All ad one metal ceiling vent one metal vent secured to mper proof screws creating an or used as a weapon. All 18 a bed made with a fitted sheet. The elastic on the fitted inging, choking, or differ 1 of 1 patient assessed.	A 144	(See Attachment 9 - Invoice for beds) Shipment phases are as follows: - 1st shipment is scheduled to ar 3/6/15 - 2nd shipment to arrive 3/13/15 - Final shipment to arrive 3/27/ Upon receipt, priority of bed replacement will be based on the patient's assessed received bear ordered from the Kansas Department of Corrections to fit the new beds. The initial delivery of 126 mattress occurred on 2/24/15, and will continue at they become available, but should correwith the bed deliveries (of precede them Medical hospital beds are being provide patients who need them. All cords have secured to the bedframe with zip ties. Safety Rounds will verify that no loose cords or hazardous zip ties exist. In the event that a loose cord or hazardous zip is found, the Safety Rounds person will secure the room if unoccupied or notify nursing staff to remain with the patient of the loose cord can be secured or hazardous zip tie can be replaced. Any time a med hospital bed is unoccupied, the bedroom door is kept locked. Any new beds ordered will be reviewed approved by the Safety Team of the Environment of Care Committee. Purch	sses salate). d for been tie		

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the file control the control the two the two the control the contr	brescent light fixture overing easily renue potential to protee bathroom had amoved and one contamper proof stanging or used as yo to four electrical e potential to create the shower roor with a water temper otruding handle. The piping is ches from the water tentially provides rangulation haza e unit. The shower roor tentially provides rangulation haza e unit. The shower expected in the water tentially provides rangulation haza e unit. The shower expected in the protect of the potential to protect in the protect is and two electrical of the potential to create the potential t	age 24 oom had two ceiling mounted ures with a plastic insert noved. The light fixtures have wide an anchor for hanging. one metal ceiling vent easily went secured to the wall with screws creating an anchor for a weapon. The bathroom had all outlets easily accessible with ate a fire or electrical shock. In on hallway A had a bathtub erature dial with a 3 inch. The shower room had one losed plumbing pipes on the seasily accessible with a 10-inch aucet. The exposed plumbing is a hanging, choking, or right of 1 suicidal patient on the room two ceiling mounted ares with a plastic insert moved. The light fixtures have wide an anchor for hanging. One metal ceiling vent easily went secured to the wall with screws creating an anchor for is a weapon. The shower room butlets easily accessible with ate a fire or electrical shock. The exposed book the ceiling mounted are with a plastic inserts easily at fixtures have the potential to for hanging. Hallway A has with approximately 20 inch X 20 is. Above the ceiling tiles are trical wiring. The exposed bove the ceiling tiles have the ceiling tiles h	A 1	will only be made upon the steam. The Procurement Officer was process and the requirement approval from the Environm Committee's Safety Team be orders for gowns, sheets, be fixtures and other furnishing All staff were trained on the environment risks, including associated with beds and meds, on 2/12/15 by the Assistant Superintendent Cabinet Handles All cabinet door handles in accessible areas were removed, a wooden plate we the holes of the handle. This completed by 2/2/15. Checks for damaged cabine included as part of the Envir Rounds completed monthly cabinet door is found, it will within 24 hours. All staff were trained on the environment risks, including the staff were trained on the environment risks, including the staff were trained on the environment risks, including the staff were trained on the environment risks, including the staff were trained on the environment risks, including the staff were trained on the environment risks, including the staff were trained on the environment risks, including the staff were trained on the environment risks, including the staff were trained on the environment risks, including the staff were trained on the environment risks, including the staff were trained on the environment risks, including the staff were trained on the environment risks, including the staff were trained to the environment risks, including the staff were trained to the environment risks, including the staff were trained to the environment risks, including the staff were trained to the environment risks, including the staff were trained to the environment risks, including the staff were trained to the environment risks.	as trained on the s of obtaining tent of Care efore purchasing ds, furniture, gs. e physical ag those edical hospital istant Risk compliance: patient ved. For those as installed over is action was t doors are ronment of Care. If a damaged l be repaired	

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A 144	potential for hanginazard for 1 of 1 shallway A had four accessible with the electrical shock. The comfort roowith removable 12 tiles are plumbing exposed pipes and have the potential strangulation hazathe unit. The comfoutlets easily accecreate a fire or eleroom had two ceil fixtures with a plas removed. The ligh provide an anchor had one eraser be secured with nonpotential for removed. The patient bath commodes with his plumbing pipes or inches from the flow the flow of the potential to more thanging or used a had two electrical the potential to control the bathroom had the potential to control the potential to	age 25 ng, choking, or strangulation duicidal patient on the unit. If electrical outlets easily expotential to create a fire or Immerevaled a suspended ceiling electrical wiring. The dwiring above the ceiling and electrical wiring. The dwiring above the ceiling tiles for hanging, choking, or and for 1 of 1 suicidal patient on fort room had four electrical essible with the potential to extrical shock. The comforting mounted florescent light estic insert covering easily at fixtures have the potential to for hanging. The comfort room eard and five picture frames tamper proof screws with the eval and use as a weapon. In room on hallway B had two inged seats and exposed in the toilets. The piping is 28 for and 7 inches from the wall. In a 10-inch protruding water ead plumbing and hinged toilet evides a hanging, choking, or and for 1 of 1 patient on the unit. If you metal ceiling vent easily eat easily accessible with eate a fire or electrical shock. If two ceiling mounted florescent a plastic inserts covering easily	A 14	Individual responsible for complian Director of Facility Services Bathroom/Shower Rooms A contract was executed with American Boiler and agreed to proon-site crews to renovate the follow identified below beginning on 2/23 hospital has met with a manufactur representative (Sexauer) and they will designing new toilet paper holders completed and approved on 2/20/1 dispensers and forced air drying sy are ligature resistant for the new bath of t	erican ent 10). vide two wing areas 8/15. The ering will be (design 5), soap stems that athrooms.	

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A 144	removed. The light provide an anchor of with a water tempe protruding handle. commode with exp toilet. The piping is inches from the was ink with a 10-inch exposed plumbing choking, or strangupatient on the unit. ceiling vent easily reto the wall with non an anchor for hang shower room had to potential to create a shower room had to potential to create a shower room had to potential to provide the potential to provide Hallway A has drop approximately 20 in Above the ceiling to wiring. The expose ceiling tiles have the choking, or strangupatient on the unit. Outlets easily accercate a fire or election.	fixtures have the potential to for hanging. In on hallway B had a bathtub rature dial with a 3-inch. The shower room had one osed plumbing pipes on the 28 inches from the floor and 5 ll. The shower room had one protruding water faucet. The potentially provides a hanging, lation hazard for 1 of 1 suicidal. The bathroom had one metal emoved and one vent secured tamper proof screws creating ing or used as a weapon. The wo electrical outlets with the affire or electrical shock. The hree ceiling mounted ures with a plastic insert noved. The light fixtures have wide an anchor for hanging. The light fixtures have the an anchor for hanging. The style ceiling with the plastic covering are light fixtures have the an anchor for hanging. The potential for hanging, alation hazard for 1 of 1 suicidal Hallway B had four electrical esible with the potential to	A 14	This work will be done in the follow phases: - Work began at CSP on 2/1 week ahead of schedule. I anticipated that it will take approximately three weeks complete - MAPS A beginning 3/16/1 approximately three weeks complete - MAPS B beginning 3/30/1 approximately three weeks complete - CCP beginning 4/20/15 approximately three weeks complete - SSP beginning 5/4/15 approximately three weeks complete - PLS beginning 5/18/15 approximately three weeks complete - PLS beginning 6/8/15 approximately three weeks complete - HOPE beginning 6/8/15 approximately three weeks complete - Work beginning 6/8/15 approximately three weeks complete - HOPE beginning 6/8/15 approximately three weeks complete - Work beginning 6/8/15 approximately three weeks complete - HOPE beginning 6/8/15 approximately three weeks complete - HOPE beginning 6/8/15 approximately three weeks complete	6/15, a t is t to 5 t to 5 t to 6 to	

FORM CMS-2567(02-99) Previous Versions Obsolete

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A 144	20-inch by 20-inch tiles are plumbing exposed pipes and have the potential strangulation haza the unit. The Day hountains attached off of the wall and telephones for patifrom the nurse 's providing a potentior strangulation aff. The Day Hall had accessible with the electrical shock. The mounted florescent insert covering east have the potential hanging. The day I vents easily remove hanging or used at cabinets with C hafor hanging, choking Stepping Stones F who have met their barriers to placement building toured on 4:47 pm and on 1/3:00 pm showed the current patients (3 suicide (1 low risk suicidal) and 25 patients assaultive/violent (and 1 actively assaultive/violent (and 1 actively assaultive/violent (and 1 actively assaultive/violent (and 1 actively assaultive/violent).	ceiling tiles. Above the ceiling and electrical wiring. The wiring above the ceiling tiles for hanging, choking, or red for 1 of 1 suicidal patient on Hall contained two water to the wall that could be pulled used for a weapon. Two ent use located directly across station had a 29 inch cord all hazard for hanging, choking, fecting 1 of 1 suicidal patient. Six electrical outlets easily expotential to create a fire or the Day Hall had ceiling at light fixtures with a plastic sily removed. The light fixtures to provide an anchor for the light metal ceiling are decreating an anchor for the light fixtures with the potential hazard and, or strangulation. Program, (SSP) (Individuals or discharge criteria but have the ent in the community) unit B2 1/12/15 between 1:55 pm to 13/15 between 2:10 pm and		All mirrors have been remove bathrooms. This action was 2/1/15. Any staff member who identificate a "work request" to have the identification and until the fixture is repaired bathroom will be closed. Facing will repair or replace fixtures thours of being identified. To ensure that there are sufficient monitor an individual every 4 while using the restroom, 20 are being recruited to be assig 7:00 am — 3:00 pm and 3:00 pm shifts to increase core staffing. All nurses have been trained bathrooms every 4-5 minutes training was completed on 2/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	fies an ure will submit ssue addressed d, the lity Services within 24 ient staff to -5 minutes additional staff ned to the 1-11:00pm elevels. to check . This first and will is by Nurse mpliance:	

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OSAWAT	OMIE STATE HOSPI		STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064				
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A 144	Yellow - 13 patients - Hallways A and rooms including for rooms. All 15 patie including dressers wooden beds with metal slates forme mattress. The unset the patient rooms of the patient rooms of the patient rooms of the patients assessed All rooms have a sprotrudes three and door. The door har hanging, choking, 3 patients assessed All 15 patient room latch hook. The cloprovide a hanging, hazard for 3 of 3 p suicide on the unit suspended ceiling Above the ceiling twiring. The expose ceiling tiles have the choking, or stranging patients assessed had one to four elewith the potential to shock. All 15 patients assessed have the potential thanging. All 15 patients assessed have the potential thanging. All 15 patients assessed have the potential hanging. All 15 patients assessed have the potential hanging. All 15 patients assessed have the potential hanging vent easily secured to the wall secured t	B revealed a total of 15 patient our private and 11 semi-private nt rooms have furniture with removable drawers and legs and flat metal springs with d into a grid pattern to hold ecured lightweight furniture in moved easily with the potential er a protruding device or otential for hanging for 3 of 3 at risk for suicide on the unit. ix-inch door handle that d one-half inches out from the nodles potentially provides a for strangulation hazard for 3 of at risk for suicide on the unit. Is have a metal closet with a set latch hooks potentially chocking, or strangulation atients assessed at risk for a with removable 12-inch tiles. It is are plumbing and electrical ed pipes and wiring above the ne potential for hanging, ulation hazard for 3 of 3 at risk for suicide. All 15 rooms extrical outlets easily accessible to create a fire or electrical not rooms had one or two ceiling at light fixtures with a plastic sily removed. The light fixtures to provide an anchor for tient rooms had one metal removed and one metal removed and one metal vent if with non-tamper proof screws or for hanging or used as a	A 1		approximately 5 months for each of the following units to be renovated: - CSP - MAPS A - MAPS B - CCP - SSP - PLS - HOPE KDADS will secure four contractors to on this project. The projected completed date is September of 2017. Upon completion of the renovated units those patients identified as being at the highest risk level will be given priority placement in those units. Documentation: - Attachment 1: Therapeutic Observational Status Policy (PC-10.1 Attachment 2: Training Content for Initial Therapeutic Observational Status Policy (PC-10.1 Attachment 3: New Admission Assessment/Observational Status Re-Attachment 4: Assessment of Patien and Therapeutic Observational Status a. Mental Health Screening Form b. Timed Check Sheet c. Initial Assessment d. Review of Systems e. Behavioral Assessment f. Psychiatric Evaluation-Admission g. Assessment of Dangerousness to Sor Others	work on for view ts s	Page 29 of 157

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SU COMPLE	
		174004	B. WING		01/23/2	2015
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A 144	weapon. All 15 pat with a fitted sheet whas the potential to or strangulation risk suicide. - Observation of receiling tile. Above the and electrical wiring wiring above the cehanging, choking, of 3 patients assessed. - The men 's bath porcelain commode exposed plumbing metal commode with the toilet. The pipin and approximately Three sinks have a faucet. The exposed toilet seat potential or strangulation has assessed at risk for bathroom had two fixtures and a flored above each sink or covering easily remain the potential to proof the bathroom had removed and one won the potential to proof the bathroom had removed and one won the potential to proof the bathroom had removed and one won the potential to proof the bathroom had removed and one won the potential to proof the bathroom had removed and one won the potential to proof the bathroom had removed and one won the potential to proof the bathroom had removed and one won the potential to proof the potential to proof the bathroom had removed and one won the potential to proof the bathroom had removed and one won the potential to proof the bathroom had removed and one won the potential to proof the bathroom had removed and one won the potential to proof the bathroom had removed and one won the potential to proof the bathroom had removed and one won the potential to proof the potential	cient rooms had a bed made with elastic edging. The elastic provide a hanging, choking, k for 3 of 3 patients at risk for som 154 revealed a displaced he ceiling tiles are plumbing g. The exposed pipes and eiling tiles have the potential for or strangulation hazard for 3 of d at risk for suicide. Toom on hallway A had one with a hinged seat and pipes on the toilet and one the exposed plumbing pipes on g is 28 inches from the floor seven inches from the wall. To-inch protruding water ad plumbing pipes and hinged by provide a hanging, choking, zard for 3 of 3 patients r suicide on the unit. The ceiling mounted florescent light fixture mounted in the wall with a plastic insert noved. The light fixtures have wide an anchor for hanging, one metal ceiling vent easily went secured to the wall with a crews creating an anchor for		h. Comprehensive Assessment of Dangerousness to Self or Other Attachment 5: Safety Manageme Policy (EC-1.0) Attachment 6: Explanation of Par Environment Observational Chec Attachment 7: Environment of Comountary Rounds Checklist Attachment 8: Durable Medical Equipment Policy (Nur-5.2) Attachment 9: Invoice for Purcha Patient Beds Attachment 10: American Boiler Mechanical Contract Individual Responsible for Compl Superintendent	rs nt Plan tient and k are ase of	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		TE SURVEY MPLETED
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A 144	The screws could self-harm or the ewiring creates a pahock. Staff N, Physical sinterviewed on 1/2 missing screws for above the sinks. Sixtures were seed supposed to be taneed to get some The shower roow with a water temp protruding handle commode with extoilet. The piping if five inches from the protruding water for potentially provide strangulation haza at risk for suicide had two ceiling mowith plastic inserts above the sink the florescent light fix potential to provide shower room had removed and one non-tamper proof hanging or use as - Observation in thallway A on 1/14 florescent light fix the sink. A screw fixture, indicating	be used as weapons or to inflict asy access to the electrical otential for fire or electrical otential for fire or electrical. Plant Supervisor Specialist, 14/15 at 9:20 am verified the or each of the light fixtures. Staff N explained the light ured with screws that were amper proof. "I guess we'll screws back in there". In on hallway A had a bathtub erature dial with a three inch. The shower room had one posed plumbing pipes on the sea 28 inches from the floor and he wall. One sink had a 10-inch aucet. The exposed plumbing as a hanging, choking, or ard for 3 of 3 patients assessed on the unit. The shower room counted florescent light fixtures as covering easily removed and here was a wall mounted ture. The light fixtures have the e an anchor for hanging. The one metal ceiling vent easily vent secured to the wall with screws creating an anchor for	A 1	44		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION NG		E SURVEY IPLETED
		174004	B. WING		01/	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 144	self-harm or the accoming creates a posshock. - The Arjo tub room had one commode on the toilet. The pfloor and five inches a 10-inch protruding plumbing potentially chocking, or strang patients assessed a The shower room hflorescent light fixture covering easily remand a wall mounted light fixtures have the anchor for hanging. - Hallway A revealer florescent light fixture for hanging. - Hallway A revealer florescent light fixture florescent light florescent f	cessibility to the electrical tential for fire or electrical in (a special kind of bathtub) with exposed plumbing pipes iping is 28 inches from the serior the wall. One sink had gwater faucet. The exposed y provides a hanging, ulation hazard for 3 of 3 at risk for suicide on the unit. In ad four ceiling mounted ares with plastic inserts loved and above the sink they it florescent light fixture. The he potential to provide an with plastic inserts easily fixtures have the potential to for hanging. Hallway A has a with approximately 20 inch by tiles. Above the ceiling tiles electrical wiring. The exposed love the ceiling tiles have the ge, choking, or strangulation	A 1-	·		
	suicide on the unit outlets easily access create a fire or elect - Observation of he revealed that one sto the staff at the "between hallway A patients unobserve	atients assessed at risk for Hallway A had seven electrical sible with the potential to ctrical shock. allway A on 1/14/15 at 9:20 am tide of the hallway is not visible aide " station on the Day Hall and B potentially leaving and 3 of 3 suicidal patients themselves or 25 of 25				

Event ID: I5HF11

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` ′	DING		MPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
A 144	assaultive/violent pothers. - The women 's baporcelain commodexposed plumbing is 28 inches from to seven inches from 10-inch protruding plumbing and hingprovides a hanging hazard for 3 of 3 possicide on the unit mounted florescentight fixture mounts with a plastic insertight fixtures have to anchor for hanging ceiling vent easily to the wall with nor an anchor for hange - Observation in the 1/14/15 at 9:20 amight fixtures mount A screw was missifixtures, indicating The screws could self-harm or the easily interviewed on 1/1 missing screws for above the sinks. Stixtures were secus supposed to be ta	attents at risk for harming athroom on hallway B had two es with hinged seats and pipes on the toilet. The piping he floor and approximately the wall. Three sinks have a water faucet. The exposed ed toilet seat potentially he choking, or strangulation atients assessed at risk for The bathroom had two ceiling to light fixtures and a florescent ed above each sink on the wall to covering easily removed. The he potential to provide an he moved and one vent secured he tamper proof screws creating ging or used as a weapon. The bathroom had one metal removed and one vent secured he tamper proof screws creating ging or used as a weapon. The women 's bathroom on he revealed the three florescent ted on the wall above the sinks higher from each of the light tampering of the light fixtures be used as weapons or to inflict asy access to the electrical betant Supervisor Specialist, 4/15 at 9:20 am verified the reach of the light fixtures that Supervisor Specialist, and Supervisor Specialist, be used as weapons or to inflict asy access to the electrical betant Supervisor Specialist, and Supervisor Specialist betant Supervisor Specialist		144		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMI	E SURVEY PLETED
		174004	B. WING	-	01/2	23/2015
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
A 144	- Hallway B revealer florescent light fixture removed. The light provide an anchor is suspended ceiling a 20-inch removable are plumbing and expipes and wiring ab potential for hanging hazard for 3 of 3 passicide on the unit outlets easily accessoreate a fire or electory. The Day Hall (the revealed a suspend 20 inch by 20-inch ceiling tiles are plum The exposed pipes tiles have the potentials for suicide on the unit wall that could be passed as a weapon. One located against the Hall had a 29 inch hazard for hanging affecting 3 of 3 pat suicide on the unit outlets easily accessoreate a fire or electory as a fi	ad seven ceiling mounted ares with plastic inserts easily fixtures have the potential to for hanging. Hallway B has a with approximately 20 inch by tiles. Above the ceiling tiles electrical wiring. The exposed pove the ceiling tiles have the ag, choking, or strangulation attents assessed at risk for Hallway B had three electrical esible with the potential to	A 144			

Event ID: I5HF11

PRINTED: 02/17/2015 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG		E SURVEY IPLETED
		174004	B. WING_		01/	/23/2015
	PROVIDER OR SUPPLIER	AL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIP COL 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
A 144	attached for patient and fitted sheets wi hold the sheet on the and elastic sheets a patients on the unit gowns with ties and sheets provide a hastrangulation hazar at risk for suicide of Technician (MHT) shall failed to have a the area from the pmeasured 42 ½ individe counter. Patie telephone and the tas a strangulation of keyboard and cord. Staff R Mental Hea 1/12/15 at 3:30 pm staff member in the there are times the patients at the sam Hall unattended. Staff R, Mental Hea 1/12/15 at 3:30 pm reach over the counter before area.	s to secure the gown closed th elastic around the sheet to be beds. The patient gowns are made available to all upon request. The patient I the elastic on the fitted anging, choking, or d for 3 of 3 patients assessed in the unit. The Mental Health station (desk area) in the Day an adequate barrier enclosing atients. The MHT station hes tall and had a 12 ¾ inch ints could easily reach the elephone cord could be used levice as well as the computer be used as a weapon. Ith Technician interviewed on explained they try to have a Day Hall at all times, but y need to attend to several etime, which makes the Day alth Technician interviewed on explained the patients can explained the patients can explained the patients can ther and have reached over to grab things off of the desk	A 14	44		
	1/21/15 at 8:00 am over the counter to it, into the station (of they have asked to	alth Technician interviewed on verified the patients do reach grab stuff and also jump over desk area). Staff C explained have a barrier put up so the each or jump over the counter.				

Event ID: I5HF11

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	FIPLE CONSTRUCTION NG		E SURVEY PLETED
		174004	B. WING		01/3	23/2015
	PROVIDER OR SUPPLIER	AL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIP CO 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064	ODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
A 144	- Observation of the patients to wash the at 3:45 pm revealed containing a pan of T, demonstrated he explained the staff the soap because thowever on this da Patient T explained laundry room but detimes when they are the unit had the potential tended laundry cabinet containing substance. - The Material Safe laundry soap packed pm directed, "Ingo swallowed. Drink lad DO NOT induce voimmediately." Staff U, Mental Head interviewed on 1/12 the unlocked cabin and stated staff are locked at all times. Positive Living Skill 1/13/15 between 1:00 am a between 7:40 am a following: - The PLS unit C1 current patients (24 suicide (22 low risks).	e laundry room used by the eir personal laundry on 1/12/15 d an unlocked cabinet laundry soap packets. Patient ow they do their laundry and open the cabinet that contains hey are to keep it locked, y the cabinet was open. The staff let the patients in the or not stay with them at all e in the room. All patients on cential to access the room and the unlocked a potentially harmful ets reviewed on 1/22/15 at 3:00 estion: May be harmful if arge amounts of water or milk. The miting. Get medical attention eath Technician (MHT) expressions at the soap packets et to keep the soap packets et to keep the soap packets et to keep the soap packets and 4:30 pm, and 1/21/15 and 9:00 am showed the had a total of 30 beds with 24 patients assessed as risk for a suicidal and 2 acute risk tients assessed as risk for	A 1	44		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		174004	B. WING_		01	/23/2015
	PROVIDER OR SUPPLIER FOMIE STATE HOSPIT	AL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIP COD 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 144			A 14	14		
	and 3 actively assa Observational State Red (15 minute) - 1 and Yellow - 13 pat - Hallway A and ha patient rooms inclusemi-private rooms furniture including of drawers and woods metal springs with repattern to hold the relightweight furniture easily with the pote protruding device of hanging for 24 of 24 suicide on the unit. In handle that protrude that protrude that protrude the door handles per choking, or strangulation has assessed at risk for rooms have a susp 12-inch tiles. Above and electrical wiring wiring above the certain that the certain outlets easily the transport of 24 patients asses unit. All 19 patient relectrical outlets easilent rooms had easilent rooms	of potentially assaultive/violent ultive/violent). Therapeutic us for the 24 patients revealed: patient; Orange - 10 patients; ents. Ilway B revealed a total of 19 ding eight private and 11. All 19 patient rooms have dressers with removable en beds with legs and flat metal slats formed into a grid mattress. The unsecured in patient rooms moved intial for placement under a repropped up as a potential for All rooms have a 6 inch door as 3½ inch out from the door otentially provide a hanging, lation hazard for 24 of 24 at risk for suicide on the unit. So have a metal closet with the hook, or a one-inch thandles, latch hooks, or a provide a hanging, choking, and for 24 of 24 patients is suicide on the unit. All 19 ended ceiling with removable at the ceiling tiles are plumbing on the ceiling tiles have the potential for or strangulation hazard for 24 assed at risk for suicide on the coms had two to four sily accessible with the after or electrical shock. All 19 one or two ceiling mounted ares with a plastic insert				

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174004 B. WING 01/23	3/2015	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 144 Continued From page 37 covering easily removed. The light fixtures have the potential to provide an anchor for hanging. All 19 patient rooms had one metal celling vent easily removed and one metal vent secured to the wall with non-tamper proof screws creating an anchor for hanging or used as a weapon. All 19 patient rooms had a bed made with a fitted sheet with elastic edging. The elastic on the fitted sheets provide a hanging, choking, or strangulation hazard for 24 of 24 patients assessed at risk for suicide on the unit. - The Day Hall (the units living and dining area) revealed two telephones for patient use located near the entry door. Each phone had a 24 inch cord providing a potential hazard for hanging, choking, or strangulation affecting 24 of 24 patients assessed at risk for suicide on the unit. The Day Hall had seven electrical outlets easily accessible with the potential to create a fire or electrical shock. One wall had cabinet doors with six C handles with the potential hazard for hanging, choking, or strangulation for 24 of 24 patients assessed at risk for suicide on the unit. The Day Hall had one Mental Health Tech (MHT) station with a barrier and locking doors. Observation on 1/14/15 at 10:20 am revealed MHT station door allows patients access to telephone and cord, computer keyboard, pen and pencils to use as potential strangulation hazard or weapons affecting all 24 of 24 patients on the unit. Mental Health Technician Staff P interviewed on 1/15/15 at 11:20 am revealed the MHT station doors should remain closed and locked and open.		

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	NAME OF PROVIDER OR SUPPLIER OSAWATOMIE STATE HOSPITAL PSYCHIATRIC			TREET ADDRESS, CITY, STATE, ZIP CODE 00 STATE HOSPITAL DRIVE DSAWATOMIE, KS 66064		
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A 144	- Observation on two patients wear attached at the new the gown. The horisk for hanging, of affecting all 24 of Registered Nurse at 10:25 am indiction hospital gowns witheir dirty laundry. - Hallway A reveat florescent light fix covering easily rethe potential to prove Hallway A has dreapproximately 20 Above the ceiling wiring. The expose ceiling tiles have choking, or strangatients assesse Hallway A had the accessible with the electrical shock. - Observation of each room had a coil style cord media in length. Room hydraulic patient sit- to- stand style cord plugged into unsecured cord in length. Unsecuthan 12 inches in the stand style cord plugged into the patients in length. Unsecuthan 12 inches in the standard style cord plugged into the patients in length. Unsecuthan 12 inches in the standard style cord plugged into the patients in length. Unsecuthan 12 inches in the patients in length. Unsecuthan 12 inches in the patients in length. Unsecuthan 12 inches in the patients was at the patients at the pati	1/14/15 at 10:25 am revealed ring hospital gowns with strings eck and lower back for securing spital gown strings provide a choking, or strangulation 24 patients on the unit. Staff H interviewed on 1/14/15 ated the two patients wearing ith strings are currently washing				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		174004	B. WING		01/	23/2015	
NAME OF PROVIDER OR SUPPLIER OSAWATOMIE STATE HOSPITAL PSYCHIATRIC			STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
A 144	- Observation of h pm and 1/14/15 at and unattended be bathrooms providerisk for suicide on anchor points for h strangulation hazadoor stated, "Reswhen not in use. Smonitor every 4-5." Registered Nurse at 9:25 am indicate unlocked in prepar from his/her room staff members we hydraulic patient lift used for weight lifting capably the manufactur the lift. Patient #24 was 440 pounds. stand on the legs lift to keep it from Manual hydraulic maximum weight #24 at risk for inju. Administrative Stalabout the use of the weight limit salabout the use of the the patient bathroomed to do the The patient bathroomed to do the The patient bathroomed to the the weight limit salabout the use of the the weight limit salabout the use of the the patient bathroomed to do the The patient bathroomed to do the The patient bathroomed to do the the weight limit salabout the use of the the weight limit salabout the use of the the patient bathroomed to do the The patient bathroomed to do the the weight limit salabout the use of the weight limit salabout lim	allway A on 1/13/15 at 12:30 9:20 am revealed an unlocked athroom door. Unlocked 24 of 24 patients assessed at the unit access to potential anging, choking, or rds. Sign placed on outside of atrooms will remain locked taff will unlock the door and minutes for safety while in use " Staff H interviewed on 1/14/15 and that the bathroom was ration for bringing a patient RN Staff H indicated multiple re assisting with using a fit to transfer the patient to the realed the Manual hydraulic patient #24 has a maximum city of 400 pounds evidenced er's warning sticker placed on 12/4/14 Staff H revealed that staff must of the Manual hydraulic patient tipping over. The use of the patient lift beyond its stated ifting capacity placed patient ry from a fall. Iff BB on 1/14/15 when told the lift on a patient exceeding id: "Well, they are not	A 1	44			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	NG		MPLETED		
		174004	B. WING		01	/23/2015	
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIP COL 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064)E		
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A 144	plumbing pipes on inches from the floor Three sinks have a faucet. The expose seat potentially prostrangulation hazar assessed at risk for bathroom had two fixtures with a plast removed. The light provide an anchor fone metal ceiling vowent secured to the screws creating an a weapon. The battoutlets easily access create a fire or election of the solution of the secured to the screws creating an a weapon. The battoutlets easily access create a fire or election. The shower room with a water temper protruding handle, commode with exposed plumbing choking, or strangulatients assessed at the shower room for scent light fixtual covering easily removed and with non-tamper profor hanging or use room had two elections.	the toilets. The piping is 28 or and 7 inches from the wall. 10-inch protruding water d plumbing and hinged toilet wides a hanging, choking, or d for 24 of 24 patients suicide on the unit. The ceiling mounted florescent light ic insert covering easily fixtures have the potential to for hanging. The bathroom had ent easily removed and one wall with non-tamper proof anchor for hanging or used as prooms had two electrical esible with the potential to	A 1	44			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	PIPLE CONSTRUCTION NG		COMPLETED	
		174004	B. WING		01	/23/2015
	PROVIDER OR SUPPLIER	AL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIP COE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI ((EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
A 144	- Observation of romultiple displaced opipes and wiring about the potential for har strangulation hazar assessed at risk for Mental Health Tech 1/15/15 at 11:15 and remove the ceiling florescent light fixtucovering. Review of the facility Carpenter Shop from least 20 requests to damaged by patient missing, pushed in knocked out of postal control of the facility Carpenter Shop from least 20 requests to damaged by patient missing, pushed in knocked out of postal control of the facility Carpenter Shop from least 20 requests to damaged by patient missing, pushed in knocked out of postal control of the facility Carpenter Shop from least 20 requests to damaged by patient missing, pushed in knocked out of postal control of the facility of the potential to promote the potential to promote potential to p	from 157 and 159 revealed ceiling tiles. The exposed cove the displaced tiles have aging, choking, or d for 24 of 24 patients resuicide on the unit. Inician staff P interviewed an revealed that patients do tiles and ceiling mounted ares with a plastic insert The staff P interviewed are suited as a plastic insert The staff P interviewed are suited as a plastic insert The staff P interviewed are suited as a plastic insert The staff P interviewed are suited as a plastic insert The staff P interviewed are suited as a plastic insert are suited as a plastic insert are suited an anchor for hanging.		44		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			FIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		174004	B. WING		01	/23/2015	
NAME OF PROVIDER OR SUPPLIER OSAWATOMIE STATE HOSPITAL PSYCHIATRIC				STREET ADDRESS, CITY, STATE, ZIP C 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
A 144	or electrical shock Observation of herevealed an unlock bathroom door. Upout 24 patients assumit access to pote choking, or strang outside of bathroomer ain locked whethe door and monimal while in use. The patient bathroomer and monimal in use. The patient bathroom has plumbing pipes on inches from the flow of the bathroom has plumbing. The bathroom has plumbing. The bathroom the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from the flow of the exposed pipes on inches from	_	A 1	44			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD		COMPLETED			
		174004	B. WING			01/2	23/2015
	NAME OF PROVIDER OR SUPPLIER OSAWATOMIE STATE HOSPITAL PSYCHIATRIC			500	REET ADDRESS, CITY, STATE, ZIP CODE D STATE HOSPITAL DRIVE SAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
A 144	plumbing pipes or inches from the floone sink has a 10. The exposed plur hanging, choking, of 24 patients assunit. The bathroor easily removed ar with non-tamper proof for hanging or use room had two elewith the potential shock. Healthy Options, unit C2 building of 2:00 pm and 4:30 and 12:00 pm, and 9:30 pm of the Horden to suicidal; and 2 accessed as risk potentially assaultive/violent Status for the 26 minute) -2 patient 8 patients and Grown the semi-private roor furniture including drawers and woo metal springs with the sinch for suicide (3 low suicidal; and 2 accessed as risk potentially assaultive/violent status for the 26 minute) -2 patient sand Grown the semi-private roor furniture including drawers and woo metal springs with the sinch for the semi-private roor furniture including drawers and woo metal springs with the sinch for the semi-private roor furniture including drawers and woo metal springs with the sinch for the semi-private roor furniture including drawers and woo metal springs with the sinch for the semi-private roor furniture including drawers and woo metal springs with the springs with the semi-private roor furniture including drawers and woo metal springs with the springs with the semi-private roor furniture including drawers and woo metal springs with the springs with the semi-private roor furniture including drawers and woo metal springs with the springs with the semi-private roor furniture including drawers and woo metal springs with the springs with the semi-private roor furniture including drawers and woo metal springs with the sprin	the toilet. The piping is 28 poor and 5 inches from the wall. D-inch protruding water faucet. The protruding water faucet in bing potentially provides a or strangulation hazard for 24 pessed at risk for suicide on the method one metal ceiling vent and one vent secured to the wall proof screws creating an anchor eras a weapon. The shower ctrical outlets easily accessible to create a fire or electrical. Plans, and Experiences (HOPE) beserved on 1/12/15 between 1 pm, 1/13/15 between 8:30 am and DPE C2 showed the following: C2 had a total of 30 beds with the second and 1/21/15 between 1/21/15 between 1/25 as a risk risk suicidal; 1 intermediate risk suicident and 4 actively active/violent and 4 actively. Therapeutic Observational patients revealed: Red (15 t; Orange - 14 patients; Yellow -		144			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURV COMPLETED	
		174004	B. WING			01/23/2015	
	PROVIDER OR SUPPLIER			5	TREET ADDRESS, CITY, STATE, ZIP CODE 00 STATE HOSPITAL DRIVE DSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A 144	lightweight furniture easily with the pote protruding device of hanging for 6 of 6 suicide on the unit handle that protruct. The door handles choking, or strangerooms have a metalatch hook, or a on handles, latch hoo provide a hanging, hazard for 6 of 6 p suicide on the unit suspended ceiling. The expose ceiling tiles have the choking, or strange patients assessed. All 19 patient room outlets easily acceed a fire or ele rooms had one or light fixtures with a removed. The ligh provide an anchor rooms had one metal vernon-tamper proof hanging or used a rooms had a bed relastic edging. The provide a hanging hazard for 6 of 6 p suicide on the unit.	e in patient rooms moved ential for placement under a proposed up as a potential for patients assessed at risk for . All rooms have a 6 inch door les 3 ½ inch out from the door. Potentially provide a hanging, ulation hazard. All 19 patient al closet with either a handle, e-inch opening. The closet ks, or openings potentially choking, or strangulation atients assessed at risk for . All 19 rooms have a with removable 12-inch tiles. iles are plumbing and electrical ed pipes and wiring above the ne potential for hanging, ulation hazard for 6 of 6 at risk for suicide on the unit. It is had two to four electrical sible with the potential to ctrical shock. All 19 patient two ceiling mounted florescent a plastic insert covering easily to for hanging. All 19 patient the elastic on the wall with screws creating an anchor for so a weapon. All 19 patient made with a fitted sheet with elastic on the fitted sheets, choking, or strangulation patients assessed at risk for	A	144			

Event ID: I5HF11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		174004	B. WING			01/23/2015	
	PROVIDER OR SUPPLIER	TAL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIF 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
A 144	near the entry door cord providing a porthology of the potential to shock. The Day Har (MHT) station with Observation on 1/1 station door unlock door allows patient telephone cord whistrangulation hazar and pencils to use patients assessed patients assessed Registered Nurses at 9:35 am reveale should remain close. Observation on 1 two patients wearing attached at the next the gown. One of the gown. One of the gown. One of the gown string assessed as a patient of the gown string covering easily rent the potential to prohallway A has drop approximately 20 in Above the ceiling the wiring. The expose ceiling tiles have the control of the potential to prohallway A have the ceiling the potential to prohallway A has drop approximately 20 in Above the ceiling the potential to prohallway A have the ceiling the potential to prohallway A has drop approximately 20 in Above the ceiling the potential to prohallway A have the ceiling the potential to prohall the potential the potential the potential the potential the potential the potential to prohall the potential the pote	tential hazard for hanging, alation for 6 of 6 patients in suicide on the unit. The Day cal outlets easily accessible or create a fire or electrical all had one Mental Health Tech is barrier and locking doors. 3/15 at 9:05 am revealed MHT ed and open. The unlocked is access to the telephone and ich can be used as a rd, computer keyboard, pens as weapons affecting 6 of 6 at risk for suicide and 15 of 15 as at risk of harming others. Staff Q interviewed on 1/13/15 de the MHT station doors ed and locked at all times. 1/12/15 at 10:15 am revealed in hospital gowns with strings ick and lower back for securing the patients (patient #20) the hospital gown with ties was ent at risk for suicide. The gs provide a risk for hanging, ulation for patient # 20. ed seven ceiling mounted cures with a plastic insert moved. The light fixtures have vide an anchor for hanging.	A 1				

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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			01/23/2015			
	NAME OF PROVIDER OR SUPPLIER OSAWATOMIE STATE HOSPITAL PSYCHIATRIC			500 S	ET ADDRESS, CITY, STATE, ZIP CODE TATE HOSPITAL DRIVE VATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENC	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 144	Hallway A had thre accessible with the electrical shock. The patient bath commode with a hall plumbing pipes or inches from the flot. Three sinks have faucet. The exposseat potentially prostrangulation haza at risk for suicide three ceiling mour a plastic insert confixtures have the pfor hanging. The teasily removed ar with non-tamper pfor hanging or use had two electrical the potential to crow a commod to consider the potential to crow assessed as risk potential anchor pstrangulation haza door stated, "Rewhen not in use. Smonitor every 4-5 registered Nurse	at risk for suicide on the unit. The electrical outlets easily the potential to create a fire or a surroom on hallway A had one of the toilets. The piping is 28 for and 7 inches from the wall. The piping at 10-inch protruding water the deplumbing and hinged toilet to ovides a hanging, choking, or and for 6 of 6 patients assessed on the unit. The bathroom had noted florescent light fixtures with overing easily removed. The light tootential to provide an anchor and one vent secured to the wall proof screws creating an anchor and as a weapon. The bathrooms outlets easily accessible with the eate a fire or electrical shock. The light of the wall of	A 1	44			

Event ID: I5HF11

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		174004	B. WING _		01/	23/2015	
	PROVIDER OR SUPPLIER	TAL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIP CO 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
A 144	- The shower room with a water tempe protruding handle. commode with a hiplumbing pipes on inches from the floor. The shower room inches for suicide on the standard of the standard of the secured to the wall creating an anchor weapon. The show outlets easily access create a fire or elected. Observation of rosolid ceiling with a plast removed. The light provide an anchor revealed two electrors are than 12 incommod to the potential thanging hazard for risk for suicide on the light fixtures with a plast removed. The light provide an anchor revealed two electrors are a fire or electrors. The light provide an anchor revealed two electrors are than 12 incommod the potential thanging hazard for risk for suicide on the light fixtures with a plast removed. The light provide an anchor revealed two electrors are the potential thanging hazard for risk for suicide on the light fixtures with a plast removed. The light for suicide on the light fixtures with a plast removed. The light for suicide on the light fixtures with a plast removed. The light for suicide on the light fixtures with a plast removed and light fixtures with a plast removed. The light fixtures with a plast removed and light fixtures with a plast removed and light fixtures with a plast removed. The light fixtures with a plast removed and light fixtures with	n on hallway A had a bathtub trature dial with a 3-inch. The shower room had one nged seat with exposed the toilet. The piping is 28 or and 5 inches from the wall. and one sink with a 10-inch ucet. The exposed plumbing a hanging, choking, or and for 6 of 6 patients assessed in the unit. The shower room counted florescent light fixtures a covering easily removed. The he potential to provide an	A 14	4			

Facility ID: M061101

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` ′	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED		
		174004	B. WING			01/23	3/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPI	TAL PSYCHIATRIC	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 SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECT CROSS-REFEREN	S PLAN OF CORRECTION CTIVE ACTION SHOULD E NCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETION DATE
A 144	approximately 20 ir Above the ceiling ti wiring. The expose ceiling tiles have the choking, or strangupatients assessed Hallway B had one accessible with the electrical shock. H frames secured with Picture frames sec screws have the post a weapon for 15 of to harm others. - Hallway B reveals section unobservative ceiling mounter plastic insert covern hallway leaves pating potential for 6 of 6 of 15 patients assess for harming others, potential to provide Hallway B has drop approximately 20 ir Above the ceiling tiles have the choking, or strangupatients assessed in the plumbing pipes on inches from the floot The bathroom had plumbing. Two sink plumbin	nch X 20 inch removable tiles. les are plumbing and electrical d pipes and wiring above the e potential for hanging, lation hazard for 6 of 6 at risk for suicide on the unit. electrical outlet easily potential to create a fire or allway B had three picture h non-tamper proof screws. ured with non-tamper proof stential for removal and use as 15 patients assessed as risk ed an "L" shape with a ple from the main hallway with d florescent light fixtures with a ling easily removed. The blind ents unobserved creating the patients at risk for suicide and ed as assaultive/violent at risk The light fixtures have the an anchor for hanging.	A 1	44			

NAME OF PROVIDER OR SUPPLIER OSAWATOMIE STATE HOSPITAL PSYCHIATRIC (X4) ID SUMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064 PROVIDER'S PLAN OF CORRECTION (X4) ID PROVIDER'S PLAN OF CORRECTION	1/23/2015
NAME OF PROVIDER OR SUPPLIER OSAWATOMIE STATE HOSPITAL PSYCHIATRIC (X4) ID SUMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064 PROVIDER'S PLAN OF CORRECTION (X4) ID PROVIDER'S PLAN OF CORRECTION	(X5)
(A4) ID	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
A 144 Continued From page 49 toilet seat potentially provides a hanging, choking, or strangulation hazard for 6 of 6 patients assessed at risk for suicide on the unit. The bathroom had three ceiling mounted florescent light fixtures with a plastic insert covering easily removed. The light fixtures have the potential to provide an anchor for hanging. The bathroom had one metal ceiling vent easily removed and one vent secured to the wall with non-tamper proof screws creating an anchor for hanging or used as a weapon. The bathrooms had two electrical outlets easily accessible with the potential to create a fire or electrical shock. - The shower room on hallway B had a bathtub with a water temperature dial with a 3-inch protruding handle. The shower room had one commode with a hinged seat with exposed plumbing pipes on the toilet. The piping is 28 inches from the floor and 5 inches from the wall. The shower room had one sink with a 10-inch protruding water faucet. The exposed plumbing potentially provides a hanging, choking, or strangulation hazard for 6 of 6 patients assessed at risk for suicide on the unit. The shower room had three ceiling mounted florescent light fixtures with a plastic insert covering easily removed. The light fixtures was well he potential to provide an anchor for hanging. The shower room had one metal ceiling vent easily removed and one vent secured to the wall with non-tamper proof screws creating an anchor for hanging or used as a weapon. The shower room had two electrical outlets easily accessible with the potential to create a fire or electrical shock. - The comfort room revealed a suspended ceiling with 12-inch titles easily removed. Above the ceiling titles are plumbing and electrical wiring.	

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING			COMPLETED		
		174004	B. WING			01/2	23/2015
	PROVIDER OR SUPPLIER	TAL PSYCHIATRIC		500 STAT	ADDRESS, CITY, STATE, ZIP CODE TE HOSPITAL DRIVE TOMIE, KS 66064	•	1940
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL ROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
A 144	Continued From pa	age 50	A 1	44			
	The exposed pipes tiles have the poten strangulation hazar at risk for suicide of had three electrical the potential to creat the potential to creat the potential to creat the potential to promove the potential to promove the potential to promove the potential to promove the comfort room with non-tamper promove their ability to funct likely be stabilized (EB) building tour to 12:00 am showed their ability to funct likely be stabilized (EB) building tour to 12:00 am showed their ability to funct likely be stabilized (EB) building tour to 12:00 am showed their ability to funct likely be stabilized (EB) building tour to 12:00 am showed their ability and 1 patients assessed potentially assaulting the potentially assaulting the patient rooms including the patient rooms have with removable drawn flat metal spring into a grid pattern unsecured lightween the potential pattern unsecured lightween the potenti	and wiring above the ceiling attial for hanging, choking, or of for 6 of 6 patients assessed in the unit. The comfort room loutlets easily accessible with ate a fire or electrical shock, had two ceiling mounted ures with a plastic insert noved. The light fixtures have vide an anchor for hanging, had one picture frame secured noved and used as a weapon. Program (CSP) (Individuals in eriencing a critical disruption in ion in the community and will within two weeks) East Biddle d on 1/15/15 between 8:10 am and the following: I had a total of 30 beds with 25 at 17 patients assessed as risk risk suicidal; 4 intermediate acute risk suicidal) and 5 as risk for assaultive/violent (5 ve/violent). Therapeutic us for the 26 patients revealed: 3 patients; Orange - 6 patients;					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		174004	B. WING		01/	/23/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
A 144	up as a potential for assessed as risk for have a six-inch do and one-half inche handles potentially or strangulation has assessed as risk for rooms have a sustangled for the company of 17 patients assound. Four of the part above the tiles, and rooms. All 30 room outlets easily accessed a fire or ele rooms had one or light fixtures with a removed. The light provide an anchor rooms had one metal vernon-tamper proof hanging or used a selectrical outlets in a service of the part of th	a protruding device or propped or hanging for 17 of 17 patients or suicide on the unit. All rooms or handle that protrudes three is out from the door. The door is provides a hanging, choking, azard for 17 of 17 patients or suicide on the unit. All 26 pended ceiling with removable the the ceiling tiles are plumbing ing. The exposed pipes and eiling tiles have the potential for or strangulation hazard for 17 passed as risk for suicide on the attent rooms have a solid ceiling diffects two patients in these has had one to four electrical essible with the potential to actrical shock. All 30 patient two ceiling mounted florescent a plastic insert covering easily the fixtures have the potential to for hanging. All 30 patient estal ceiling vent easily removed in secured to the wall with screws creating an anchor for a weapon.	A 1	144		
	interviewed on 1/1 patients pick up ci them in. They get to light their cigare	taff AA, Registered Nurse (RN) 5/15 at 8:10 am explained garette butts outside and bring paper clips and put in the outlet ettes. Now we are doing checks they come in to make sure they igarettes.				

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		174004	B. WING		01	/23/2015	
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIP COD 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE	
A 144	Review of the facility electric shop from 6 following: 1. At least outlets which had be exposing wires. 2. At to be replaced due (pencils/graphite) such reattached/replaced missing screws on and one tub room. Hallway B and A I and one tub room. Hallway B and A I and one tub room. Hallway B and A I and one tub room. Hallway B and A I and one tub room. Hallway B and A I and one tub room. Hallway B and A I and one tub room. Hallway B and A I and one tub room. Hallway B and A I and one tub room. Hallway B and A I and one tub room. Hallway B and B and C have a susping the strength of the showed an anchor for hanging. Hallways A, B, and florescent light fixture moved. The light provide an anchor for hanging and C have a susping approximately 20 in Above the ceiling tiles have the choking, or strangular tiles have the choking tiles have the cho	cy's maintenance log for the 6/29/14 to 1/29/15 revealed the to 6 requests to fix electrical een pulled away from the wall At least 2 requests for outlets to foreign objects fuck in them. 3. At least two a light fixtures and covers to be d. 4. Request to replace electrical outlets. The bathroom/shower rooms mode with a hinged seat and pipes on the toilet. The piping he floor and five inches from boom/shower room had a sink uding water faucet. The potentially provides a hanging, lation hazard for 17 of 17. The bathroom/shower rooms ag mounted florescent lighter and one in the rooms with coverings easily removed. The he potential to provide an and C revealed ceiling mounted fires with plastic inserts easily fixtures have the potential to for hanging. Hallways A, B,	A 1	44			

Facility ID: M061101

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	IPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED
		174004	B. WING_		01/23/2015
	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 .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
A 144	- The Day Hall (the revealed a suspen 20 inch by 20-inch ceiling tiles are plut The exposed pipes tiles have the pote strangulation haza assessed as risk for Hall contained two the wall that could as a weapon. Two located in the areas cord providing a post choking, or strangulassessed as risk for Hall had ceiling mowith a plastic inserlight fixtures have anchor for hanging assessed only by fitted sheets are mupon request and the gowns for patient and fitted sheets whold the sheet on with ties and the eprovide a hanging hazard for 17 of 1 assessed as risk for 17	e units living and dining area) ded ceiling with approximately removable tiles. Above the mbing and electrical wiring. It is and wiring above the ceiling notial for hanging, choking, or red for 17 of 17 patients or suicide on the unit. The Day drinking fountains attached to be pulled off the wall and used telephones for patient use of the TV room had a 29 inchested to the telephones for patient use of the TV room had a 29 inchested to the telephones for patient use of the TV room had a 29 inchested to suicide on the unit. The Day bunted florescent light fixtures to covering easily removed. The the potential to provide an contained shelves of clean linents aff. The patient gowns and leade available for all patients revealed cloth ties attached to ents to secure the gown closed, with elastic around the sheet to the beds. The patient gowns lastic on the fitted sheets, choking, or strangulation patients on the units	A 14	14	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		174004	B. WING		01	/23/2015
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A 144	patients to have accident of the facility swallowed. Drink la DO NOT induce voimmediately " Review of the facility paint shop from 6/2 least 6 requests to punching holes in the requests to repair wor etched writing into the facility plumbing shop from at least 10 requests to patients pulling the shaking them or varindicates the facility staff N, Physical Plinterviewed on 1/14 B2 unit explained at throughout the facility. The electrical of can receive a jolt or are tampered with. The vent covers patients often remoorant the movable and above electrical wiring, an system. The drinking for the facility of the fa	cess to a harmful substance. Buty Data Sheet (MSDS) for the less reviewed on 1/22/15 at 3:00 gestion: May be harmful if rege amounts of water or milk. In miting. Get medical attention by's maintenance log for the 1/29/15 revealed: at repair holes due to patients the wall and at least two wall where patient had carved to the wall. by's maintenance log for the 1/29/15 revealed to repair water fountains due them off the wall, kicking them, and lizing them. The log repaired or replaced them. Cant Supervisor Specialist, 1/15 at 9:20 am during tour of 1/15 at 9:20 at 1/15	A 14	44		

Event ID: 15HF11

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A 144	The plastic cov lights in the patient hallways are remov The furniture ir	vering over the fluorescent rooms, bathrooms, and	A 14	.4		
	psychiatric facility in The Veteran's Heal National Center for national committee Environment of Careducing environment inpatient suicides, self-injurious behald consistent with cursuicidal behaviors. A systematic revie	ards of practice for a nclude: Ith Administration (VHA) r Patient Safety formed a e that developed The are Checklist for the purpose of ental factors that contribute to suicide attempts, and other viors. This initiative is arent literature on prevention of (Suicide Prevention Strategies: w. The Journal of the American on, (JAMA), 2005, v 294,				
	international peer- journal published a most widely circula world. The VHA and JAM	continuously since 1883, is an reviewed general medical 48 times per year. JAMA is the ated medical journal in the 1A have all established ds of practice for psychiatric				
	The VHA committed in the goal to prosper environmental risk	in the United States. ee developed the Mental Health are Checklist (MHEOCC) with actively identify and eliminate as for inpatient suicide and The following are some of the				

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 144	items included on the environmental risks - Faucets and water should be an institution handheld shower adjusting devices were cessed). Institution anchor point for has created a looping here. Furniture should be closet doors shout an environment of the control	he MHEOCC to reduce a for inpatient suicide: In faucets in sinks and showers attional type. There should be ar devices and no temperature within the showers (unless onal faucets will not provide an anging exposed plumbing pipes azard. In free of anchor points. In the free of anchor points and the free of anchor points and the free of anchor points. In the free of anchor points and the free of anchor points and the free of anchor points and the free of anchor points. In anging should be tamper anchors. In a constructed of anchor points and secured to the wall or ceiling and secured to the wall or ceiling and secured to the wall or ceiling and secured and tamper and the flush mounted and anould have no strings and fitted the have elastic. In a develop, implement and the flush mounted and anould have no strings and fitted the flush mounted and flush mounted and the flush mounted and flush mounted an	A 1	2263	POC: - Hospital procedure LD-1.5, Quality Assessment and Performance Improvement Program (formerly PI-1 Performance Improvement Plan), was revised and approved by Administrati Executive Team (AET) on February 2015, to be effective immediately. (Sout Attachment 11.) A key change in this procedure was identification of the A which is chaired by the Superintender the oversight committee for the hospid Quality Assessment and Performance Improvement Program. - On February 27, 2015, the hospital selected a new Performance Improve Director to fill the position that has be vacant since December 1, 2014. - On February 24, 2015, Service and Program Directors and Committee Clawere notified that a meeting would be scheduled with each of them to revier and discuss any QAPI measures / professed that are currently in progress and to determine what QAPI activities need developed to improve health outcome and to prevent and / or reduce medical errors. These meetings will occur between March 2 and 11, 2015. - Each Service and Program Director at Committee Chair will present the identified QAPI measures / projects to AET on March 5 or 12, 2015 to obtain feedback, make adjustments based on feedback and gain approval. These presentations will include how each indicator will be measured, analyzed tracked.	ee ET, nt, as tal's tal's tal's tal's tal's tal's to be tall to the tall tall tall tall tall tall tall tal	
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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	(X3) DATE SURVEY COMPLETED	
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A 263	and reduction of r The hospital must evidence of its QA This CONDITION Based on the Per Committee plan restaff interview the Compliance Commimprovement Commimprovement in intervidence that will must measure an indicators that ide processes of care operations (reference collection to ident improvement and improvement include an ongoin measurable improvement include feeds hospital (refer to hospital department) from the QAPI (Quality Improvement) prodemonstrate evidence in governongoing program ongoing program in the control of the			 On March 12, 2015, the AET will recurrently established priorities and identify other priorities for problem areas based on the presentations may Following this meeting, a "Summa Priorities and Indicators" will be we to include the process being measu why monitoring this process is imphow it will be measured (including sources of data); frequency of data collection; sample size; oversight gethat will analyze and take action; threshold (expected range) for the process; frequency of presentation oversight committee; and frequence presentation to AET. Beginning March 12, 2015, all proservices, and committees will subme QAPI reports to the Performance Improvement Director at the frequence specified for presentation to the overwill contact individual responsible for the report of a report from a program / service committee, the Performance Improvement Director will contact individual review the report to determine if there are any areas that to be further addressed and assessed the individual or oversight committee determined necessary. The Performancy issues that need to be resolved untimely reports, data issues) How are we monitoring: 	n prone ade. ry of ritten red; cortant; group to y of grams, nit ency ersight nance the rt if not receipt ev/ evement at need ed by ttee as mance and of

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A 273	medical errors and wide quality asses improvement effor improved quality o improvement action A-0309). The cumulative efficientify improvement programs that foct track medical error departments and submitted to ensure of QAPI program that patient safety resulting provide care in a submitted to ensure of QAPI program Scope (1) The program of to, an ongoing profession of the program of the prog	If failed to ensure the hospital sment and performance its addressed priorities for for force, patient safety and allums are evaluated (refer to feet of the systemic failure to ent projects, to develop us on problem prone areas, to ensure all hospital services participate in the QAPI hospital's governing body's comprehensive and ongoing to focused on quality of care and alted in the hospital's inability to eafe effective manner. (a)(2)(i), (b)(3) DATA (a)(2)(i), (b)(3) DATA (a)(4)(3) DATA (a)(4)(4)(4) DATA (a)(4)(5) DATA (a)(4)(6) DATA (a)(6) DATA (a)		273	 The Performance Improvement Direct will monitor the minutes of the oversic committee to ensure timely presentation and thorough review of the QAPI report occurred. Any issues identified will be addressed with the individual responsiprior to the next meeting. Ensure Compliance: If discrepancies are noted in the presentation or review of QAPI report the PI Director will notify the Superintendent for individual action a follow-up. Documentation: Attachment 11: Quality Assessment a Performance Improvement Program (1.5) Individual Responsible for Compliance Superintendent A 273 POC: The hospital reviewed contributing fato the PI Council's failure to develop ongoing QAPI program to improve houtcomes by measuring, analyzing antracking quality indicators and incorporating quality indicators for hir isk or problem prone areas identified. These issues were identified during recommon common co	ght on orts be ible its, and and LD-ce: cctors an ealth ad igh is ecent C)	2 50 of 157
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A 273	services and quality (3) The frequent must be specified to body. This STANDARD is Based on the Performant of the performant committee plan resistant interview the homological program in the provement of the processes of care, operations. Failure identified quality in and track high risk including nursing a infection control, plus the potential to affect a feet, and quality to the hospital. Findings include: Policy titled "Perform (PI-1.0)" dated 7/3 12:20 pm directed improvement active implement opportunity.	y of care; and cy and detail of data collection by the hospital's governing s not met as evidenced by: cormance Improvement view, meeting minutes, and cospitals Executive cittee and Performance mittee (PIC) failed to develop m that shows measurable licators for which there is mprove health outcomes and lyze and track quality tify improvement projects for hospital service and to incorporate previously dicators and measure, analyze, and problem prone areas ssessments and services, harmacy, and ligature risks has ect health outcomes, patient of care for all patients admitted formance Improvement Plan 0/12 reviewed on 1/27/15 at staff,"performance ities help us identify and		273	dwindling attendance at Performance Improvement Council Meetings and of participation by programs / service committees in the process. As a rest the findings, the hospital redesigned QAPI process (see response to A263 Effective February 26, 2015, AET set the role of oversight of the QAPI process (see response to A263 Effective February 26, 2015, AET set the role of oversight of the QAPI process (see response to A263 Effective February 26, 2015, AET set the role of oversight of the QAPI processer (CMS) and TJC survey were established. There were five teams identified to address prioritic identified and discussed during the December 17, 2015 AET meeting Each team was assigned priorities follows: 1) nursing assessments, services and safe medication administration; 2) pharmacy services and Pharmacy & Therapeutics Committee; 3) environmental safe involving ligature risks; 4) patient rights; and 5) infection control. To multi disciplinary teams consist of licensed and licensed staff from the services involved in each project. enables invaluable input from mee who know the patients and the processes to affect greater change providing quality services. On January 6, 2014, the identified teams met and received training of Franklin Covey Four Disciplines Execution and to further refine the established goals and plan strateg meet the goals. The teams continuent to address the priorities identified Attachment 12 reflects a current paddressing timeliness of meal tray addressing timeliness of meal tray	lack es /	

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A 273	reviewed on 1/22/Environment of Caperformance improperformance regaSafety and Haza Processes, of this used to identify oporder toestablis environment free convironment	15 at 3:00 pm directed, "The are Committee participates in ovement activitiesmonitoring rding actual or potential risks and Assessment, Identification of procedure outlines processes portunities for improvement in h and maintain a physical	A 27	- As part of addressing data col and analysis, the leader of each teams, and other members as appropriate, will meet with the Performance Improvement Dibetween March 2 and 11, 201 further define the priorities and to AET no later than March 1 for approval. - Ongoing results (data collection analysis) of these teams' activate reflected in minutes or suppose materials of Environment of Committee, Infection Control Committee, Nursing Administ Committee, Medical Staff Control Committee, Medica	h of these e rector 5 to d present 2, 2015 on and vities are etting Care trative mmittee, sent to the ee in ied in the idicators." congoing formance ive pon gram / formance eview the a ccurred I to be es by the nittee as		

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A 283	and 11/6/14 and lad January. The minural lacked quality data relating to nursing a infection control, or ligature risks and the after the facility had patient outcomes. The PIC's project 2:00 pm with admin "Quality Indicator To Tracers" and lacked incorporated data consistency assessments, infecting at the risks. Performance Impulse Impul	cked minutes for December or the revealed the hospital PIC or discussion of indicators assessments, pharmacy, a patient safety related to the committee failed to meet at knowledge of issues affecting that a reviewed on 1/22/15 at a patient safety and "Patient Safety and "Patient Safety are reviewed on physical nursing etion control, pharmacy, and are of data collection from any incommental assessments are and therapeutics committee. If BB interviewed on 1/22/15 are of the hospital and therapeutics committee. If BB interviewed on 1/22/15 are of the hospital data collection and analysis ments, pharmacy services, and essments recently identified as em processes. In (1), (c)(3) QUALITY		273	to ensure data collection and analysis completed and documented. Ensure Compliance: If discrepancies are noted in the minimand supporting documentation, the P Director will notify the Superintende individual action and follow-up. Documentation: Attachment 12: Foodservice Examp Franklin Covey Process in Use Individual Responsible for Complian Superintendent A 283 POC: See response to A263 for redesign or QAPI process. Beginning March 12, 2015 the Performance Improvement Director review the QAPI reports to determin there are any areas that need to be fur addressed and assessed by the indivitor or oversight committee as determine necessary. Any opportunities for improvement identified should be addressed by the oversight committee designee. In the event improvement needed and there is no plan to addressed by the oversight committee designee. In the event improvement lack of progress, the Performance Improvement Director will provide feedback to those involved and assis appropriate (e.g. utilizing tools for performance improvement develop a implement a plan). At the present time, members of the are utilizing review of current hospin	utes I ent for le of le of ce: f the will e if rther dual d ee or is ss the t as and AET	

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A 283	(c) Program Activit (1) The hospital meteority of problem (ii) Affect health quality of care. (3) The hospital meteority of problem (iii) Affect health quality of care.	ies ust set priorities for its ovement activities that h-risk, high-volume, or as; e incidence, prevalence, and as in those areas; and a outcomes, patient safety, and ust take actions aimed at	A 2	QAPI data, findings from recent guidelines for infection control environmental design, nursing s and risk management activities effort to identify priorities. The priorities will be identified base assessment of risk, volume and associated with the process. Priorities will be established for not limited to, the following: Nursing physical assessments services Infection control Safe use of high risk medicat Adverse drug events (adverse reactions, medication errors) Medication reconciliation Environmental safety (including ligature risks) Use of seclusion and restrain	and ervices in an se d on an problems , but are s and ions e drug	
	Based on the Peri Committee plan re staff interview the Performance Improllection to identifi improvement and performance improposement and performance improposement problem prone are outcomes, patient Findings include: - Policy titled "Per (PI-1.0)" dated 7/3 12:20 pm revealed Improvement (PI) consultation in date of the proposement (PI) consultation in date of the provement (PI) consultation (PI) consultation (PI) consultation (PI) consultation (PI) consultation (PI) consultation (PI) consu	changes that will lead to		- These priorities will be establis AET on March 12, 2015. Hosp procedure LD-1.5, Quality Assa and Performance Improvement (formerly PI-1, Performance Improvement Plan), was revise approved by Administrative Ex Team (AET) on February 26, 2 effective immediately. (See Att 11.) A key change in this proce identification of the AET, which chaired by the Superintendent, oversight committee for the howard Quality Assessment and Perfor Improvement Program. How are we monitoring:	essment Program d and ecutive 015, to be eachment dure was h is as the spital's	

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A 286	writing. The Directoreporting to the PI of are on track. "High in problem prone proof determining improve Performance Improves the status and performent of a Modes and Effects: The Performance project data reviewed administrative staff Tracer" and "Patient data and project improvemental asses high risk, problem post project data and project improvemental asses high risk, problem post project data and project improvemental asses high risk, problem post project data and project improvemental asses high risk and problem post project data and project improvemental asses high risk and problem post project data and problem post project data and project improvement asses high risk and problem project data and problem project data and problem project data and problem project data and project improvement in indicate vidence that it will medical errors.	r of PI assures monthly ouncil and assures projects risk, high volume, and esses are considered when ement priorities." The vement Council "Assesses ormance improvement ely reports", and "Monitors ction plans from Failure analysis." Improvement Committee's ed on 1/22/15 at 2:00 pm with BB revealed "Quality Indicator it Safety Tracers" and lacked provement activities for its, pharmacy services, and assments recently identified as rone processes. BB interviewed on 1/22/15:00 pm verified the hospital data collection and analysis ments, pharmacy services, and assments recently identified as in processes. O(3) PATIENT SAFETY Fram Scope list include, but not be limited ram that shows measurable cators for which there is identify and reduce st measure, analyze, and ent events	A2		 The Performance Improvement Direct will monitor that data on established priorities is collected analyzed and tracked and that opportunities for improvement identified and addressed. Ensure Compliance: If discrepancies are noted in the data collection, analysis or tracking, the PI Director will notify the Superintenden individual action and follow-up. Documentation: Attachment 11: Quality Assessment a Performance Improvement Program (I 1.5) Individual Responsible for Compliance Superintendent A 286 See response to A263 for redesign of the QAPI process.	t for nd LD- e:	

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A 286	(2) Performance track medical error analyze their caus actions and mechand learning through the error and learning through the error and learning through the error accountable for error and learning through the error	improvement activities must ors and adverse patient events, ses, and implement preventive nanisms that include feedback ughout the hospital. Sponsibilities, The hospital's or organized group or individual legal authority and responsibility the hospital), medical staff, and icials are responsible and ensuring the following: pectations for safety are	A 28	6				
	Based on the Per Committee plan in staff interview the Compliance Commitmer improvement Commitmer or and provement in the pharmacy and actions and mediand learning thromeasure, analyzed problem prone and health outcomes care for all patien.	is not met as evidenced by: erformance Improvement review, meeting minutes, and e hospital's Executive amittee and Performance mmittee (PI) failed to include an that shows measurable indicators for which there is entify and reduce medical errors, alyze and track adverse events in d failed to implement preventive hanisms that include feedback ughout the hospital Failure to e, and track high risk and reas has the potential to affect patient safety, and quality of ints admitted to the hospital.						

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A 286	(PI-1.0)" dated 7/3 12:20 pm revealed Improvement (PI) consultation in dat verification, interpression writing. The Direct reporting to the PI are on track. "High problem prone prodetermining improvemented Improvemented Improvementation of Modes and Effects." - Pharmacy Direct 1/14/15 at 1:50 pm currently monitoring medication clarific errors, monitoring medications required patient safety. Stathe Pharmacy and Risk management. - The Performance minutes reviewed the committee methospital lacked eventhe PI committee meth	0/12 reviewed on 1/27/15 at I the Director of Performance is available to provide a issues sources, collection, etation, presentation and report or of PI assures monthly council and assures projects risk, high volume, and cesses are considered when vement priorities." The ovement Council "Assesses formance improvement mely reports", and "Monitors action plans from Failure analysis." or staff QQ Interviewed on revealed the pharmacy is gethe types and amounts of ation needed, medication high-risk medications, and ring laboratory monitoring for ff QQ revealed they report to Therapeutics committee and in 1/28/15 at 1:50 pm revealed to n 10/17/14 and 11/6/14. The idence of meeting minutes from for December and January. The dated 11/6/14 failed to include a related to the identified eas in nursing assessments,	A 28	86	

Event ID: I5HF11

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A 286 Continued From page 66 pm verified the hospital 's PI Committee is scheduled to meet on a monthly basis. Staff BB lacked evidence of data and analysis collection concerning problems identified during the 10/30/14 survey for pharmacy services. Staff BB confirmed the committee failed to meet because the staff in charge of keeping the data for the performance improvement committee left their employment at the hospital in October. A 308 A 308 A 308 A 308 The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement) The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS. This STANDARD is not met as evidenced by: Based on the Performance Improvement Committee plan review, meeting minutes, and staff interview the hospital's governing body failed to ensure all hospital departments and services participate in the QAPI (Quality Assurance and Performance Improvement) program and maintain and demonstrate evidence of its QAPI program. The failure to ensure all hospital services maintain and demonstrate evidence of participation in the QAPI program placed all patients admitted to the hospital as risk for harm. Findings include: - The Performance Improvement Committee data, analyis and meeting minutes reviewed on	pm verified to scheduled to lacked evided concerning programs the staff in confirmed the performance of the program hospital's or hospital depthose service arrangement demonstrate review by Confirmed to ensure all participate in Performance maintain and program. The services may participation patients adding the staff interviers of the performance of t	

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A 308	analysis from the h dietary and laborate and 11/6/14 failed to relating to laundry, committee lacked of meeting minutes in - Laundry staff HH am indicated the laproject. - Dietary staff OO 11:30 am indicated do not send reports - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program. - Laboratory Direct 1/13/15 at 9:30 am reported data to QAT program	lacked evidence of data and ospital departments of laundry, ory. The minutes for 10/17/14 o include data or discussion dietary, and laboratory. The evidence of data collection and December. interviewed on 1/13/15 at 8:10 undry does not have a QAPI interviewed on 1/13/15 at they lack a QAPI project and a to QAPI. tor staff PP interviewed on indicated they have not API. Include all departments in their or the collection of the staff, and administrative in the staff, and administrative in the staff, and accountable for ing: Ing program for quality obtained, including the all errors, is defined, maintained.	A 3	A 309 See response to A263, A273, and A2	283.		
	and performance i	tal-wide quality assessment mprovement efforts address					

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A 309	priorities for improvements and that all interest evaluated. (5) That the determinant distinct improvements annually.	ved quality of care and patient improvement actions are mination of the number of ent projects is conducted	AS	309		
	Based on the Pericommittee plan restaff interview the to ensure that an equality improvement the reduction of mensure the hospital performance impropriorities for improsafety and all improved quality after the develop program for quality after the develop prog	is not met as evidenced by: formance Improvement eview, meeting minutes, and hospital's governing body failed ongoing program for ongoing ent and patient safety included edical errors and failed to al wide quality assessment and ovement efforts addressed eved quality of care, patient rovement actions are evaluated, and maintain an ongoing y improvement and patient d address priortities for of care and patient safety ed has the potential to affect patient safety, and quality of ts admitted to the hospital. erformance Improvement Plan (30/12 reviewed on 1/27/15 at d the Director of Performance its available to provide ta issues sources, collection, oretation, presentation and repor- eter of PI assures monthly I council and assures projects				

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A 385	the status and perf projects through tir implementation of Modes and Effects - The Performance project data review administrative staff Tracer" and "Patied data and project impreviously identified nursing services, patient safety. Administrative staff between 2:00 and lacked evidence of for nursing service from patient safety identified as high reference that provide that provides that provides a nursing service that provides that provides the nursing service that provides a nursing service was and staff in staff failed to: followed to the nursing and the nurs	ovement Council "Assesses formance improvement mely reports", and "Monitors action plans from Failure analysis." e Improvement Committee's red on 1/22/15 at 2:00 pm with BB provided "Quality Indicator at Safety Tracers" that lacked aprovement activities for d problem prone process of charmacy services, and and analysis collection as, pharmacy services, and data a ligature risk assessments isk and problem processes. SERVICES have an organized nursing es 24-hour nursing services.	A	385	POC: - Nursing Services and RN Supervision of Nursing Care - Increase in Supervision and Case Management - To augment increased supervision of Nursing Services and to provide additional guidance, resources, and assistance to staff, two additional Pro Nurse Managers have been assigned the patient care units (one to MPA ar MPB and one to CCP and SSP). The Program Nurse Managers are "hands Registered Nurses who are out on the units, assisting the unit nurses with p care, evaluating the nursing care proby unit nurses, providing 1:1 training feedback as performance needs are identified when delivery of care and documentation deficits are found. A Program Nurse Managers are activel engaged in monitoring patient care, assisting the unit nurses with patient needs, and provide training to reinfor the need for ongoing assessments, including gastrointestinal assessment patients when there is a change in condition, evaluating the patient's response to interventions, and ensurithat the physician is notified when a patient's condition changes. - One additional Nursing Supervisor heen added to oversee all patient care units on the evening shift to supplem existing supervision of the over-nigh weekend shifts. - Beginning on March 4, 2015, the Din of Nursing, Program Nurse Manager	ogram to nd e and e antient vided g and II y care rce t, of ng as e nent t and	

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A 385	The hospital failed to followed their policy nursing care plan; (nursing service to e re-evaluated patient and update the currin an Immediate Jet Centers for Medicar 1/23/15 at 11:30 am 1/23/15. The cumulative effes supervise and evaluated ongoing nurpatients experience complete ongoing a responses to interve changes in the patient current nursing care physical condition of side at the patient of the patien	o ensure nursing staff to update and keep a current refer to A-0396). The failure of nsure they supervised and t's current physical condition ent nursing care plan resulted opardy identified by the re/Medicaid Services on and not removed on exit ct of the systemic failure to: late the care for each patient; rsing assessments when a change in condition; ssessments of patient entions; notify the physician of ent's condition; and keep a e plan after a patient's hanges resulted in a patient' all patients admitted to the G AND DELIVERY OF CARE must have adequate d registered nurses, licensed l) nurses, and other personnel are to all patients as needed. ervisory and staff personnel for nursing unit to ensure, when late availability of a registered	А3	Registered Nurses and Lic Nurses on a weekly basis. enhance communication we nurses and provide opports from OSH's strong clinical changes need to be made, and what needs revision of a Registered Nurse Patient Coordinator and a LPN hat added to provide patient can management in the Coording Clinic (see page 60). Program Nurse Managers: The Registered Nurses him Program Nurse Manager prindividuals with knowledge hospital's policies and proprior to assuming the Program Nurse for the of the individuals was not Services position and has a promoted to a Program Nurposition. The second individuals in the coordinator of the second individuals.	ensed Practi This will with the unit unity to find I nurses wha what's work i improveme t Care ve also been ase inated-Care ded for the tw ositions are ge of the cedures but gram Nurse t been worki hospital. Or in a Nursing since been arse Manage vidual who b furse Manage as a "prn" ow works fu Manager. sor had been w returned t as the Nurse	out at ting, ent. In the series of the seri	

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A 392	staff responded to enursing needs in a saround the clock for (Patient #1) and 2 of HPE/C2). This defideath of patient #1 harm to all patients the patient acuity arounit. Findings: - The hospital's poli (LD-3.21) dated 8/1 9:45 am directed" ongoing basis to enumber." and " rand adjusted by the designee A core rhas been determine outlined below as reunit/Positive Living CAPACITY & OVER-PLS/C1and Hope/Crequirements as the Day, (AM) shift= registered Nurse (FNurse/Licensed Met (LPN/LMHT), and three Trainee)MHT/MHT* * Afternoon/eveninone LPN, and three and night shift=4 MHT/MHTT).	each individual patient's safe and effective manner one of 32 patient's sampled of 7 nursing units (PLS/C1 and cient practice resulted in the and had the potential to cause due to inadequate staffing for ond census on the psychiatric cy titled "Nursing Services 3/12" reviewed on 1/29/15 at Staffing is reviewed on an asure appropriate staff mix and nursing staff will be evaluated a nursing supervisor or number of staff per skill level ed per unit, per shift as elated to acuity Hope (C2) Skills (C1) unit (PLS), RFLOW, 30 plus three." Staffing" on 1/21/15 listed the C2 unit nurse staffing e following: 5 staff that includes one RN), one Licensed Practical ental Health Technician hree (Mental Health il Health Technician T: g (PM) shift=5 staff (one RN,	AS	392	- The Patient Care Coordinator is a new created Registered Nurse position wh is solely responsible for the supervision the Coordinated-Care Clinic and prove Patient Case Management for inpatient Her strong medical-surgical backgrous enables her to focus on patient's physical needs as well as provide training and direction to the unit nurses and physician order to meet the needs of the patient Care to meet the needs of the patient Care Clinic to assist physicians and the Registered Nurse Patient Care Coordinator. The LPN to patients' vital signs, documents symptor patient complaints, readies the patient the exam room to be seen by the physician, stays with the patient during the physician exam, obtains urine specimens as ordered, ensures that are ordered lab work or tests are processed completes a Report of Infection if an infection is involved, performs wound preparation for the physician to examindicated, completes progress notes regarding each patient's encounter, communicates patient concerns and it to the unit Registered Nurse, and flag chart for any new physician orders. This LPN is supervised by the Registent Care Coordinator. The Registered Nurse Patient Care Coordinator. The Registered Nurse Patient Care Coordinator is supervised by the Direction of Nursing. Partnership with Viola Riggin Consumers and its process of the point of Nursing. Partnership with Viola Riggin Consumers and its process of the point of Nursing.	ich on of vides onts. and cical cians ents. in the cakes otoms dent on as sent on as sent on as sent on as sent on a control of the cered cector of the cakes of the cered cector of the cered cakes of	

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A 392	1/21/15 listed patie * 12/4/14 patient of * 12/6/14 patient of * 12/6/14 patient of * 12/6/14 patient of * 12/8/14 patient of * 12/8/14 patient of * 12/9/14 patient of * 12/9/14 patient of * and 12/10/14 patient of * and 12/10/14 patient of * and 12/10/14 patient of * and 12/4/14 patient of * and 12/4/14 patient of the patient #1's median admission unit (identified as a diagnosis of major moderate, recurrent hypertension (HTN dated 12/4/14 documentation assessing the physical assessing X 4 quadrants; Abound the physical assessing X 4 quadrants; Abound assessing X 4 qu	nt census on PLS/C1 unit: ensus as 31, ensus as 31, ensus as 32, ensus as 32, ensus as 30, ensus as 29, ient census as 28. dical record review on 1/13/15 sion date of 11/9/14 to the PLS 30 bed unit) with an Axis I depressive disorder (MDD), at, and an Axis III diagnosis of). Weekly nursing assessment imented patient #1's essment as, "no reported sessment lacked yes; no; or ses to the following items on sment: Bowels sounds present domen-hard, distended, pain;	A 392	the area of nursing assessments, lac nursing skills, and impeded access timely and appropriate health care services. In January OSH began working wit Viola Riggin Consulting, to provide guidance in the area of risk reduction clinical compliance. The Riggin Gongram Manager is experienced in care restructuring and systems management. She brings with her at of PsyDs, BSNs, MSNs, APRNs, Mand DOs. During the month of January, the Roroup evaluated our patient population clinical needs and system weak They also focused on system improvements and infrastructure development. During the first wee February the Riggin Group evaluated Coordinated Care Clinic and approthat program as a standard communand hospital practice (refer to "Coordinated Care Clinic," page 61 additional details). The facility is working to incorpora APRN's into the clinical evaluation process to ensure Master's level Nare available on the unit and as par oversight and management process physical / medical conditions. Thi process began in January by request and implementing a new contract fining quality staff outside of the State process to expedite clinical physician and nursing services. In order to achieve appropriate head services and management for our population, OSH will implement Continued Pathways, a tool to manage quality	the e on and roup's a health team ADs tiggin attion nesses. k of eed our ved nity to for ate a team to fine sting for ormal alth care patient clinical	

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A 392	physician's order for constipation on medical record lack gastrointestinal assilistening to the bow observation/feeling bowel movements patient's temperature for the patient's corconstipation. The most for increasing and ministration of the abdomen, a boy or notified the physician order ambulance to hosp (ED) at 11:50 am for the patient expired hours and fifty minicause of death was movement in the increasing movement in t	or Milk of Magnesia (a laxative) 12/10/14 at 11:20 pm. The red evidence of a complete ressments that included rel sounds of the abdomen, the abdomen, documenting and vital signs including the re prior to calling medical staff-intinued complaint of medical record lacked evidence intestinal assessment after the e Milk of Magnesia medication is sounds, observation/feeling wel movement, and vital signs ician regarding the patient's	A 39	health care concerning the star of care processes based on every based practice. Clinical Path optimize patient outcomes in care setting. During the mon February and March, OSH we process of implementing nurse guidelines for 61 medical conwill include one template for medical condition. (See Atta Clinical Pathways Appendix nursing and medical staff will on this process and guideline 31, 2015. This process will comprehensive and proactive. The Director of Nursing and Director of Nursing will over completion of training to ensursing and medical staff has training. On February 3rd, the Riggin assisted in the development of unimpeded and timely access appropriate care for every parangular our hospital. The process all patient access to daily nursing upon request. Each unit has Nurse on duty 24 hours a day week who is available to per nursing assessment and prove intervention for patient compcontacting the on-call physical utilizing therapies already propriate the physician. If the patient complaint has not improved reoccurring nature (concerning 3) times), referral will be made and Riggin Group enhanced	ridence-ways the acute ths of ill begin the sing clinical nditions that each chment13-). All 1 be trained s by March be c. Assistant rece the ure that all ve received Group of a plan for s to tient within ows each g evaluations a Registered v, 7 days a form a ide follow-up olaints by ian or escribed by condition or or is of a voiced three hade to the		

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A 392	and an evening sh work the C1 unit ured. 4) On 12/10/14 a from the Managing (MAPS) A-I unit we care. Nursing supervisor at 1:30 pm reported when patient #1 consists and a patient with the bowel sounds, abdomen, patient failed to complete newly ordered maglaxative and a nursing the laxative medical record lact assessment of the elimination status observation/feeling movements, or vita 12/6/14 to 12/10/12 another order for M continued complains shared the high ceand patient's medinursing's failure to follow up assessment. Nursing staff J interest and patient's medinursing's failure to follow up assessment.	k a double shift until 11:00pm ift RN from C2 was pulled to	AS	392	of identifying clinical weaknesses wit the nursing staff. This assessment wa managed in a confidential and non-punitive manner. All nurses received skills evaluation by the Riggin Group from that evaluation a training plan w be developed for each individual nurs. The Nursing Education Department w be responsible for oversight of progre made by each nurse towards their individual plan. This process will be completed by March 31, 2015. In addition, the Riggin Group will parwith OSH to provide peer review on a ongoing basis. This will assist in the prevention of negative outcomes. The Director of Nursing will oversee education, and the Riggin Group will provide professionals to assist in the training process. Coordinated-Care Clinic On February 2, 2015 a Registered Nu Patient Care Coordinator assumed du to review all new admissions to ensure each patient's medical conditions are identified, medication reconciliation been completed correctly, diagnoses all identified medical conditions are entered correctly, and appropriate physician notification and follow up a completed. Additionally, a LPN works full-time the Coordinated-Care Clinic to assist physicians and the Registered Nurse Patient Care Coordinator, who supervised LPN position. The Registered Nurse Patient Care Coordinator is supervised by the Dire of Nursing.	a and ill e. vill sss there an this rse ties re ans for are in the vises	

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A 392	the unit contributed patient's medical coconstipation and the nursing assessmen record. Administrative staff 1/27/15 verified the the "Core Staffing" (Staff B revealed the with a 30 bed capace nursing staffing doc 1/19/15 lists each nursing staffing requirements and nurse following: * Day, (AM) shift= & Review of "Core Shope/C2 unit nurse following: * Day, (AM) shift= & Review of "Core Shope/C2 unit nurse following: * Afternoon/evening one LPN, and three and night shift=4 MHT/MHTT). The one MHT assign to be included in the "core" staffing required to the part of the part	to failing to communicate the oncern related to the elack of time to document its in patient #1's medical. B interviewed by phone on nursing department follows grid to staff the units shifts. PLS-C1 unit opened 4/14 bity. Staff B shared the uments from 12/4/14 to ursing unit census as of elacoumented and shared the omplete "ligature rounds" are ursing care staff member for taffing " listed the PLS/C1 and staffing requirements as the staff that includes one elacy, one Licensed Practical intal Health Technician in the elacth Technician in th	A 39	 On February 4, 2015 a Coordinated Clinic was established in the Biddle Annex Treatment Room for patient see their medical physician in a me office setting. This treatment room has been used medical specialists at the hospital for seeing patients who have more complicated medical needs. Its use been expanded to the Coordinated Clinic. Each patient will be accome by a nursing staff member who will remain with the patient while waiting see a physician. The supervision of patient may be handed off to differ nursing staff (e.g., from Mental Here Technician to the clinic. At no time patient is in the clinic. At no time patient be left unattended. When a patient on the unit presents clinical symptoms of a physical nate expresses a concern, the unit Regist Nurse will assess the patient included obtaining a full set of vital signs. nurse will inform the physician of abnormal findings and follow instruction of the physician which may include referral to the Coordinated-Care Canditionally, any time a patient rethe same medical concern three (3) the patient will be referred to the Coordinated-Care Clinic by the nuther patient will be seen that day in clinic. If this occurs after Clinic here the nurse will request the on-call physician see the patient and will referral to the Clinic to be seen on next clinic day. On the unit, patients will be asked by Mental Health Technicians (Minterpretations) 	s to dical by the or has Care panied l ng to f the ent alth e the will the swith ture or tered ling The any uctions e linic. ports times, or the ours, make a the daily		

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A 395	MHT staff GG internacknowledged they the unit right now. Swith a patient in the currently assigned to one MHT with a patient graph of GG reported being unit at this time. 482.23(b)(3) RN St CARE A registered nurse of the nursing care for the nursing care for This STANDARD is Based on record restaff interview, the framework that the nursing staff supervising staff supervising assessment change in condition assessments of patienter yentions; notify the patient of the patient for the patient for the condition places all hospital with medical staff interview.	viewed on 1/21/14 at 9:15 am do not have enough staff on Staff GG revealed one MHT seclusion room, one MHT seclusion room, one MHT to ligature risk rounds, and itent in physical therapy. Staff the only MHT available on the JPERVISION OF NURSING must supervise and evaluate each patient. In not met as evidenced by: eview, document review and hospital failed to: ensure rised and evaluated the care attent; provide ongoing ts when patients experience at complete ongoing ient responses to the physician of changes in the physician of the evaluation and assessment, of the physician of the evaluation and assessment, of the physician of the evaluation and assessment, of the evaluation a		392	any medical or physical concerns. In concerns will be documented on the v signs worksheets. Unit RNs will revie these vital signs worksheets for abnor vitals and any expressed concerns by patients, or observations by the MHTs those who have difficulties expressing their concerns. Training of all MHTs and licensed nursing staff by the Program Nurse Managers on this new process of	cal care not	

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G		E SURVEY PLETED
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A 395	Findings included: - Policy titled "Nur Organization Proced August 13, 2012" report the "Nursing Servicutilization of best prostandards of nursing individuals, families nursing policy direct the patient from admitted the patient from admitted the patient from admitted the patient from admitted the patient in the nursing property of the patient from admitted the Program of the patient includes and indirect patient units/shifts. The nursing of standards of nu	sing Services (LD-3.21), dures Manual, effective date reviewed on 1/15/15 stated ces mission is through actices in the delivery of g care and collaboration with and the community. "The red nursing staff to care for mission through discharge cess of data collection, and, interventions and ongoing by directed nursing to ssessment and nursing care dmission and continue to the care plan as needed and a sample of the nursing se manager as the refor the supervision of direct care of the nursing units and the implementation and practice. The Nurse is responsible for providing or assessment skills of all aspects of patient care asing practice and treatment. Sessment (PC-2.0), Effective and treatment as the appropriate care, ces needed to meet the red needs that may change in hospitalization. Under, "G,	A 39	- Additionally, those patients on high rimedications are monitored to ensure interventions are identified, follow up care is provided, and orders are carrie out. The high risk medications included clozapine, digoxin, enoxaparin, fentanyl patches, insulin; lithium, methadone, oxycodone CR, and warfarin. Management of Constipation - Using information and assistance from Riggin Group, new policies, "Constipation Evaluation and Treatm and "Physician Plans Order Sheet for Constipation Management" (See Attachment 14), were developed. On February 2, 2015, the Director of Nuttrained the Program Nurse Managers Nursing Supervisors on the new constipation policy and physician order sheet for constipation. Nursing staff received training on the new policy a physician order sheet on 02/03/15 and 02/04/15. (See Attachment 14.) Education of Nurses	d de:	

PRINTED: 02/17/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED				
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A 395	and will document of Assessment/Progre Reassessment. b. A Reassessment any Condition. " A Chimportant deviation physical, cognitive, domains. " Clinicall deviation that, without complications or de - The " Davis Drug reviewed on 1/27/19 Laxatives magnesit a time/action of with drug guide directed " Nursing Implication patient for abdomin bowel sounds and a function. Assess coof stool produced with a full glass of liand for faster effect or late in the day." - Patient #1 's merevealed an admission Axis I diagnosis of hypertoreason for admission in the diagnosis of hypertoreason for admission in the diagnosis of hypertoreason for admission in the diagnosis (loss of concludes: false belief and Eyprespsychosis (loss of coincludes: false belief	on the Nurses ess Note and Nursing Physical A Nursing Physical time there is a Change in ange in Condition is a clinical from a patient 's baseline in behavioral, or functional y important " means a out intervention, may result in	A 3	- A v Maa r Hoo e - T N C 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Treatment Plan Policy (PC-4.0) (so Attachment 16.); Revised Nursing Process Policy (No. 1.0) (see attachment 17) that incluse an additional section to address Temporary Issues with short-term and interventions for new medical issues and/or a change in patient condition; Change in Patient's Condition, Recognition and Response (PC-9.0) (see attachment 18); Any nurse unable to attend the trainivill be trained 1:1 by the Program Norman Manager or Nursing Supervisor upon arrival on the next shift when the nurseturns to work. The Program Nurse Managers and Nursing Supervisors review the paticharts weekly to check that nursing assessments are completed upon admission on 100% of newly admittive patients. The Program Nurse Managers and Nurses Assessment / Progress Note ensure that they are completed on the and address all components and phy aspects of the nursing assessment. The Program Nurse Managers and Nurse Managers and Nurse Managers and Nurses Assessment (Progress Note ensure that they are completed on the address all components and phy aspects of the nursing assessment. The Program Nurse Managers and Nurse Manager	NUR- ded goals 0) ng turse n rse ent ed Nurse of ess ogress ted on	

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: M061101

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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A 395	bi-polar (condition in of depression and phappy or being cross a day. The physicial examination record pressure of 125/86, abdomen as non-didenied problems winderied problems winderied problems noted in Weekly nursing assessment as "noted in the weekly nursing assessment as "noted i	ge 79 ere (hallucinations)) and h which a person has periods beriods of being extremely es or irritable) 10mg two times h's admission physical ed the vital signs blood pulse 93, documented the stended and the patient th appetite or elimination. ht on 11/9/14 indicated patient dequate and no complaints regarding elimination status. ressment dated 11/16/14 the "1's" Elimination" to known issues. "The ed evidence of a weekly the for patient #1 on 11/23/14. A the completed on 11/27/14 (four ted an assessment of the tem and listed date of last to 11/25/14. Weekly nursing 12/4/14 documented patient "assessment as, "no "The assessment lacked the responses to the following all assessment: Bowels for quadrants; Abdomen-hard, usea/vomiting/heartburn; the of last bowel movement. The ded nursing staff H on 12/6/16 the ded they received a physician medical staff I for "Mag 296 milliliter (ml) by mouth the country of the country of the country of the country by mouth (PO) two times a pation. RN staff H signed the	A3	895	 During the review of patient charts, if performance issues are identified, the Program Nurse Managers and / or Nursing Supervisors will provide feedback to the involved nursing staff related to appropriate nursing interventions. The Managers and Supervisors will provide additional coaching and counseling as indicated The Registered Nurse Patient Care Coordinator reviews 100% of patients with high risk medical conditions and high risk medications to ensure physicorders are carried out, laboratory and other test results are ordered, obtained reviewed by the physician, and timely follow-up for each patient Occurs. The Registered Nurse Patient Care Coordinator reviews 100% of all new admissions to ensure that each patient medical conditions are identified, medication reconciliation has been completed, diagnoses are entered correctly, and appropriate physician notification and follow up are done. In order to remain proactive, reinservicing will be provided to all licensed nursing staff regarding the admission process, completing the nursing admission assessments, writi the initial Nursing Care Plan, nursing monitoring and documentation of patients' response to treatment and interventions, weekly nursing reassessment or more often if a change condition occurs, and evaluating and reviewing all goals and Temp Issues collaboration with the IDT Team at a IDT meeting 	s I /or cian d and y t's		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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A 395	physician order. The evidence of a nurs assessment or prolistening to the pat observation/feeling bowel movement, constipation, vital and the reason for constipation medic lacked documental evaluation/assess abdomen, the result of the laxative (box any notification to lack of results for the laxation of lack	the medical record lacked sing gastrointestinal agress note that included itent's bowel sounds, at the abdomen, date of last patient complaint of signs including a temperature; the physician ordering stations. The medical record ation of a follow up nursing ment of the patient's response wel movement or lack of) and the physician concerning the he prescribed medication. Ical record indicated they we Mag Citrate on 12/6/2014 at stool softener Colace twice a station of any assessment of the patient's stem including bowel sounds, of constipation, pain or all movements on 12/7/14,	A 3	95	 Documentation: Attachment 13: Nursing Clinical Pathways Attachment 14: Constipation Evaluation and Treatment Policy (PC-2.13) Physician's Plans Constipation Management form Training Roster for Constipation Protocol Attachment 15: Assessment Policy (F2.0) Attachment 16: Treatment Plan Police (PC-4.0) Attachment 17: Nursing Process Procedure (Nur-1.0) Attachment 18: Change in a Patient's Condition Recognition and Response Policy (PC-9.0) Individual Responsible for Compliant Director of Nursing Date for completion: 3/12/15 A392 POC: OSH Human Resources Department continues to recruit for a permanent, time Director of Nursing. OSH Human Resources Department actively recruiting for all vacant Registered Nurse, Licensed Practical Nurse, and Mental Health Technician positions. Two newly hired Registered Nurses completed orientation during the more 	PC- cy full- is		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBERS		X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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A 395	medical staff L for PO (oral), Stat(imn Licensed Practical 9:30 pm, documen MAG citrate for corpatient still voicing Nursing staff J, on documented the panot pass his stool. bowel movement at the physician and r The medical record complete gastroint included listening to abdomen, observational documenting bowe including the patier calling medical state complaint of constillacked evidence of assessment after the citrate medication to observation/feeling movement, and vitate in the patient of the p	Mag Citrate 296ml solution, nediately) for constipation. Nurse staff K, on 12/10/14 at ted the patient received "nestipation at 8:26 pm with the complaints, no results yet." 12/10/14 at 10:22 pm, atient reported that he could The patient had not had a t 9:30 pm, the nurse notified to new orders were received. If lacked evidence of a testinal assessments that to the bowel sounds of the tion/feeling the abdomen, I movements and vital signs at 's temperature prior to the function. The medical record nursing 's gastrointestinal the administration of the mag that included bowel sounds, the abdomen, a bowel	AS	395	February and are on staff. Two addit Registered Nurse hires are in progres Registered Nurse from a local nursing staffing agency will start orientation o3/04/15. Additionally, an agreement was executed on 02/27/15 with World Wide agency that supplies nurses that specialize in psychiatric nursing for laweek assignments, which are renewal every 13 (thirteen) weeks. This trave agency is sending on 03/09/15 four nurses will four nurses will work on the patient care units to supplement staffing as soon as the faction of the patient care units to supplement staffing as soon as the faction of the patient care units to supplement staffing as soon as the faction of the patient care units to supplement staffing as soon as the faction of the patient care units and the patient of the patient care units and decrease the amount of over-time of the current OSH nursing staff, thereby decreasing fatigue. It will also allow more time for the nursing staff to per assessments and complete documentate Additionally, 5 (five) Mental Health Technicians (MHT) will start orientate at OSH on 03/02/15 and 5 (five) more MHT applicants are in progress for harmonic of the patient care units profor additional observation and provision for non-nursing related care of patient. To augment increased supervision of Nursing Services and to provide.	s. A g on t d t 3- ble bl urses H ll cility nal nd be o tical ff will that form ation. tion e ire. MHTs vides ion s.		

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A 395	progress note date patient #1 was " ur rolling back into he distended and hard mucous around ed feces. Bowel sound or absent bowel so constipation). Vital (normal blood pres respirations 16, and temperature. " Nur medical record that and the physician oby ambulance to he department (ED) for The ambulance arr 11:45 am and left a expired at hospital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) with sepsital fifty minutes later adeath was ileus (the intestine) fifty minutes later adeath was ileus (d/timed 12/11/14 at 12:06 pm hable to respond to her, eyes ad, abdomen was extremely it. Mouth had dried brown ges and their breath smelled of ds were hypoactive (decreased unds often indicating signs were B/P - 95/58 sure is 120/80), pulse 72, d they were unable to obtain a rsing staff documented in the at they notified the medical staff ordered patient #1 transferred pospital B emergency or possible bowel impaction. Fived to transfer the patient at at 11:50 am. The patient B at 2:40 pm, two hours and and the patient 's cause of e absence of movement in the	A	395	additional guidance, resources, and assistance to staff, two additional Pro Nurse Managers have been assigned the patient care units (one to MPA an MPB and one to CCP and SSP). The Program Nurse Managers are "hands Registered Nurses who are out on the units, assisting the unit nurses with p care, evaluating the nursing care prov by unit nurses, providing 1:1 training feedback as performance needs are identified when delivery of care and documentation deficits are found. All Program Nurse Managers are actively engaged in monitoring patient care, assisting the unit nurses with patient needs, and provide training to reinforthe need for ongoing assessments, including gastrointestinal assessment patients when there is a change in condition, evaluating the patient's response to interventions, and ensurithat the physician is notified when a patient's condition changes. One additional Nursing Supervisor heen added to oversee all patient car units on the evening shift to supplem existing supervision of the over-nigh weekend shifts. How are we monitoring: On a weekly basis the Director of N will communicate with the Human Resources Department regarding stathe job posting and whether applicate have been received. Ensure Compliance: Once filled, an incumbents will rem their positions and should a position	on" exatient vided and ll y care rece tt, of lass exement at and lursing tus of lions	

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A 395	12/6/14 to 12/10/14 another order for M continued complain Nursing staff J intershared they worked 12/10/14 and the nit 12/11/14. Staff J action (day to evening shift communicate to the constipation. Staff lacked evidence of assessment with both of the abdomen, both signs. Administrative nursion 1/23/15 revealed regarding a patient include an assessment system including obvital signs, document response to a laxation the physician of communicate to the communicate to the constitution of the communicate to the communicate to the constitution of the con	signs between the dates of when nursing staff obtained ag citrate due to patient #1 's	A3	395	vacated in the future, active recruitme will begin again. Individual Responsible for Compliance Director of Nursing Documentation: - Attachment 19: Provider Contract Individual Responsible for Compliance Director of Nursing Date of Completion: 03/23/15 A 395 See response to A385.	e:	
A 396		NG CARE PLAN nsure that the nursing staff s current, a nursing care plan	A 3	96			

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A 396	for each patient. The part of an interdiscipatt of an interdiscipation of the	ne nursing care plan may be plinary care plan s not met as evidenced by: eview, document review and hospital failed to ensure ed the patient 's care plan as iplinary care plan for one of 32). The failure to ensure odated the care plan, including of the interdisciplinary (IDT) in nursing staff failing to essessments of the patient 's is failure placed all patients pital who experienced a condition during their	A 3	96	POC: Nursing Care Plan - Mandatory Training of Nursing Staff regarding the new Policy and Procedu for Constipation, with accompanying Physicians' Orders Template and Flowchart was presented by the Direct of Nursing and Assistant Director of Nursing on 02/03/15 and 02/04/15. Otopics discussed and reinforced at the mandatory meetings included review the Nursing Assessment Policy (PC-2 to ensure that the patient's medical condition is updated; the Treatment P Policy (PC-4.) with emphasis on initia and revising the Nursing Care Plan are incorporating the findings and recommendations of the Interdisciplity Treatment Team; the revised Nursing Process Policy (NUR-1.0)(see Attach 17) with the additional section added address creating Temporary Issues with short term goals and interventions for medical issues and/or a change in pat condition; completing and documenting patients' response to interventions in progress note with follow up assessment revision of interventions as indicated and prompt notification of the physic of changes in a patient's condition. In definition of "Clinically Important" (deviation that, without intervention, result in complications or death) was reviewed with staff. - Any nursing staff unable to attend the training will be trained 1:1 by the Program Nurse Manager or Nursing	tor other ng .0) lan ating ad nary ment to th new ient ng a ent ated; ian The a nay	

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A 396	(MDD), moderate, diagnosis of hypert s recorded admissi to identify concerns. The physician orde patient 's hypertendiet (The DASH die to lower blood prest the National Institut Approaches to Stop (Interdisciplinary Tepsychiatrist, register met on 11/13/2014, attend), and 11/25/revealed the IDT dipatient #1 complain and their lack of bot (two weeks later) to RN staff H on 12/6/they received a phymedical staff I for "laxative), 296 millilit administered one time "docusate sodium ((mg), orally, two times the medical record updated the nursing plan when the patier medications for continuous continuous for continuous and the patier medical reported they have given some medical up again and the bot of the patier	major depressive disorder recurrent, and an Axis III ension (HTN). The physician 'on physical examination failed with appetite or elimination. red Lisinopril to treat the sion and ordered the DASH at eating plan has been proven sure in studies sponsored by es of Health (Dietary Hypertension). The IDT am) including the physician, red nurse and social worker 11/20/14 (psychiatrist failed to 14. The medical record review do not meet again to discuss its of constipation on 12/6/14 wel movements until 12/10/14 prevent a bowel impaction. 16 at 8:00 am documented sician telephone order from magnesium citrate (a er (ml) orally, to be me for constipation," and a laxative), 100 milligram es a day for constipation. "I lacked evidence nursing staff pare plan or the treatment int began receiving	A 39	Supervision upon arrival on the next swhen the nurse returns to work. Registered Nurses for each program we complete a nursing care plan or create treatment plan goals and interventions medical and psychiatric conditions by date of the initial treatment plan meet Goals and interventions for psychiatric conditions will be individualized and specific with frequency of said interventions, according to the patient symptoms utilizing the Manual of Psychiatric Nursing Care Planning — Edition. This book includes updates fn DSM-V and includes assessment guid and outcomes for the most frequently encountered mental disorders. (See Attachments 20 and for two samples from this manual). The nurse develop and utilize nursing care plans/treatment plan goals/intervention that are evidence based and reflect lor and short term goals in attainable and measureable terms. Nursing staff will document patient's progress towards meeting the goals of their specific treatment plan according to stated frequency of interventions. Medical g and interventions will be developed b on the patient's diagnosis and present signs and symptoms. Short term medigoals that are expected to resolve with 30 days will be entered as a temporar issue. Medical conditions that are expected to be ongoing will be incorporated as short term goals in the master treatment plan. The Registered Nurse completes a nu care plan or medical goals and interventions for all medical issues by	cill s for the ing. c 's Sth or des will ns ng oals ased ing cal nin y	

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A 432	Assessments Since Medication " and un observational status Rationale; No changupdate the Treatmethe change in the paregarding continued physician ordered magnesium and do The patient expired 2:40 pm with a diag movement in the intifie-threatening back bloodstream or bod Nursing supervisor 1:30 pm reported the patient #1 complain called the physician magnesium citrate a verified they failed to document a comple related to constipativerified they failed to plan/treatment plan 12/10/14 regarding complaints of constinterventions implemedays prior. Staff Hieroscal condition of 482.24(a) ORGANIZ	Last Note; No new nder "Changes in s/Treatment Plan with ge. "Nursing staff failed to nt Plan/care plan to include atient 's physical status I constipation and the nedications including cusate sodium laxative. at hospital B on 12/11/14 at nosis of ileus (the absence of estine) with sepsis (potentially erial infection in the y). H interviewed on 1/13/15 at ey were on duty 12/6/14 when ed of constipation and they to receive an order for the and docusate sodium. Staff Hoc create a care plan and te nursing assessment on. Nursing supervisor H also o update the patient 's care and IDT 's meeting notes on patient #1 's continued pation and the medication nented for constipation a few confirmed the nursing cument all assessments and is and update the nursing/IDT change in the patient 's		396	date of the initial treatment plan meeti At all subsequent IDT meetings all temporary medical issues and goals ar reviewed. As needed the Registered Nurse updates, revises, or resolves the in collaboration with the findings and recommendations of the IDT Team. How are we monitoring and ensuring compliance? The Program Nurse Managers and Nursing Supervisors audit initial nurs care plans weekly to ensure that all identified issues are incorporated into nursing care plan or the treatment plar All plans of care are reviewed weekly during the IDT meeting. Documentation: Attachment 17: Nursing Process Procedure (Nur-1.0) Attachment 20: Samples of Goals and Interventions for Nursing Care Plans Individual Responsible for Compliance Director of Nursing Date for Completion: 02/04/15	esse sing a n.		

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		174004	B. WING	 	01/	/23/2015	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
A 432	employ adequate prompletion, filing, at This STANDARD is Based on interview a medical record suprofessional responsedical records. The potential to affect the retrieval of records. The Kansas State (1) reviewed on 1/2. The Medical record direction of a personal health information American Health in Association, or who training requirement. The Kansas State (2) If the employment health information health information health information hospital shall empladministrator or an on a part-time consistall organize the opersonnel, and mathe records. There between the hospit specifies the constresponsibilities.	formed. The hospital must personnel to ensure prompt and retrieval of records. Is not met as evidenced by: It the hospital failed to provide ervice with a designated insible for maintaining the his deficient practice has the he completion, filing, and The regulation KAR 28-34-9a (b) in the service shall be under the on who is a registered record administrator or a registered administrator or a registered administrator or a registered attechnicianas certified by the information Management or meets the educational or interest the educational or interest for such certification. " The regulations KAR 28-34-9(b) in the formation or registered administrator or registered administrator or registered administrator or registered administrator or registered accredited records technician is impossible, the oy a registered records accredited records technician sultant basis. The consultant department, train full-time tall be a written contract tall and the consultant that	A 4	POC: The Superintendent has cornegistered Health Information February 25, 2015. She enter into a contract with O consultation services for measurement of the consultant will visit at quarter or as needed to ensure with State and Federal regularies. The RHIT consultant will proconsultation by March 6, 20. The RHIT will ensure the commedical record by verifying completeness, accuracy, timproper entry, and retrieval proper entry, and retrieval proper entry, and retrieval proper entry and closed records a least 10 percent of the about the electronic medical reconsultant will be provided to the electronic medical reconsultant will be provided to the electronic medical reconsultant will ensure the estructure and policies are a meet the needs of the hospipatients. The RHIT will to the Health Information is staff when deficiencies are The RHIT will ensure that of Participation 482.24 Meservices and the subsequent met. How are we monitoring:	ion Technician c has agreed to SH to provide edical records. least once a are compliance lations. brovide the first o15. quality of the g the neliness, process. The d closed ove elements. brids will be of nd will be at age daily ecords. The l remote access ecord for ords off site. briganizational ppropriate to ital and the provide training Management identified. the Conditions edical Records		

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A, BUILDING		(X3) DATE SURVEY COMPLETED			
	174004	B. WING	_		01/	23/2015
PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		10/10
OMIE STATE HOSDIT	AL DEVOLIATRIC		5	00 STATE HOSPITAL DRIVE		
OWIL STATE HOSPIT	AL PST CHIATRIC		C	DSAWATOMIE, KS 66064		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE
Registered Health Into be the Medical R	nformation Technician (RHIT) ecords Director.			monitor to ensure there is continuous RI services. Ensure Compliance:	HIT	
maintained to ensur and to provide facility treatment and for sp	re the safety of the patient, ties for diagnosis and pecial hospital services			maintain contact with the RHIT and the RHIT's intention to fulfill the contract. the RHIT cannot, the Director of	If	
Based on observati staff interview the hi maintain an environ well-being for specia to the psychiatric ho failed to maintain fa	ion, document review, and ospital failed to develop and ment to ensure the safety and al needs of patients admitted ospital (refer to A-0701) and cility supplies and equipment			Individual Responsible for Compliand Director of Quality Management A700 See A 115 482.13 Patient Rights A701	ce:	
develop and mainta the safety and well-l patients admitted to maintain facility sup in the hospital's inal and effective manne	in an environment to ensure being for special needs of the psychiatric hospital and plies and equipment resulted bility to provide care in a safe er.	A 7	'01	See A 115 482.13 Patient Rights		
hospital environmer maintained in such a well-being of patient This STANDARD is Based on observati review the facility fa	at must be developed and a manner that the safety and its are assured. It is not met as evidenced by: ion, interview and record iled to develop and maintain					
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa Registered Health I to be the Medical R 482.41 PHYSICAL I The hospital must be maintained to ensure and to provide facilit treatment and for sp appropriate to the n This CONDITION is Based on observat staff interview the hemaintain an environ well-being for speciato the psychiatric hospital to ensure safety and to ensure safety and well-patients admitted to maintain facility sup in the hospital's inate and effective manned 482.41(a) MAINTEN PLANT The condition of the hospital environment maintained in such a well-being of patient. This STANDARD is Based on observatireview the facility faci	TOMIE STATE HOSPITAL PSYCHIATRIC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 88 Registered Health Information Technician (RHIT) to be the Medical Records Director. 482.41 PHYSICAL ENVIRONMENT The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community. This CONDITION is not met as evidenced by: Based on observation, document review, and staff interview the hospital failed to develop and maintain an environment to ensure the safety and well-being for special needs of patients admitted to the psychiatric hospital (refer to A-0701) and failed to maintain facility supplies and equipment to ensure safety and quality (refer to A-0724). The cumulative effect of the systematic failure to develop and maintain an environment to ensure the safety and well-being for special needs of patients admitted to the psychiatric hospital and maintain facility supplies and equipment resulted in the hospital's inability to provide care in a safe and effective manner. 482.41(a) MAINTENANCE OF PHYSICAL	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 88 Registered Health Information Technician (RHIT) to be the Medical Records Director. 482.41 PHYSICAL ENVIRONMENT The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community. This CONDITION is not met as evidenced by: Based on observation, document review, and staff interview the hospital failed to develop and maintain an environment to ensure the safety and well-being for special needs of patients admitted to the psychiatric hospital (refer to A-0721). The cumulative effect of the systematic failure to develop and maintain an environment to ensure the safety and well-being for special needs of patients admitted to the psychiatric hospital and maintain facility supplies and equipment to ensure the safety and well-being for special needs of patients admitted to the psychiatric hospital and maintain facility supplies and equipment resulted in the hospital's inability to provide care in a safe and effective manner. 482.41(a) MAINTENANCE OF PHYSICAL PLANT The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured. This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility failed to develop and maintain	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 88 Registered Health Information Technician (RHIT) to be the Medical Records Director. 482.41 PHYSICAL ENVIRONMENT The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community. 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The cumulative effect of the systematic failure to develop and maintain facility supplies and equipment to ensure safety and well-being for special needs of patients admitted to the psychiatric hospital and maintain facility supplies and equipment to ensure safety and well-being for special needs of patients admitted to the psychiatric hospital and maintain facility supplies and equipment to ensure safety and well-being for special needs of patients admitted to the psychiatric hospital and maintain facility supplies and equipment to ensure safety and well-being for special needs of patients admitted in the hospital in such a manner that the safety and well-being for special nanner that the safety and well-being for special nanner that the safety and well-being for special nanner that the safety and well-being to special plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured. This STANDARD is not met as evidenced by: Based on observation, interview and record review the facility sleptles and to develop and maintained to develop and the safety and well-being of patients are assured.	PROVIDER OR SUPPLIER TOMIE STATE HOSPITAL PSYCHIATRIC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 88 Registered Health Information Technician (RHIT) to be the Medical Records Director. 482.41 PHYSICAL ENVIRONMENT The hospital must be constructed, arranged, and maintain an environment to ensure stee safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community. 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		174004	B. WING			01/	23/2015
	PROVIDER OR SUPPLIER FOMIE STATE HOSPIT	AL PSYCHIATRIC		500 S	ET ADDRESS, CITY, STATE, ZIP CODE TATE HOSPITAL DRIVE VATOMIE, KS 66064		
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A 701	to the psychiatric holder lidentify potential rin the physical envir "Safety Managemer - Provide non-suici water control knobs sinks and commode seats. The configurations, exposed plu commode seats cre (material or a device knobs or plumbing the strangulation) in all in seven of seven numbers and produced as potential the seven of seven numbers, and potentially provide a strangulation hazard - Provide door hand point. The door hand ligature attachment admitted to the hospolation and point of the secure pictures to the secure pictures to the secure pictures to the secure pictures to the secure heating/coair exchange vents resistant screws or secure sistant screws or secure pictures to the secure heating/coair exchange vents resistant screws or secure sistant screws or secure screws or se	al needs of patients admitted ospital by failing to: risks and conduct surveillance ronment according to the	Α7	701			

	ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING A. BUILDING			(X3) DATE SURVEY COMPLETED		
		174004	B. WING		01/	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ((EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPIDE DEFICIENCY)	BE	(X5) COMPLETION DATE
A 701	bathrooms/shower - Provide a non-tan suspended ceiling was pipes and wiring ab potential to provide strangulation hazard hallways, 4 comfort throughout the facilities - Remove, replace, The electrical outlet potential to create a patient rooms, 30 be hallways, 4 comfort throughout the facilities - Secure ceiling month of the light fixtures has anchor for hanging bathrooms/shower rooms, and 7 day has a remove hospital of the fitted sheets with electrical strings and elastic hanging, choking, or patients at risk for sonursing units throughout the facilities of the provide a barrier of the fitted sheets with electrical manner of the provide a barrier of the fitted sheets with electrical manner of the fitted sheets with	rooms, seven day halls, 30 rooms throughout the facility; oper proof ceiling. The with removable tiles expose ove the tiles that have the a hanging, choking, or d in 132 patient rooms, 16 rooms, and seven day halls ty; or cover electrical outlets. It is could be accessed with the fire or electrical shock in 138 athrooms/shower rooms, 16 rooms, and 7 day halls ty; outled florescent light fixtures. It is patient rooms, 30 rooms, 16 hallways, 4 comfort alls throughout the facility; gowns with string closers and astic from patient use. The ave the potential to provide a restrangulation risk for all uicide in seven of seven hout the facility; between the Mental Health tation and patients in the day reach the telephone and and cord to use for hanging, ation or as a weapon on three ts; pap in patient's laundry room dry rooms. Laundry soap,	Α7	01		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	FIPLE CONSTRUC	TION		(X3) DATE SURVEY COMPLETED	
		174004	B. WING				01/:	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		500 STATE HO	ESS, CITY, STATE, ZIP CO DSPITAL DRIVE IE, KS 66064	ODE		
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A 701	dated 7/23/12 reviet directed, "The Entitle COCC) conducts of grounds, equipment safety risks d. Conducts of Safety Planning 1. The performance improvement of the performance regard Safety and Hazard Processes, identify in order to establise environment free of 5. Facilities and ground collaborative efforts program staff in orded that is comfortable, Furnishings and equin good repair 8. The concerns submitted visitors or other hose Director of Operation assistance of members on the program of environment of environment elated to the environment of environment elated to managing safety. Staff BB, Assistant Son 1/22/14 at 2:00 performant of environment elated to managing safety.	icy "Safety Management Plan" wed on 1/22/15 at 3:00 pm vironment of Care Committee uarterly rounds of buildings, t, and occupants to: c. Identify luct hazard surveillance. C. The EOCC participates in vement activitiesmonitoring ling actual or potential risks d Assessment, Identification of opportunities for improvement sh and maintain a physical hazards" H. Environment unds are maintained through of Facility Services and er to create an environment safe, clean and attractive. 6. uipment provided are safe and the EOCC reviews safety by employees, patient, pital committees/teams. The ns or designee, with the pers of the EOCC, a. Directs the improvement activities nment of care; b. Directs the nment of care monitoring and anto the hospital wide patient the leviews summaries of ms, failures and/or user errors in, i. Safety; ii. Security; v. Fire superintendent, interviewed m was unable to provide my findings from the EOCC sues or any potential or	Α7	01				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	((X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	,	TON SHOULD E THE APPROPRI	BE	(X5) COMPLETION DATE
A 701	environment of the Managing and Pre (Individuals who ar and care for their vimpairment in the abuilding observed and 4:30 pm and 14:20 pm showed the 29 current patients (2 intermediate risk Assaultive/violent passaultive/violent passaultive/violent passaultive/violents - 16 patients - 16 patients - 16 patients - 16 patients rooms inclusemi-private rooms furniture including drawers and wood metal springs with pattern to hold the lightweight furniture easily with the poter protruding device of hanging for 2 of 2 pas a suicide risk. A handle that protrud The door handles prohoking, or strangulunit assessed as a rooms have a metal and pattern to managing for 2 of 2 pas a suicide risk. A handle that protrud The door handles prohoking, or strangulunit assessed as a rooms have a metal and pattern to managing for 2 of 2 pas a suicide risk. A handle that protrud The door handles prohoking, or strangulunit assessed as a rooms have a metal and pattern to hold the lightweight furniture easily with the poter protruding device of handles protruding device of	ards identified in the physical hospital. venting Symptoms (MAPS) unit the unable to manage behaviors wellbeing due to an acute ability to perceive reality) A1 on 1/12/15 between 2:00 pm /20/15 between 3:15 pm to the following: A1 had a total of 30 beds with (2 patients at risk for suicide to suicidal) and 29 opatients (27 potentially	A 7	701			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					
		174004	B, WING	_		01/2	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		5	STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
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A 701	provide a hanging, hazard for 2 of 2 para a suicide risk. All 1st ceiling with removal ceiling tiles are plun. The exposed pipes tiles have the potent strangulation hazard assessed as a suicilinad two to four elect with the potential to shock. All 19 patient mounted florescent insert covering easily have the potential to hanging. All 19 patient roome metal air exchains with non-tamper produced in the potential to hanging and heating/coolione metal air exchains with elastic edging. To provide a hanging risk for 2 of 2 patient suicide risk. - Observation of rocceiling tile and room ceiling tile. Above the and electrical wiring pipes and electrical provide a hanging, of hazard for 2 of 2 para suicide risk. The revealed a metal veroom 143 revealed event could easily be	ge 93 s, or openings potentially choking, or strangulation tients on the unit assessed as 9 rooms have a suspended ble 12-inch tiles. Above the obing and electrical wiring, and wiring above the ceiling tial for hanging, choking, or d for 2 of 2 patients on the unit de risk. All 19 patient rooms strical outlets easily accessible create a fire or electrical trooms had one or two ceiling light fixtures with a plastic ly removed. The light fixtures or provide an anchor for ent rooms had one metal ng vent easily removed and onge vent secured to the wall for screws potentially creating and or use as a weapon. All 19 a bed made with a fitted sheet. The elastic has the potential graph or use as a weapon. All 19 a bed made with a fitted sheet. The elastic has the potential graph or use as a weapon. All 19 a bed made with a fitted sheet. The elastic has the potential graph or use as a weapon. All 19 a bed made with a fitted sheet. The elastic has the potential graph or use as a weapon of the unit assessed as a shown or strangulation tients on the unit assessed as shower room on hallway B and the with missing screws and a displaced vent. The metal or removed and create an or be used as a weapon.	A 7	701			

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			E SURVEY IPLETED
		174004	B. WING_		01/	23/2015
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
A 701	- The Day Hall (threvealed a suspen 20-inch by 20-inch tiles are plumbing exposed pipes and have the potential strangulation haza assessed as a suic contained two wate that could be pulled weapon. Two telep beside the nurses providing a potentior strangulation affunit assessed as a eight electrical outl potential to create Day Hall had ceilin fixtures with a plas removed. The light provide an anchor eight metal ceiling an anchor for hangwall had four cabin potential hazard fo strangulation for 2 assessed as a suic Technician (MHT) hall failed to have a the area from patie measured 42 ½ ind wide counter. Patie telephone and the as a strangulation keyboard and cord	e units living and dining area) ded ceiling with approximately ceiling tiles. Above the ceiling and electrical wiring. The wiring above the ceiling tiles for hanging, choking, or a for 2 of 2 patients on the unit cide risk. The Day Hall er fountains attached to the wall doff of the wall and used for a hones for patient use located station had a 29 inch cord al hazard for hanging, choking, ecting 2 of 2 patients on the suicide risk. The Day Hall had ets easily accessible with the a fire or electrical shock. The gmounted florescent light tic insert covering easily fixtures have the potential to for hanging. The day hall had vents easily removed creating ing or use as a weapon. One ets with C handles with the r hanging, choking, or of 2 patients on the unit cide risk. The Mental Health estation (desk area) in the day an adequate barrier enclosing ents. The MHT station ches tall and had a 12 ¾ inch ents could easily reach the telephone cord could be used device as well as the computer to be used as a weapon.	A 70			

PRINTED: 02/17/2015 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	ING_	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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A 701	- The patient bathrocommodes with a hplumbing pipes on tinches from the floor. The bathroom had oplumbing. Two sinks water faucet. The extoilet seat potentially or strangulation haz unit assessed as a had two ceiling mount with a plastic insert light fixtures have than the ceiling till the wall with non-taranchor for hanging vent in the ceiling till the wall with non-taranchor for hanging bathroom had two to accessible with the electrical shock. - The shower room with a water temper protruding handle. To commode with experience with experience in the plumbing and 5 inches from the commode with experience in the plumbing potentially or strangulation haz unit assessed as a shad two ceiling mount with a plastic insert light fixtures have the anchor for hanging, metal vent in the ceiling me	ge 95 In the phone and keyboard, com on hallway A had two inged seat and exposed the toilets. The piping is 28 or and 7 inches from the wall, one urinal with exposed is have a 10-inch protruding xposed plumbing and hinged y provides a hanging, choking, and for 2 of 2 patients on the suicide risk. The bathroom inted florescent light fixtures covering easily removed. The ne potential to provide an The bathroom had one metal es and one vent secured to imper proof screws creating an or use as a weapon. The of four electrical outlets easily potential to create a fire or on hallway A had a bathtub ature dial with a 3 inch he shower room had one is 28 inches from the floor he wall. One sink has a vater faucet. The exposed of provides a hanging, choking, and for 2 of 2 patients on the suicide risk. The shower room inted florescent light fixtures covering easily removed. The ne potential to provide an The shower room had one illing tiles easily removed and the wall with non-tamper	A 7	701				

Facility ID: M061101

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		E SURVEY PLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 701	used as a weapon. electrical outlets ea potential to create a - Hallway A reveale florescent light fixtu removed. The light provide an anchor f drop style ceiling wi inch removable tiles plumbing and electr pipes and wiring ab potential for hanging hazard for 2 of 2 pa a suicide risk. Hallw easily accessible wi or electrical shock. The comfort room with removable 12-itiles are plumbing a exposed pipes and have the potential for strangulation hazard assessed as a suicide had four electrical of the potential to create electrical shock. The ceiling mounted flor plastic insert coverifixtures have the potential for hanging. The coboard and five pictur non-tamper proof scremoval and use as - The patient bathrost.	The shower room had two sily accessible with the a fire or electrical shock. Industry the shower room had two sily accessible with the a fire or electrical shock. Industry the potential to the shower than plastic inserts easily fixtures have the potential to the potential to the shower than proximately 20 inch X 20 standards. The exposed over the ceiling tiles have the compared that the potential to create a fire the shower than the unit assessed as the potential to create a fire the shower than provide a suspended ceiling and electrical wiring. The wiring above the ceiling tiles for hanging, choking, or the defined for 2 of 2 patients on the unit de risk. The comfort room had two the shock of the comfort room had one eraser the frames secured with crews with the potential for the shock of the comfort room had one eraser the frames secured with crews with the potential for the shock of the compared that the potential for the shock of the compared that the potential for the potential for the shock of the potential for the potential for the shock of the potential for th	Α7	701			

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		174004	B. WING			01/	23/2015
	PROVIDER OR SUPPLIER FOMIE STATE HOSPIT	AL PSYCHIATRIC		50	TREET ADDRESS, CITY, STATE, ZIP CODE 00 STATE HOSPITAL DRIVE SAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPULATION OF THE APPROPULA	BE	(X5) COMPLETION DATE
A 701	plumbing pipes on to inches from the floor Three sinks have a faucet. The exposes seat potentially provided as a suicion one metal vent with one vent secured to proof screws creating used as a weapon, electrical outlets easy potential to create a bathroom had two of fixtures with a plasting removed. The light of provide an anchor for the shower room with a water temper protruding handle. To commode with exposed plumbing inches from the wall sink with a 10-inch pexposed plumbing pending, or strangul patients on the unit. The bathroom had to tiles easily removed wall with non-tampe anchor for hanging of shower room had the florescent light fixture covering easily removed.	the toilets. The piping is 28 or and 7 inches from the wall. 10-inch protruding water d plumbing and hinged toilet vides a hanging, choking, or d for 2 of 2 patients on the unit de risk. The bathroom had non-tamper proof screws and the wall with non-tamper ng an anchor for hanging or The bathrooms had two sily accessible with the fire or electrical shock. The eiling mounted florescent light c inserts covering easily fixtures have the potential to or hanging. on hallway B had a bathtub ature dial with a 3-inch the shower room had one used plumbing pipes on the 28 inches from the floor and 5. The shower room had one orotruding water faucet. The electrically provides a hanging, ation hazard for 2 of 2 assessed as a suicide risk. One metal vent in the ceiling and one vent secured to the reproof screws creating an or used as a weapon. The vole electrical outlets with the fire or electrical shock. The	A 7	01			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		E SURVEY IPLETED
		174004	B. WING		01/:	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A 701	- Hallway B revealer florescent light fixture asily removed. The potential to provide Hallway B has drop approximately 20 in Above the ceiling tile wiring. The exposed ceiling tiles have the choking, or strangul patients on the unit Hallway B had four accessible with the electrical shock. - Managing and Previous Analysis and Some wear their interviewed on 1/13 patients wear hospit and some wear their acknowledged the ustrings and the fitter edging had the pote a means of hanging acknowledged that a request gowns or stregardless of wheth risk to harm others. Managing and Previous Analysis and care for their we impairment in the albuilding observed or strength of the strength o	ed six ceiling mounted res with a plastic covering elight fixtures have the an anchor for hanging. style ceiling with ch X 20 inch removable tiles. The same plumbing and electrical dipipes and wiring above the electrical for hanging, ation hazard for 2 of 2 assessed as suicidal risk. The electrical outlets easily potential to create a fire or eventing Symptoms (MAPS) erved on 1/13/15 at 2:00 pm in the day hall wearing a strings for securing the gown. The half be sheets with elastic ential to be used by patients as or strangulation. Staff D all patients on the unit can neets from staff members er they are a suicidal risk or at enting Symptoms (MAPS) unit a unable to manage behaviors ell-being due to an acute oility to perceived reality) A2 in 1/13/15 between 11:20 am 20/15 between 4:20 pm and	A 70°			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		E SURVEY IPLETED
		174004	B. WING		01/	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIP COI 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
A 701	24 current patients (9 low risk suicidal; acute risk suicidal; acute risk suicidal ripatients (11 potentia actively assaultive/v Observational Statu Red (1:1) - 1 patien patients; Orange - 9 patients. - Hallway A and hal patient rooms includ semi-private rooms furniture including d drawers and woode metal springs with ripattern to hold their lightweight furniture easily with the poten protruding device or hanging for 14 of 14 suicide on the unit. I handle that protrude The door handles p choking, or strangul patients assessed at All 18 patient rooms either a handle, late opening. The closef openings potentially or strangulation haz assessed at risk for rooms have a suspended that protrical wiring wiring above the ce	2 had a total of 30 beds with (14 patients at risk for suicide 4 intermediate risk suicidal; 1 isk) and 12 Assaultive/violent ally assaultive/violent; 1	Α7	01		

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		TE SURVEY MPLETED
		174004	B. WING	i	01	/23/2015
	PROVIDER OR SUPPLIER TOMIE STATE HOSPI	TAL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIP COD 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		12312013
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE
A 701	of 14 patients asseunit. All 18 patient relectrical outlets eapotential to create a patient rooms had offlorescent light fixtucovering easily removed and the potential to provide a patient rooms had a suit rooms had a with elastic edging. Sheets provide a hastrangulation hazard assessed at risk for a sessible with elastic edging. The Day Hall (the revealed a suspend 20-inch by 20-inch of tiles are plumbing a exposed pipes and have the potential for strangulation hazard assessed at risk for Hall contained two wall that could be providing a pot choking, or strangul patients assessed at The Day Hall had ei accessible with the electrical shock. The mounted florescent insert covering easile	essed at risk for suicide on the rooms had two to four asily accessible with the a fire or electrical shock. All 18 one or two ceiling mounted ares with a plastic insert noved. The light fixtures have vide an anchor for hanging. All ad one metal ceiling vent d one metal vent secured to amper proof screws creating an or used as a weapon. All 18 a bed made with a fitted sheet. The elastic on the fitted	Α7	701		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED
		174004	B. WING			01/	23/2015
	PROVIDER OR SUPPLIER FOMIE STATE HOSPIT	AL PSYCHIATRIC		500	EET ADDRESS, CITY, STATE, ZIP CODE STATE HOSPITAL DRIVE AWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
A 701	C handles with the choking, or strangul Technician (MHT) shall failed to have a the area from patier measured 42 ½ included counter. Patient telephone and the trust as a strangular computer keyboard weapon. The patient bathrocommodes with a high plumbing pipes on the inches from the floor The bathroom had oplumbing. Two sinks water faucet. The etoilet seat potentially or strangulation had assessed at risk for bathroom had one rone vent secured to proof screws creating used as a weapon. electrical outlets ear potential to create a bathroom had two of fixtures with a plasting removed. The light provide an anchor form and shower stall with with a 3-inch protruct had one commode.	all had six cabinet doors with cotential hazard for hanging, lation. The Mental Health tation (desk area) in the day in adequate barrier enclosing ints. The MHT station hes tall and had a 12 ¾ inching its could easily reach the elephone cord which could be tion device as well as the and cord for use as a common hallway A had two inged seat and exposed he toilets. The piping is 28 or and 7 inches from the wall. One urinal with exposed is have a 10-inch protruding exposed plumbing and hinged by provides a hanging, choking, and for 14 of 14 patients suicide on the unit. The metal vent easily removed and the wall with non-tampering an anchor for hanging or The bathroom had two sily accessible with the afire or electrical shock. The reiling mounted florescent light c insert covering easily fixtures have the potential to	Α7	701			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		174004	B. WING			01/	23/2015
	PROVIDER OR SUPPLIER	TAL PSYCHIATRIC		5	STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE DSAWATOMIE, KS 66064		20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
A 701	One sink has a 10- The toilet seat and provides a hanging hazard for 14 of 14 suicide on the unit. electrical outlets ear potential to create a shower room had to light fixtures with a The light fixtures with a The light fixtures has anchor for hanging. Hallway A revealer florescent light fixture moved. The light provide an anchor for drop style ceiling with inch removable tiles plumbing and electropipes and wiring ab potential for hanging hazard for 14 of 14 suicide on the unit. outlets easily access create a fire or elective are plumbing and exposed pipes and have the potential for strangulation hazard assessed at risk for comfort room had for accessible with the electrical shock. The picture frames security and the strangulation hazard assessed at risk for comfort room had for accessible with the electrical shock. The picture frames security and the strangulation hazard assessed at risk for comfort room had for accessible with the electrical shock. The picture frames security and the strangulation hazard assessed at risk for comfort room had for accessible with the electrical shock. The picture frames security and the strangulation hazard assessed at risk for comfort room had for accessible with the electrical shock. The picture frames security and the strangulation hazard assessed at risk for comfort room had for accessible with the electrical shock. The picture frames security and the strangulation hazard assessed at risk for comfort room had for accessible with the electrical shock.	or and 5 inches from the wall. inch protruding water faucet. exposed plumbing potentially, choking, or strangulation patients assessed at risk for The shower room had two sily accessible with the a fire or electrical shock. The wo ceiling mounted florescent plastic insert easily removed. Ease the potential to provide an electrical shock are the potential to provide an electrical shock are the potential to for hanging. Hallway A has ith approximately 20 inch X 20 is. Above the ceiling tiles are rical wiring. The exposed ove the ceiling tiles have the g, choking, or strangulation patients assessed at risk for Hallway A had five electrical sible with the potential to	A	701			

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	-		01/	23/2015
	PROVIDER OR SUPPLIER FOMIE STATE HOSPIT	AL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIP 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064	CODE	•	2012010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG		ON SHOULD IE APPROPE	BE	(X5) COMPLETION DATE
A 701	commodes with himplumbing pipes on the inches from the floor Three sinks have a faucet. The exposed seat potentially provided in the tiles and one wethough and the tiles and one venon-tamper proof so hanging or used as had two electrical outhe potential to create The bathroom had to light fixtures with a premoved. The light fixtures with a premoved. The light for provide an anchor for the shower room with a water temperaprotruding handle. To commode with a himplumbing pipes on the protruding water fauexposed plumbing protruding water fauexposed plumbing producing or strangular patients assessed a The bathroom had conditioned and one vent secure proof screws creating used as a weapon. electrical outlets with	poom on hallway B had two ged seats and exposed he toilets. The piping is 28 r and 7 inches from the wall. 10-inch protruding water d plumbing and hinged toilet ides a hanging, choking, or d for 14 of 14 patients on the suicide risk. The bathroom g vent easily removed from the secured to the wall with crews creating an anchor for a weapon. The bathrooms utlets easily accessible with the a fire or electrical shock, wo ceiling mounted florescent plastic inserts covering easily ixtures have the potential to	Α7	01			

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			01/:	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		5	TREET ADDRESS, CITY, STATE, ZIP CODE 600 STATE HOSPITAL DRIVE DSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
A 701	plastic covering eashave the potential to hanging. - Hallway B reveale florescent light fixtu easily removed. The potential to provide Hallway A has drop approximately 20 in Above the ceiling till wiring. The exposed ceiling tiles have the choking, or strangul patients on the unit Hallway B had four accessible with the electrical shock. Ha attached to the wall Continuing Care (C psychiatric sympton involvement with the are referred by law and treatment (DC1 1/12/15 between 2:0 the following: - The CCP unit B1 current patients - (1 suicide (1 low risk sassessed as risk for the potential to the	rescent light fixtures with a sily removed. The light fixtures or provide an anchor for ed six ceiling mounted res with a plastic covering to light fixtures have the an anchor for hanging.	A 7	701	DEFICIENCY)		
	Status for the 28 pa	Therapeutic Observational tients revealed: Red (15; Orange - 12 patients; Yellow een - 5 patients.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		- 5.	(X3) DATE SURVEY COMPLETED	
		174004	B. WING		_	01/:	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	TAL PSYCHIATRIC		STREET ADDRESS, CITY, ST. 500 STATE HOSPITAL DRIV OSAWATOMIE, KS 6600	/E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIV CROSS-REFERENCE	N OF CORRECTION E ACTION SHOULD D TO THE APPROPF CIENCY)	BE	(X5) COMPLETION DATE
A 701	patient rooms inclusemi-private rooms furniture including of drawers and woods metal springs with repattern to hold the relightweight furniture easily with the pote protruding device of hanging for 1 of 1 phave a 6 inch door out from the door. It provides a hanging hazard for 1 of 1 parooms have a metal latch hook, or a one handles, latch hook provide a hanging, hazard for 1 of 1 parooms have a suspended tiles. Above the ceil electrical wiring. The above the ceiling tile hanging, choking, of 1 patient on the unit to four electrical outpotential to create a patient rooms had of florescent light fixtue covering easily removed and the wall with non-tal anchor for hanging patient rooms had a suspended of the wall with non-tal anchor for hanging patient rooms had a suspended and the wall with non-tal anchor for hanging patient rooms had a suspended and the wall rooms had a suspended and the rooms had a suspe	allway B revealed a total of 18 ding seven private and 11 ding seven private and flat metal slats formed into a grid mattress. The unsecured in patient rooms moved in patient rooms moved in patient on the unit. All rooms handle that protrudes 3½ inchor the door handles potentially choking, or strangulation dient on the unit. All 18 patient all closet with either a handle, einch opening. The closet dies, or openings potentially choking, or strangulation dient on the unit. All 18 rooms dient on the unit. All 18 rooms deciling with removable 12-inchor ing tiles are plumbing and exposed pipes and wiring eshave the potential for or strangulation hazard for 1 of the All 18 patient rooms had two diets easily accessible with the differ or electrical shock. All 18 done or two ceiling mounted res with a plastic insert oved. The light fixtures have wide an anchor for hanging. All and one metal ceiling vent one metal vent secured to mper proof screws creating an or used as a weapon. All 18 do done metal vent secured to mper proof screws creating an or used as a weapon. All 18 do done metal vent secured to mper proof screws creating an or used as a weapon. All 18 do done metal vent secured to mper proof screws creating an or used as a weapon. All 18 do done metal vent secured to mper proof screws creating an or used as a weapon. All 18 do done metal vent secured to mper proof screws creating an or used as a weapon. All 18 do done metal vent secured to mper proof screws creating an or used as a weapon. All 18 do done metal ceiling vent to the dole and the fitted sheet. The elastic on the fitted	Α7	701			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION		E SURVEY IPLETED
		174004	B. WING	-		01/	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		5	STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)) BE	(X5) COMPLETION DATE
A 701	at risk for suicide or The bathroom on with a hinged seat a on the toilets. The p floor and 7 inches fr had one urinal with have a 10-inch prote exposed plumbing a potentially provides strangulation hazard the unit. The bathro- florescent light fixtur covering easily removed and one ver non-tamper proof so hanging or used as two to four electrical the potential to creat The shower room with a water temper protruding handle. T commode with expect toilet. The piping is a inches from the wall protruding water fau potentially provides strangulation hazard the unit. The shower florescent light fixtur covering easily remove the potential to prov The bathroom had or removed and one ver removed and one	d for 1 of 1 patient assessed	Α7	'01			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		CONSTRUCTION		E SURVEY IPLETED
		174004	B. WING			01/:	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		500	REET ADDRESS, CITY, STATE, ZIP CODE STATE HOSPITAL DRIVE AWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 701	had two electrical of the potential to created. Hallway A revealer florescent light fixture moved. The light provide an anchor for form of the potential for hanging hazard for 1 of 1 sure Hallway A had four eaccessible with the electrical shock. The comfort room with removable 12-it tiles are plumbing an exposed pipes and have the potential for strangulation hazard the unit. The comfort outlets easily access create a fire or electroom had two ceiling fixtures with a plastire moved. The light is provide an anchor for had one eraser boas secured with non-tapotential for removal. The patient bathrocommodes with hing plumbing pipes on the secure of the potential for removal.	ge 107 a weapon. The shower room utlets easily accessible with a fire or electrical shock. In disease the potential to or hanging. Hallway A has the approximately 20 inch X 20 at Above the ceiling tiles are rical wiring. The exposed ove the ceiling tiles have the gray choking, or strangulation icidal patient on the unit. Electrical outlets easily potential to create a fire or a revealed a suspended ceiling and electrical wiring. The wiring above the ceiling tiles have the control of a revealed a suspended ceiling and electrical wiring. The wiring above the ceiling tiles for hanging, choking, or differ 1 of 1 suicidal patient on the room had four electrical sible with the potential to the poten	Α7	701			

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		174004	B. WING			01/	23/2015
	PROVIDER OR SUPPLIER FOMIE STATE HOSPIT	TAL PSYCHIATRIC		STREET ADDRESS, CITY, STATE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064	E, ZIP CODE	017.	23/20 13
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD E	3F	(X5) COMPLETION DATE
A 701	faucet. The expose seat potentially provide and one very non-tamper proof so hanging or used as had two electrical of the potential to creat The bathroom had the potential to creat The bathroom had the potential to creat The bathroom had the provide an anchor for the shower room with a water temper protruding handle. The provide an anchor for the wall sink with a 10-inch perposed plumbing personal to the wall with non-an anchor for hanging shower room had the potential to create a shower room had the potential to provide. Hallway B revealed florescent light fixture easily removed. The	10-inch protruding water d plumbing and hinged toilet vides a hanging, choking, or d for 1 of 1 patient on the unit. One metal ceiling vent easily ent secured to the wall with crews creating an anchor for a weapon. The bathrooms utlets easily accessible with the a fire or electrical shock. Two ceiling mounted florescent plastic inserts covering easily fixtures have the potential to or hanging. On hallway B had a bathtub acture dial with a 3-inch inches shower room had one posed plumbing pipes on the 28 inches from the floor and 5. The shower room had one protruding water faucet. The potentially provides a hanging, action hazard for 1 of 1 suicidal inches the proof screws creating and or used as a weapon. The volelectrical outlets with the fire or electrical shock. The	Α7	'01			

	(X3) DATE SURVEY COMPLETED	
174004 B. WING 01/23/2	3/2015	
NAME OF PROVIDER OR SUPPLIER OSAWATOMIE STATE HOSPITAL PSYCHIATRIC STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
	(X5) COMPLETION DATE	
A 701 Hallway A has drop style ceiling with approximately 20 inch X 20 inch removable tiles. Above the ceiling tiles are plumbing and electrical wiring. The exposed pipes and wiring above the ceiling tiles have the potential for hanging, choking, or strangulation hazard for 1 of 1 suicidal patient on the unit. Hallway B had four electrical outlets easily accessible with the potential to create a fire or electrical shock. - The Day Hall (the units living and dining area) revealed a suspended ceiling with approximately 20-inch by 20-inch ceiling tiles. Above the ceiling tiles are plumbing and electrical wiring. The exposed pipes and wiring above the ceiling tiles have the potential for hanging, choking, or strangulation hazard for 1 of 1 suicidal patient on the unit. The Day Hall contained two water fountains attached to the wall that could be pulled off of the wall and used for a weapon. Two telephones for patient use located directly across from the nurse 's station had a 29 inch cord providing a potential hazard for hanging, choking, or strangulation affecting 1 of 1 suicidal patient. The Day Hall had six electrical outlets easily accessible with the potential to create a fire or electrical shock. The Day Hall had ceiling mounted florescent light fixtures with a plastic insert covering easily removed. The light fixtures have the potential to provide an anchor for hanging. The day hall had eight metal ceiling vents easily removed creating an anchor for hanging or used as a weapon. One wall had five cabinets with C handles with the potential hazard for hanging, choking, or strangulation. Stepping Stones Program, (SSP) (Individuals who have met their discharge criteria but have barriers to placement in the community) unit 82		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION DING	(>	X3) DATE SU COMPLE	
		174004	B. WING			01/23/	2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		STREET ADDRESS, CITY, STATE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064	E, ZIP CODE	01/20/	2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ACTION SHOULD BI O THE APPROPRIA	_	(X5) OMPLETION DATE
A 701	4:47 pm and on 1/1 3:00 pm showed the - The SSP unit B2 current patients (3 psuicide (1 low risk ssuicidal) and 25 pat assaultive/violent (2 and 1 actively assau Observational Statu Red (15 minute) - 2 Yellow - 13 patients - Hallways A and Erooms including four rooms. All 15 patien including dressers wooden beds with lemetal slates formed mattress. The unsethe patient rooms in for placement under propped up as a popatients assessed a All rooms have a six protrudes three and door. The door hand hanging, choking, of a patients assessed All 15 patient rooms latch hook. The clos provide a hanging, choking, of a patients assessed and the patient rooms latch hook. The clos provide a hanging, choking, of a patients assessed and the unit. Suspended ceiling the wiring. The exposed	/12/15 between 1:55 pm to 3/15 between 2:10 pm and	Α7	701			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A, BUILD		(X3) DATE SURVEY COMPLETED		
		174004	B. WING			01/	23/2015
	PROVIDER OR SUPPLIER FOMIE STATE HOSPIT	TAL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZI 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064	P CODE	0111	23/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ION SHOULD E HE APPROPRI	BE	(X5) COMPLETION DATE
A 701	patients assessed a had one to four elect with the potential to shock. All 15 patien mounted florescent insert covering easi have the potential to hanging. All 15 patien ceiling vent easily resecured to the wall creating an anchor weapon. All 15 patient with a fitted sheet whas the potential to or strangulation risk suicide. - Observation of rocciling tile. Above the and electrical wiring wiring above the ceil hanging, choking, or 3 patients assessed. - The men 's bathriporcelain commode exposed plumbing patients assessed. - The men 's bathriporcelain commode with the toilet. The piping and approximately strangulation haz assessed at risk for bathroom had two c fixtures and a flores.	lation hazard for 3 of 3 at risk for suicide. All 15 rooms at risk for electrical to rooms had one or two ceiling light fixtures with a plastic ly removed. The light fixtures of provide an anchor for ent rooms had one metal emoved and one metal vent with non-tamper proof screws for hanging or used as a ent rooms had a bed made with elastic edging. The elastic provide a hanging, choking, for 3 of 3 patients at risk for the ceiling tiles are plumbing. The exposed pipes and ling tiles have the potential for restrangulation hazard for 3 of	Α7	701			

AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	DING		(X3) DATE SURVEY COMPLETED	
		174004	B. WING			01/	23/2015
	PROVIDER OR SUPPLIER TOMIE STATE HOSPI			STREET ADDRESS, CITY, STATE, ZIP 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064	CODE	0177	2012010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG		N SHOULD E E APPROPR	BE	(X5) COMPLETION DATE
A 701	covering easily remember potential to pro The bathroom had removed and one was non-tamper proof shanging or used as a Cobservation in the A on 1/14/15 at 9:2 light fixtures mount A screw was missinfixtures, indicating The screws could be self-harm or the eawiring creates a poshock. Staff N, Physical Plinterviewed on 1/14 missing screws for above the sinks. Staffixtures were secur supposed to be tanneed to get some self-harm or the eawiring creates a poshock. The shower room with a water temper protruding handle. Commode with expetiollet. The piping is five inches from the protruding water fair potentially provides strangulation hazar at risk for suicide or had two ceiling more with plastic inserts above the sink there	noved. The light fixtures have vide an anchor for hanging. one metal ceiling vent easily vent secured to the wall with screws creating an anchor for	A 7	701			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (VAL) PROVIDED (SUBDILIED (CLIA

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION		TE SURVEY
		174004	B. WING		0.	1/23/2015
	PROVIDER OR SUPPLIER FOMIE STATE HOSPIT	AL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIP COD 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SHOOK) CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
A 701	shower room had or removed and one vonon-tamper proof so hanging or use as a secondary or use a s	an anchor for hanging. The ne metal ceiling vent easily ent secured to the wall with crews creating an anchor for	A 7	01		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		174004	B. WING	<u> </u>		1/23/2015
OSAWA	PROVIDER OR SUPPLIER TOMIE STATE HOSPIT	TAL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIP C 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		1/23/2015
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE
	potential for hanging hazard for 3 of 3 paragrated a fire or electroate	ng, choking, or strangulation atients assessed at risk for Hallway A had seven electrical asible with the potential to	A 7	701		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		174004	B. WING			01/	23/2015
	PROVIDER OR SUPPLIER FOMIE STATE HOSPIT	AL PSYCHIATRIC		500	REET ADDRESS, CITY, STATE, ZIP CODE O STATE HOSPITAL DRIVE GAWATOMIE, KS 66064	1 0	20,20,10
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
A 701	self-harm or the ear wiring creates a pot shock. Staff N, Physical Plinterviewed on 1/14 missing screws for above the sinks. Stafixtures were secure supposed to be tarneed to get some supposed to get supposed to get supposed to get some supposed to get suppos	the used as weapons or to inflict say access to the electrical sential for fire or electrical sent Supervisor Specialist, 1/15 at 9:20 am verified the each of the light fixtures sent of the light electrical with screws that were uper proof. "I guess we' all crews back in there ". The desired seven ceiling mounted res with plastic inserts easily fixtures have the potential to or hanging. Hallway B has a with approximately 20 inch by tiles. Above the ceiling tiles lectrical wiring. The exposed ove the ceiling tiles have the g, choking, or strangulation tients assessed at risk for Hallway B had three electrical sible with the potential to	A	701			

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		174004	B. WING			01/	/23/2015	
	PROVIDER OR SUPPLIER FOMIE STATE HOSPIT	AL PSYCHIATRIC		500	EET ADDRESS, CITY, STATE, ZIP CODE STATE HOSPITAL DRIVE AWATOMIE, KS 66064			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
A 701	hazard for hanging, affecting 3 of 3 patic suicide on the unit. outlets easily access create a fire or elect 12 ceiling mounted plastic insert coverifixtures have the pofor hanging. The lir clean linen accessed closet revealed patic attached for patients and fitted sheets withold the sheet on the and elastic sheets at patients on the unit gowns with ties and sheets provide a hastrangulation hazard at risk for suicide or Technician (MHT) shall failed to have a the area from the patients and the treas a strangulation divide counter. Patient telephone and the treas a strangulation diveyboard and cord limits of the same thall unattended. Staff R Mental Heal 1/12/15 at 3:30 pm of staff member in the there are times they patients at the same Hall unattended.	cord providing a potential choking, or strangulation ents assessed at risk for The Day Hall had 11 electrical sible with the potential to trical shock. The Day Hall had florescent light fixtures with a ng easily removed. The light tential to provide an anchor nen room contained shelves of ad only by staff. The linen ent gowns with cloth ties is to secure the gown closed the elastic around the sheet to be beds. The patient gowns are made available to all upon request. The patient the elastic on the fitted	Α7	01				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		174004	B. WING			01/	23/2015
	PROVIDER OR SUPPLIER FOMIE STATE HOSPIT	AL PSYCHIATRIC		50	TREET ADDRESS, CITY, STATE, ZIP CODE 00 STATE HOSPITAL DRIVE SAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 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	(X5) COMPLETION DATE
A 701	the counter before area. Staff C, Mental Heat 1/21/15 at 8:00 am over the counter to it, into the station (of they have asked to patients could not received in the station of the patients to wash the at 3:45 pm revealed containing a pan of T, demonstrated however on this day Patient T explained laundry room but do times when they are the unit had the pot unattended laundry cabinet containing a substance. The Material Safe laundry soap packet pm directed, "Inge swallowed. Drink land DO NOT induce voi immediately." Staff U, Mental Heat interviewed on 1/12 the unlocked cabinet.	alth Technician interviewed on verified the patients do reach grab stuff and also jump over lesk area). Staff C explained have a barrier put up so the each or jump over the counter. The laundry room used by the eir personal laundry on 1/12/15 d an unlocked cabinet laundry soap packets. Patient we they do their laundry and open the cabinet that contains mey are to keep it locked, of the cabinet was open. The staff let the patients in the onot stay with them at all ein the room. All patients on ential to access the room and the unlocked	A	701			

PRINTED: 02/17/2015 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	[(X3) DATE SURVEY COMPLETED			
		174004	B. WING	_		01/:	23/2015
	PROVIDER OR SUPPLIER FOMIE STATE HOSPIT	AL PSYCHIATRIC			STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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	(X5) COMPLETION DATE
A 701	Positive Living Skills 1/13/15 between 12 between 9:00 am a between 7:40 am a following: The PLS unit C1 current patients (24 suicide (22 low risk suicidal) and 19 pat assaultive/violent (1 and 3 actively assau Observational Statu Red (15 minute) - 1 and Yellow - 13 pati - Hallway A and hal patient rooms included in the semi-private rooms furniture including drawers and wooded metal springs with repattern to hold the relightweight furniture easily with the potential protruding device of hanging for 24 of 24 suicide on the unit. handle that protrude The door handles pechoking, or stranguipatients assessed as	ge 118 s (PLS) unit C1 observed on 2:30 pm and 2:45 pm, 1/14/15 nd 4:30 pm, and 1/21/15 nd 9:00 am showed the had a total of 30 beds with 24 patients assessed as risk for suicidal and 2 acute risk ients assessed as risk for 6 potentially assaultive/violent ultive/violent). Therapeutic is for the 24 patients revealed: patient; Orange - 10 patients;	A		DEFICIENCY)	NAIL	
	either a handle, late opening. The close openings potentially or strangulation haz	th hook, or a one-inch thandles, latch hooks, or provide a hanging, choking, card for 24 of 24 patients suicide on the unit. All 19					

Facility ID: M061101

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		174004	B. WING		01	/23/2015
	PROVIDER OR SUPPLIER FOMIE STATE HOSPIT	TAL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
A 701	12-inch tiles. Above and electrical wiring wiring above the ce hanging, choking, of 24 patients assess unit. All 19 patient relectrical outlets ear potential to create a patient rooms had of florescent light fixture covering easily removed and the wall with non-tar anchor for hanging patient rooms had a with elastic edging, sheets provide a hastrangulation hazard assessed at risk for - The Day Hall (the revealed two telephonear the entry door, cord providing a pot choking, or strangul patients assessed at The Day Hall had se accessible with the electrical shock. On six C handles with the	ended ceiling with removable the ceiling tiles are plumbing a. The exposed pipes and iling tiles have the potential for instrangulation hazard for 24 seed at risk for suicide on the come had two to four sily accessible with the after or electrical shock. All 19 one or two ceiling mounted res with a plastic insert oved. The light fixtures have ride an anchor for hanging. All ad one metal ceiling vent one metal vent secured to mper proof screws creating an or used as a weapon. All 19 a bed made with a fitted sheet The elastic on the fitted nging, choking, or d for 24 of 24 patients	A 7	'01		
	The Day Hall had or station with a barrier	trisk for suicide on the unit. ne Mental Health Tech (MHT) r and locking doors. l/15 at 10:20 am revealed				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l		LE CONSTRUCTION		E SURVEY PLETED
		174004	B. WING			01/3	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC			STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 701	unlocked door allow telephone and cord pencils to use as poweapons affecting a unit. Mental Health Techn 1/15/15 at 11:00 am doors should remain times. - Observation on 1/two patients wearing attached at the neck the gown. The hosp risk for hanging, che affecting all 24 of 24 Registered Nurse S at 10:25 am indicate hospital gowns with their dirty laundry. - Hallway A reveale florescent light fixture covering easily remains the potential to prove Hallway A has drop approximately 20 in Above the ceiling tile wiring. The exposed ceiling tiles have the choking, or strangul patients assessed at Hallway A had three	nlocked and open. The vs patients access to computer keyboard, pen and otential strangulation hazard or all 24 of 24 patients on the nician Staff P interviewed on revealed the MHT station in closed and locked at all 24/15 at 10:25 am revealed g hospital gowns with strings and lower back for securing ital gown strings provide a oking, or strangulation patients on the unit. Itaff H interviewed on 1/14/15 at the two patients wearing strings are currently washing d seven ceiling mounted res with a plastic insert oved. The light fixtures have ide an anchor for hanging.	Α7	7 01			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		E CONSTRUCTION		E SURVEY PLETED
		174004	B. WING			01/	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		5	TREET ADDRESS, CITY, STATE, ZIP CODE 00 STATE HOSPITAL DRIVE DSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 701	- Observation of ro each room had a hocoil style cord measin length. Room 123 hydraulic patient lift sit- to- stand style lift cord plugged into the unsecured cord meanin length. Unsecured than 12 inches in length and 12 inches in length and 12 inches in length are patients assessed at the composition of hapm and 1/14/15 at 9 and unattended bath bathrooms provide a risk for suicide on the anchor points for has strangulation hazard door stated, "Restread or stated, "Restread Nurse States at 9:25 am indicated unlocked in preparate from his/her room. Fix staff members were hydraulic patient lift bathroom and reveal	oms 123 and 161 revealed ospital bed with an unsecured suring greater than 12 inches also contained a Manual (a patient lifting device) and if with an unsecured power e electrical outlet. The asures greater than 12 inches d cords measuring greater ngth have the potential to ad hanging hazard for 24 of 24 at risk for suicide on the unit. Illway A on 1/13/15 at 12:30 at	Α7	01			
	weight lifting capacity by the manufacturer the lift. Patient #24 was 440 pounds. Stand on the legs of	ty of 400 pounds evidenced 's warning sticker placed on s weight recorded on 12/4/14 taff H revealed that staff must the Manual hydraulic patient oping over. The use of the					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		174004	B. WING			01/23/2015	
	PROVIDER OR SUPPLIEI			STREET ADDRESS, CITY, STATE, ZIP (500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
A 701	maximum weight #24 at risk for inju Administrative Sta about the use of the the weight limit sa supposed to do the - The patient bath commodes with a plumbing pipes or inches from the flot. Three sinks have faucet. The exposseat potentially prostrangulation haza assessed at risk for bathroom had two fixtures with a plas removed. The light provide an anchor one metal ceiling went secured to the screws creating are a weapon. The bath outlets easily accessed a fire or election. The shower room with a water tempor protruding handle, commode with exposed plumbing choking, or strangen.	patient lift beyond its stated lifting capacity placed patient ry from a fall. Iff BB on 1/14/15 when told he lift on a patient exceeding id: "Well, they are not at." Iroom on hallway A had two hinged seat and exposed he the toilets. The piping is 28 for and 7 inches from the wall. If a 10-inch protruding water red plumbing and hinged toilet by des a hanging, choking, or for 24 of 24 patients for suicide on the unit. The ceiling mounted florescent light estic insert covering easily to fixtures have the potential to for hanging. The bathroom had went easily removed and one e wall with non-tamper proof in anchor for hanging or used as throoms had two electrical essible with the potential to	Α7	01			

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	TIPLE CONSTRUCTION DING	(X3	3) DATE SURVEY COMPLETED
		174004	B. WING			01/23/2015
	PROVIDER OR SUPPLIER FOMIE STATE HOSPI			STREET ADDRESS, CITY, STATE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064	;, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE O THE APPROPRIAT	
A 701	florescent light fixtue covering easily removed and with non-tamper proof for hanging or use room had two elect with the potential to shock. Observation of romultiple displaced opipes and wiring about the potential for hard strangulation hazar assessed at risk for Mental Health Tech 1/15/15 at 11:15 and remove the ceiling florescent light fixtue covering. Review of the facility Carpenter Shop from least 20 requests to damaged by patient missing, pushed in, knocked out of posting missing in the potential for the fixtures have the potential for the potential for the fixtures have the fixtures have the potential for the fixtures have t	had three ceiling mounted ures with a plastic insert noved. The light fixtures have vide an anchor for hanging, had one metal ceiling vent done vent secured to the wall oof screws creating an anchor as a weapon. The shower trical outlets easily accessible ocreate a fire or electrical occupant of the displaced tiles have not for 24 of 24 patients or suicide on the unit. Inician staff P interviewed in revealed that patients do tiles and ceiling mounted ures with a plastic insert Ty's work order logs for the or electrical at oreplace ceiling tiles that were ts, pulled down by patients, and some ceiling vents	Α7	'01		

		FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION G		TE SURVEY MPLETED	
NAME OF PROVIDER OR SUPPLIER OSAWATOMIE STATE HOSPITAL PSYCHIATRIC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) A 701 Continued From page 124 florescent light fixtures with a plastic insert covering easily removed. The light fixtures have the potential to provide an anchor for hanging. Hallway A has drop style ceiling with approximately 20 inch X 20 inch removable tiles. The exposed pipes and wiring above the ceiling tiles have the potential for hanging, choking, or strangulation hazard for 24 of 24 patients assessed at risk for suicide on the unit. Hallway B had four electrical outlets. The electrical outlets easily accessed with the potential to create a fire			174004	B, WING _		01	/23/2015	
A 701 Continued From page 124 florescent light fixtures with a plastic insert covering easily removed. The light fixtures have the potential to provide an anchor for hanging. Hallway A has drop style ceiling with approximately 20 inch X 20 inch removable tiles. The exposed pipes and wiring above the ceiling tiles have the potential for hanging, choking, or strangulation hazard for 24 of 24 patients assessed at risk for suicide on the unit. Hallway B had four electrical outlets. The electrical outlets easily accessed with the potential to create a fire				STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE				
florescent light fixtures with a plastic insert covering easily removed. The light fixtures have the potential to provide an anchor for hanging. Hallway A has drop style ceiling with approximately 20 inch X 20 inch removable tiles. The exposed pipes and wiring above the ceiling tiles have the potential for hanging, choking, or strangulation hazard for 24 of 24 patients assessed at risk for suicide on the unit. Hallway B had four electrical outlets. The electrical outlets easily accessed with the potential to create a fire	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	HOULD BE	(X5) COMPLETION DATE	
- Observation of hallway B on 1/21/15 at 8:20 am revealed an unlocked and unattended patient bathroom door. Unlocked bathrooms provide 24 of 24 patients assessed as risk for suicide on the unit access to potential anchor points for hanging, choking, or strangulation hazards. Sign placed on outside of bathroom door stated "Restrooms will remain locked when not in use. Staff will unlock the door and monitor every 4-5 minutes for safety while in use". - The patient bathroom on hallway B had one commode with a hinged seat and exposed plumbing pipes on the toilets. The piping is 28 inches from the floor and 7 inches from the wall. The bathroom had one urinal with exposed plumbing. The bathroom had two commodes with exposed pipes on the toilets. The piping is 28 inches from the floor and 5 inches from the wall. Three sinks have a 10-inch protruding water faucet. The exposed plumbing and hinged toilet seat potentially provides a hanging, choking, or strangulation hazard for 24 of 24 patients assessed at risk for suicide on the unit. The	A 701	florescent light fixtue covering easily remain locked whee the door and monit while in use " The patient bathroom had plumbing pipes on inches from the flo Three sinks have a faucet. The exposed seat potentially prostrangulation hazarangulation hazarangulation hazarangulation of his provided the door and monit while in use " The patient bathroom had plumbing pipes on inches from the flo Three sinks have a faucet. The exposed seat potentially prostrangulation hazarangulation hazarangulati	ures with a plastic insert noved. The light fixtures have vide an anchor for hanging. It is style ceiling with each X 20 inch removable tiles. It is and wiring above the ceiling intial for hanging, choking, or and for 24 of 24 patients or suicide on the unit. Hallway Boutlets. The electrical outlets the potential to create a fire allway B on 1/21/15 at 8:20 am and and unattended patient locked bathrooms provide 24 assed as risk for suicide on the ential anchor points for hanging, ulation hazards. Sign placed on an door stated "Restrooms will an not in use. Staff will unlock for every 4-5 minutes for safety froom on hallway B had one inged seat and exposed the toilets. The piping is 28 or and 7 inches from the wall. One urinal with exposed from the dilets. The piping is 28 or and 5 inches from the wall. In 10-inch protruding water and plumbing and hinged toilet ovides a hanging, choking, or and for 24 of 24 patients	A 70				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		174004	B. WING			01/	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		50	REET ADDRESS, CITY, STATE, ZIP CODE O STATE HOSPITAL DRIVE SAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
A 701	non-tamper proof s hanging or used as two covered electric proof screws. The eaccessible with the electrical shock. The shower room with a water temper protruding handle. To commode with a hir plumbing pipes on the inches from the flood One sink has a 10-inches from the flood One sink has a 10-inches from the street plumb hanging, choking, of 24 patients assess unit. The bathroom easily removed and with non-tamper profor hanging or use a room had two electrical street.	ge 125 crews creating an anchor for a weapon. The bathroom had cal outlets with non-tamper electrical outlet covers easily potential to create a fire or on hallway B had a bathtub rature dial with a 3-inch. The shower room had one niged seat and exposed he toilet. The piping is 28 or and 5 inches from the wall. Inch protruding water faucet. Sing potentially provides a restrangulation hazard for 24 seed at risk for suicide on the had one metal ceiling vent one vent secured to the wall of screws creating an anchor as a weapon. The shower rical outlets easily accessible create a fire or electrical	A 7	701			
	unit C2 building obs 2:00 pm and 4:30 p and 12:00 pm, and 9:30 pm of the HOF - The HOPE unit C 26 current patients for suicide (3 low ris suicidal; and 2 acute assessed as risk for potentially assaultive	ans, and Experiences (HOPE) erved on 1/12/15 between m, 1/13/15 between 8:00 am 1/21/15 between 8:30 am and PE C2 showed the following: 2 had a total of 30 beds with (6 patients assessed as risk k suicidal; 1 intermediate risk erisk suicidal) and 15 patients assaultive/violent (11 e/violent and 4 actively Therapeutic Observational					

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	_==	(X3) DATE SURVEY COMPLETED	
		174004	B, WING			04/	23/2015
	PROVIDER OR SUPPLIER	TAL PSYCHIATRIC		STREET ADDRESS, CITY, ST 500 STATE HOSPITAL DRI OSAWATOMIE, KS 660	VE	017	23/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD E ID TO THE APPROPRI ICIENCY)		(X5) COMPLETION DATE
A 701	Status for the 26 parminute) -2 patient; 8 patients and Greed - Hallway A and har patient rooms inclusemi-private rooms furniture including of drawers and woods metal springs with a pattern to hold the alightweight furniture easily with the poterorruding device of hanging for 6 of 6 paucide on the unit. Handle that protrude that protrude that protrude a hanging, or strangurooms have a metal latch hook, or a one handles, latch hook provide a hanging, or strangurooms have a metal latch hook, or a one handles, latch hook provide a hanging, or strangurooms have a metal latch hook, or a one handles, latch hook provide a hanging, or strangurous the ceiling till wiring. The exposed ceiling tiles have the choking, or strangul patients assessed a All 19 patient rooms outlets easily access create a fire or electrooms had one or to light fixtures with a premoved. The light provide an anchor for the strangurous provide an anchor for the strangurous patients.	atients revealed: Red (15 Orange - 14 patients; Yellow -	A	701			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		CONSTRUCTION		E SURVEY PLETED
		174004	B. WING			01/:	23/2015
	PROVIDER OR SUPPLIER	TAL PSYCHIATRIC		500	EET ADDRESS, CITY, STATE, ZIP CODE STATE HOSPITAL DRIVE AWATOMIE, KS 66064	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
A 701	non-tamper proof shanging or used as rooms had a bed melastic edging. The provide a hanging, hazard for 6 of 6 pasuicide on the unit. The Day Hall (the revealed two telephnear the entry door cord providing a pochoking, or stranguassessed at risk fo Hall had six electric with the potential to shock. The Day Ha (MHT) station with Observation on 1/1 station door unlock door allows patient telephone cord whistrangulation hazar and pencils to use patients assessed patients assessed Registered Nurse sat 9:35 am reveale should remain clos Observation on 1 two patients wearing attached at the next the gown. One of the observed wearing the assessed as a patient power as a patient power assessed as a patient power as a patient power assessed as a patient power a	age 127 It secured to the wall with screws creating an anchor for a weapon. All 19 patient hade with a fitted sheet with elastic on the fitted sheets choking, or strangulation atients assessed at risk for a units living and dining area) hones for patient use located and the easily accessible or each phone had a 24 inchartential hazard for hanging, alation for 6 of 6 patients ar suicide on the unit. The Day call outlets easily accessible or create a fire or electrical and had one Mental Health Techar barrier and locking doors. 3/15 at 9:05 am revealed MHT ed and open. The unlocked are access to the telephone and ch can be used as a cd, computer keyboard, pensias weapons affecting 6 of 6 at risk for suicide and 15 of 15 as at risk of harming others. Staff Q interviewed on 1/13/15 d the MHT station doors ed and locked at all times. 1/12/15 at 10:15 am revealed and hospital gowns with strings ex and lower back for securing the patients (patient #20) the hospital gown with ties was ent at risk for suicide. The gs provide a risk for hanging, alation for patient #20.	A 7	701			

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,		LE CONSTRUCTION		E SURVEY IPLETED
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	PROVIDER OR SUPPLIER FOMIE STATE HOSPI		•	5	STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE DSAWATOMIE, KS 66064	1 011	20/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)) BE	(X5) COMPLETION DATE
A 701	florescent light fixticovering easily renthe potential to professional to prof	ed seven ceiling mounted ures with a plastic insert noved. The light fixtures have wide an anchor for hanging.	Α7	701			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION		E SURVEY PLETED
		174004	B. WING			01/	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		5	STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE DSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 701	strangulation hazard door stated, "Rest when not in use. Stamonitor every 4-5 m. Registered Nurse stat 9:35 am verified fremain locked where—The shower room with a water temper protruding handle. Toommode with a hir plumbing pipes on the inches from the flood. The shower room his protruding water fact potentially provides strangulation hazard at risk for suicide or had three ceiling mowith a plastic insert light fixtures have the anchor for hanging, metal ceiling vent easecured to the wall or creating an anchor for weapon. The shown outlets easily access create a fire or election of roosolid ceiling with ceifixtures with a plastic removed. The light is provide an anchor for the shown outlets.	ints for hanging, choking, or ds. Sign placed on outside of rooms will remain locked aff will unlock the door and ninutes for safety while in use " taff Q interviewed on 1/13/15 the bathroom doors should not in use. on hallway A had a bathtub ature dial with a 3-inch he shower room had one niged seat with exposed he toilet. The piping is 28 or and 5 inches from the wall. ad one sink with a 10-inch licet. The exposed plumbing a hanging, choking, or differ 6 of 6 patients assessed in the unit. The shower room bounted florescent light fixtures covering easily removed. The ne potential to provide an The shower room had one easily removed and one vent with non-tamper proof screws for hanging or used as a er room had two electrical sible with the potential to	Α7	701			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		174004	B. WING	-		01/	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		500	EET ADDRESS, CITY, STATE, ZIP CODE STATE HOSPITAL DRIVE AWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 701	cords measuring gr have the potential to hanging hazard for risk for suicide on the - Hallway B revealed florescent light fixtual covering easily remaited the potential to prove Hallway A has drop approximately 20 in Above the ceiling till- wiring. The exposed ceiling tiles have the choking, or strangul patients assessed at Hallway B had one accessible with the electrical shock. Hat frames secured with Picture frames secus screws have the potal weapon for 15 of to harm others Hallway B revealed section unobservability two ceiling mounted plastic insert covering hallway leaves paties potential for 6 of 6 potential for 6 of 6 potential to provide Hallway B has drop approximately 20 in Above the ceiling tile	nes in length. Unsecured eater than 12 inches in length or provide a looping and 6 of 6 patients assessed at the unit. And seven ceiling mounted res with a plastic insert oved. The light fixtures have ride an anchor for hanging. Style ceiling with the characteristic characte	Α7	01			

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING	(X	(3) DATE SURVEY COMPLETED
		174004	B. WING			01/23/2015
	PROVIDER OR SUPPLIER FOMIE STATE HOSPIT			STREET ADDRESS, CITY, STATE, 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064	, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE O THE APPROPRIAT	
A 701	choking, or strangulation patients assessed at a seessed at a removed. The light aremoved. The light provide an anchor of one metal ceiling vevent secured to the screws creating an a weapon. The bath outlets easily access create a fire or election of the shower room with a water temper protruding handle. The shower room had three from the floot of the shower room had three ceiling more with a plastic insertion.	e potential for hanging, lation hazard for 6 of 6 at risk for suicide on the unit. oom on hallway B had two aged seats and exposed the toilets. The piping is 28 or and 7 inches from the wall. one urinal with exposed s have a 10-inch protruding exposed plumbing and hinged by provides a hanging, choking, exard for 6 of 6 patients a suicide on the unit. The exceiling mounted florescent plastic insert covering easily fixtures have the potential to or hanging. The bathroom had ent easily removed and one wall with non-tamper proof anchor for hanging or used as prooms had two electrical sible with the potential to	Α7	701		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES TATEMENT OF DEFICIENCIES (XX) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				X3) DATE SURVEY COMPLETED	
		174004	B. WING			01/	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064	ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		TION SHOULD	BE	(X5) COMPLETION DATE
A 701	metal ceiling vent essecured to the wall creating an anchor weapon. The show outlets easily access create a fire or election. The comfort room with 12-inch tiles easily access ceiling tiles are plum. The exposed pipes tiles have the potent strangulation hazard at risk for suicide or had three electrical the potential to creat the potential to creat the potential to creat the potential to prove the comfort room his florescent light fixture covering easily remove the potential to prove the potential to prove the comfort room his monetal to prove the potential to prove t	The shower room had one asily removed and one vent with non-tamper proof screws for hanging or used as a er room had two electrical sible with the potential to trical shock. I revealed a suspended ceiling sily removed. Above the abing and electrical wiring. and wiring above the ceiling tial for hanging, choking, or d for 6 of 6 patients assessed at the unit. The comfort room outlets easily accessible with te a fire or electrical shock, ad two ceiling mounted res with a plastic insert oved. The light fixtures have ide an anchor for hanging, ad one picture frame secured of screws. The picture frame oved and used as a weapon. Program (CSP) (Individuals in riencing a critical disruption in on in the community and will within two weeks) East Biddle on 1/15/15 between 8:10 am	Α7	701			

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STATEMENT OF DEFICIENCIES ((AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				DATE SURVEY COMPLETED	
	174004	B. WING		01/:	23/2015	
NAME OF PROVIDER OR SUPPLIER OSAWATOMIE STATE HOSPITA	AL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064			
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
- Hallways A, B, and patient rooms including patient rooms including patient rooms have for with removable drawn and flat metal spring into a grid pattern to unsecured lightweigh rooms moved easily placement under a pup as a potential for assessed as risk for have a six-inch door and one-half inches a handles potentially programmed by the por strangulation hazar assessed as risk for rooms have a suspensal suspens	patients; Orange - 6 patients; I C revealed a total of 30 ing all private rooms. All 30 furniture including dressers wers, wooden beds with legs is with metal slates formed hold mattress. The interniture in the patient with the potential for protruding device or propped hanging for 17 of 17 patients suicide on the unit. All rooms handle that protrudes three out from the door. The door rovides a hanging, choking, and for 17 of 17 patients suicide on the unit. All 26 inded ceiling with removable the ceiling tiles are plumbing. The exposed pipes and ing tiles have the potential for strangulation hazard for 17 sed as risk for suicide on the ent rooms have a solid ceiling affects two patients in these had one to four electrical sible with the potential to rical shock. All 30 patient to ceiling mounted florescent lastic insert covering easily xtures have the potential to r hanging. All 30 patient all ceiling vent easily removed secured to the wall with rews creating an anchor for	A 701				

Facility ID: M061101

STATEMENT AND PLAN (FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILE		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		174004	B. WING	<u>. </u>		01/	23/2015
	PROVIDER OR SUPPLIER FOMIE STATE HOSPIT	「AL PSYCHIATRIC		:	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 SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
A 701	- Observation of roand 215, showed be electrical outlets incompered with. Stainterviewed on 1/15 patients pick up cig them in. They get performed to patients when the don't have any cig. Review of the facility electric shop from 6 following: 1. At leas outlets which had be exposing wires. 2. At the bear eplaced due (pencils/graphite) strequests for broken reattached/replaced missing screws on each had one commexposed plumbing prises a sinches from the wall. One bathrowith a 10-inch protruexposed plumbing probability in the showed plastic inserts with colight fixtures have the anchor for hanging.	lackened areas around the dicating they had been aff AA, Registered Nurse (RN) 5/15 at 8:10 am explained arette butts outside and bring aper clips and put in the outlet tes. Now we are doing checks are come in to make sure they arettes. by 's maintenance log for the 6/29/14 to 1/29/15 revealed the at 6 requests to fix electrical een pulled away from the wall at least 2 requests for outlets to foreign objects tuck in them. 3. At least two a light fixtures and covers to be at 4. Request to replace electrical outlets. The bathroom/shower rooms mode with a hinged seat and bipes on the toilet. The piping are floor and five inches from com/shower room had a sink auding water faucet. The potentially provides a hanging, lation hazard for 17 of 17. The bathroom/shower rooms g mounted florescent light r and one in the rooms with the potential to provide an	A	701			

	FOF DEFICIENCIES DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION		E SURVEY IPLETED
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	PROVIDER OR SUPPLIER FOMIE STATE HOSPIT	AL PSYCHIATRIC		500	EET ADDRESS, CITY, STATE, ZIP CODE STATE HOSPITAL DRIVE AWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE .	(X5) COMPLETION DATE
A 701	removed. The light provide an anchor fand C have a suspend approximately 20 in Above the ceiling till wiring. The exposed ceiling tiles have the choking, or strangul patients assessed at - The Day Hall (the revealed a suspend 20 inch by 20-inch reciling tiles are plun The exposed pipes tiles have the poten strangulation hazard assessed as risk for Hall contained two of the wall that could be as a weapon. Two to located in the area of cord providing a poten choking, or strangul assessed as risk for Hall had ceiling more with a plastic insert light fixtures have the anchor for hanging. The linen room contact accessed only by stiftted sheets are man upon request and rethe gowns for patier and fitted sheets with hold the sheet on the stranger of the gowns for patier and fitted sheets on the sheet as supported to the sheet on the	res with plastic inserts easily fixtures have the potential to or hanging. Hallways A, B,	A 7	01			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		174004	B. WING			01/	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		5	STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE DSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
A 701	hazard for 17 of 17 assessed as risk fo Observation of the patients to wash the at 5:10 pm revealed packets placed on the explained they are the station. The laundry providing the potent patients to have accent and the patients and the patients and the patients are patients are patients and the pat	choking, or strangulation patients on the units r suicide. e laundry room used by the eir personal laundry on 1/14/15 a pan of laundry soap he counter. Staff AA, RN to be kept at the nurses 'y room was unattended ital for 17 of 17 suicidal less to a harmful substance. Ety Data Sheet (MSDS) for the tes reviewed on 1/22/15 at 3:00 gestion: May be harmful if rege amounts of water or milk, miting. Get medical attention y's maintenance log for the 19/14 to 1/29/15 revealed: at repair holes due to patients he wall and at least two reall where patient had carved	Α7	701			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	PLE CONSTRUCTION G	(X3) DATE SURVE COMPLETED	
		174004	B. WING _		01/	23/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064	1 0	3,2010
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A 701		age 137 or start a potential fire if they	A 70	1		
	patients often rem The tiles in the movable and above electrical wiring, a system. The drinking for the patients; the in stock to replace. The plastic colights in the patien hallways are remove.	ers are possible to remove and ove the ones in their room. The suspended ceilings are the ceiling there is plumbing, and pipes for the sprinkler countains are pulled off the walls the facility keeps a supply of them them. Vering over the fluorescent trooms, bathrooms, and				
	psychiatric facility The Veteran's Heal National Center for national committee Environment of Careducing environminpatient suicides, self-injurious behalf consistent with cursuicidal behaviors A systematic review Medical Association 2064-2074). JAMA, published international peer-journal published	ards of practice for a include: alth Administration (VHA) In Patient Safety formed a set that developed The are Checklist for the purpose of mental factors that contribute to suicide attempts, and other aviors. This initiative is rrent literature on prevention of (Suicide Prevention Strategies: www. The Journal of the American on, (JAMA), 2005, v 294, continuously since 1883, is an areviewed general medical 48 times per year. JAMA is the atted medical journal in the				

Event ID: I5HF11

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION		E SURVEY PLETED
		174004	B. WING	_		01/2	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC			STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE DSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 724	world. The VHA and JAM/accepted standards inpatient facilities in The VHA committee Environment of Car the goal to prospec environmental risks suicide attempts. The suicide attempts included on the environmental risks - Faucets and wate should be an institution handheld shower adjusting devices were essed). Institution handheld shower adjusting devices were essed). Institution and handheld shower essed). Institution handheld shower essed). Institution handheld shower essed a looping herurniture should be closet doors should be closet doors should be resistant screws or vents should be sewith tamper resistant. Ceilings should be electrical outlets stresstant. Light fixtures should amper resistant. Hospital gowns shisheets should not here	A have all established of practice for psychiatric the United States. It developed the Mental Health et Checklist (MHEOCC) with tively identify and eliminate for inpatient suicide and he following are some of the ne MHEOCC to reduce for inpatient suicide: If faucets in sinks and showers tional type. There should be revices and no temperature ithin the showers (unless onal faucets will not provide an anging exposed plumbing pipes exard. If free of anchor points. If the free of anchor points and be free of anchor points. If the wall or ceiling the screws or anchors. If the wall or ceiling the screws or anchors. If the wall or ceiling the screws or anchors. If the wall or ceiling the screws or anchors. If the wall or ceiling the screws or anchors and the wall or ceiling the screws or anchors. If the wall or ceiling the screws or anchors and the wall or ceiling the screws or anchors. If the wall or ceiling the screws or anchors and the wall or ceiling the screws or anchors. If the wall or ceiling the screws or anchors and the wall or ceiling the screws or anchors. If the wall or ceiling the screws or anchors and the wall or ceiling the screws or anchors. If the wall or ceiling the screws or anchors and the wall or ceiling the screws or anchors. If the wall or ceiling the wall or ceiling the screws or anchors. If the wall or ceiling the wall or ceiling the screws or anchors. If the wall the wall or ceiling the	A 7	701			

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AND PLAN OF CORRECTION IDENTIFIC	ER/SUPPLIER/CLIA CATION NUMBER:	,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	174004	B. WING			01/2	23/2015
NAME OF PROVIDER OR SUPPLIER OSAWATOMIE STATE HOSPITAL PSYCHIA	ATRIC		500	REET ADDRESS, CITY, STATE, ZIP CODE STATE HOSPITAL DRIVE SAWATOMIE, KS 66064	,	
(X4) ID SUMMARY STATEMENT OF DI PREFIX (EACH DEFICIENCY MUST BE PRE TAG REGULATORY OR LSC IDENTIFYIN	ECEDED BY FULL	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
A 724 Continued From page 139 Facilities, supplies, and equipme maintained to ensure an accept safety and quality. This STANDARD is not met as Based on observations, policy interview the hospital failed to supplies and equipment to ensupplies and equipment to ensupplies and one of one supply. Findings include: -The hospital's policy "Establis Recordkeeping Procedures" reat 5:40pm directed, "Effective procedures can be critical in the outbreak of foodborne illness. Freezer Temperature Log-Twice. -Observation on 1/13/15 at 8:4's warehouse revealed a walk 60 cases of ½-pint containers freezer had approximately nine foods. The facility lacked documonitoring the refrigerator and food safety. -Materials Management employinterviewed on 1/13/15 at 8:45 did not document refrigerator and a day and would know if they wright. - The Hospital's policies and procedures and policies and procedures and Non-Sterile Items'	s evidenced by: review, and maintain facility sure safety and frigerators, one of ght treatment rooms. h Effective eviewed on 1/22/15 te food safety ne event of anRefrigerator and ce daily. 5am in the hospital -in refrigerator with of milk. The walk-in te pallets of frozen mentation for I freezer to ensure byee staff X am indicated they or freezer tted they were in freezer many times were not working	Α7	24	POC: Freezer and Refrigerator Temperature A tool was developed for monitoring refrigerator and freezer temperatures Supply in January. The Directors of Nutrition Services a Facility Services collaborated on implementation of the tool. On January 21, 2015, the Director of Nutrition communicated the process the Procurement Officer and Storeked Specialist. The form is set up so a temperature taken-twice daily- in the morning the afternoon. On weekends and holidays, the Power Plant Operator monitor the temperatures twice date of Temperature forms are posted by the refrigerator/freezer and replaced at the beginning of each month. When temperatures are above the acceptable temperature, a corrective action is written in the space provice and monitored. The Director of Nutrition Services provided training to the staff respons for taking temperatures. This was completed by January 21, 2015. Electronic thermometers are being obtained that will allow staff to remone check refrigerator temperatures. Delies expected by March 6, 2015. Outdated Supplies All outdated supplies identified during survey were immediately removed freservice.	the in nd to eper e is and r will ily, he the ded ible tely ivery	

Event ID: I5HF11

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		174004	B. WING	_		01/	23/2015
OSAWAT	PROVIDER OR SUPPLIER OMIE STATE HOSPIT			5	TREET ADDRESS, CITY, STATE, ZIP CODE 00 STATE HOSPITAL DRIVE DSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 724	STERILE item that "exp" or "best if use dateALL STERILYEARS AFTER THI only exception is if t date comes prior to - Treatment room in observed on 1/13/13 with one exam table beside the following one-250 milliliter (man expiration date of 0/100 cours of 100 cours of	has the date and the words d by "would be an expiration E Supplies EXPIRE THREE E RECEIVED DATEThe he manufacturer's expiration our date" In the East Biddle Annex at 10:00am revealed a room e, one cabinet with drawers ole, and one large built-in e shelves. The hospital 's ediatrist who comes to the other to see patients use the servation of the cabinets ang: I) of Hydrogen Peroxide with f 2/13. Int plus one full glass ongue depressors with an 14/14. Lunt sterile tongue depressors ate of 4/9/12. Function date of 6/2000. If a glass container of f sterile surgical lubricant with f 4/12. In age of "Ready Cleanse" an expiration date of of sterile Kelly Forceps with f 11/14/11. It terile dental instruments with	A 7	724	 The LPN responsible for oversight of supplies was educated at the time of survey. How are we monitoring: The Director of Nutrition Services is verifying that temperatures are monitoring and corrective action is taken when temperatures are identified outside of range on a weekly basis. The LPN assigned to the coordinated clinic will provide oversight to ensure supplies are not expired. Ensure Compliance: During Environment of Care Rounds, assigned staff will verify compliance or Freezer and refrigerator temperature and No expired supplies. Individual Responsible for Compliance Chair of Environment of Care Committee. 	care that	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		174004	B. WING			01/2	3/2015	
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A 724	Continued From Thirteen-4ounce Protection Cream 8/20/14. Licensed Practical interviewed on 1/ supplies. Staff Mi supplies had exp the Hospital's pol contain a sticker receive the supplifie item expires. charge of supplie items. 482.42(a)(1) INF The infection cordevelop a system investigating, and communicable dipersonnel. This STANDARE Based on observinterview the hos failed to develop control system e followed basic in of six observed ganalyzer) tests, to f dirty laundry, of	tubes of Nutrashield Skin with an expiration date of all Nurse (LPN), staff MM 13/15 acknowledged the expired M was unaware that some of the iration dates. Staff MM explained icy states that all sterile supplies with a date on it when they y and three years from that date Staff MM indicated they were in a sand failed to remove outdated ECTION CONTROL PROGRAM at the for identifying, reporting, diseases of patients and is not met as evidenced by: vation, policy review, and staff in pital's infection control officer and maintain an active infection insuring hospital personnel fection control practices for five glucometer (blood sugar hree of three observed handling one of two observed dressing		724	POC: - The unloading of soiled linens has b relocated to the West dock of the lau building. Soiled linens are now brown into the laundry building at that area cleaning process for soiled linens be on West side of building. Soiled linens be on West side of building. Soiled lined not pass through the clean linen a of 02/25/15. - Policy Nur-4.1 revised and renamed "Cleaning of Patient Rooms and Har of Soiled Linen." (See Attachment 2 Wording was added to Section V: "Cleaning is completed in a manner does not contaminate clean surfaces A new section was added to the poli Section VII: Procedure for Handlin Soiled Linen:	indry ight . The gins ens irea as indling that . cy,		
	cleanings of a di cracked vinyl on rusted bed sprin	#31), two of two observed scharged patient's room, and wheelchairs, torn mattresses, gs, and trash cans in five of s deficient practice places						

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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A 749	Findings include: - The Hospital's "Interprogram" reviewed directed, "The Inferthe authority to instruction, and concontrol the acquisition infectious agents' Responsibility of Intercommendations at the evaluation of herates, epidemiological unusual pathogens infectionsforward Staff and Nursing Allorication for Use if 1. Before and after patients. Before preremoving gloves Infection Control	fection Prevention and Control on 1/22/15 at 2:00 pm, ection Control Officer is given itute any surveillance, atrol measures to prevent or on and transmission of Infection Prevention fection Prevention exing conclusions, and actions taken relating to ealthcare associated incidence cal significant outbreaks, and personnel ing minutes to the Medical dministrative Committees" cy/procedure, "Hand Hygiene" 5 at 2:00pm directed, "Hand cohol-Based Hand Rubs, B. Hands are Not Visibly Soiled having direct contact with exparing medicationsAfter During medication pass, if the or if an object is handled that ched" Officer staff CC interviewed on mately 1:00pm verified they or the management of the or the management of the param. The infection control reviewing policies and proves hospital wide cleaning acknowledged they have a program with criteria for staff practices observing breaches		749 Fa	o "Soiled linens are handled in a mathat prevents transfer of microorganisms to others and the environment. Soiled linen is place an impervious bag contained in the laundry hamper with lid. Gloves a worn for handling soiled linen. o "Laundry hamper with bag is place outside the doorway of the room to cleaned. o "Soiled linens are placed inside the hamper and the lid shut. o "When soiled linen bags become f and at the end of the shift, the ham with the lid closed is wheeled to the soiled utility room, bag removed a placed in the designated container. o "Gloves are removed and hand hyperformed. o "Fresh bag is placed in the hamper prior to replacing in the restroom." The revised policy, includes the need prevent soiled or dirty items from cointo contact with clean surfaces, will distributed for review and education 03/06/15. Hand hygiene policy will be reviewe with housekeeping and nursing staff computer-based training on hand hygicleaning patient rooms, handling soil linens, and methods to prevent contamination of clean surfaces will ready for housekeeping and nursing soil on 03/06/15.	ed in e are ed to be e tull, per tue nd giene by d and a giene, ed be staff	ge 143 of 157

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A 749	in infection control soiled linens and u equipment) with be compliance. Staff Edevelop and impler for cleaning of patichandling. -Observation on 1/building of the host unloading dock on Laundry staff HH ir 8:10am indicated the units and delivered the units and delivered the building. Staff inen from the units ready to be delivered through the laundry building. Staff HH a for cross contaminate by clean linens. -Observations during the following bread practices for hand per manufacturer's cleaning of a discher units a minimum of 10 me. The hospitals policity of the policy in the following bread practices for hand per manufacturer units a minimum of 10 me. The hospitals policity in the following bread practices for hand per manufacturer units a minimum of 10 me. The hospitals policity is not the following bread practices for hand per manufacturer units a minimum of 10 me. The hospitals policity is not the following bread practices for hand per manufacturer units a minimum of 10 me. The hospitals policity is not the following bread practices for hand per manufacturer units a minimum of 10 me. The hospitals policity is not the following bread practices for hand per manufacturer units a minimum of 10 me.	for hand hygiene, handling of se of PPE (personal protective etween 70% to 80%. E acknowledged they failed to ment a surveillance program ent rooms or the laundry. 13/15 at 7:55am in the laundry bital revealed a loading and the east side of the building. Interviewed on 1/13/15 at the truck picks up laundry from er to the dock on the east side of HH acknowledged the soiled is has to pass the clean linen ed to the unit and passes of room to the west side of the acknowledged the potential risk ation when taking soiled linen arged patient room. In the survey process revealed these in infection control hygiene, disinfectant wet time is recommendation, and arged patient room. It information sheet for "pH7Q 1/21/15 at 12:50pm directed, solution remain on surfaces for	A	749	Whole Blood Glucose Monitors: Policy CL-0.2 "Whole Glucose Blood Testing" (See Attachment 22) was reson February 25, 2015 to include instructions to disinfect the glucomet with Sani Wipe disinfecting cloth upon completion of patient testing of blood glucose. The equipment maintenance portion of that procedure, Section 8, revised to require cleaning the exterion the glucometer after each use and bet patients with Sani-Cloth disinfectant wipe. All newly hired licensed nursing staff required to read policy CL-0.2. The revised version of the policy will be distributed to licensed nursing staff review and education by 03/06/15. The Competency Checklist (See Attachment 22) for training on Whole Blood Glucose procedure was revised 2/25/15 and includes: Disinfect glucometer with Sani-Cloth disinfect wipe after removing the test strip." A licensed nursing staff will be educated this new step by 03/14/15. Education and testing regarding the proper procedure for testing patient be glucose and cleaning of the glucomet will be added to the annual EXPO training and a computer-based training will be developed by 03/06/15 and required to be completed by all licensen nursing staff by 03/14/15. Policy IC-6.0 "Hand Hygiene" (see Attachment 23) revised to include instructions for hand hygiene before donning gloves, upon removal of glo and between glove changes. Hand hygiene policy will be reviewed with	vised er on l e was or of ween f are e d on ant all d on llood er eg sed	

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A 749	"Clean and disinf and locker" -Mental Health Tec Housekeeping staff between 10:35am ton Managing and FA1 after a patient's room 146 failed to gloves, and remove the room. Staff D reapplied gloves with giene. Staff D sp Ultra" disinfecting with a cloth. The minutes not the red disinfection. Staff D spray bottle on the Staff D obtained the from the floor, sprad draws, wiped off the placed the contami bottle that sat on the Housekeeping staff the closet, bed franthe soiled cloth and the dresser. The suremained wet betwee closet and bed frantequired 10 minutes. The head board, for legs failed to be cleanly the staff D and staff D a	hnician (MHT) staff D and f DD observed on 1/14/15 to 11:15am cleaned room 146 Preventing Symptoms (MAPS) dismissal. Staff D entered perform hand hygiene, applied es trash and soiled linens from emoved their gloves and thout performing hand rayed the mattress with "pH7Q eleaner, wiped the mattress attress remained wet for five puired 10 minutes for D placed the "pH7Q Ultra" floor. The "pH7Q Ultra" spray bottle yed the dresser and dresser e top of the dresser, and nated "pH7Q Ultra" spray ie floor on top of the dresser. The DD, wearing gloves cleaned the and cross bars, then laid in "pH7Q Ultra" spray bottle on urfaces of the closet and bed een one to four minutes. The ne failed to remain wet for the stor disinfection.	A 74	nursing staff and a computer-based training on hand hygiene will be read nursing staff on 03/06/15. Policy IC-6.0 "Hand Hygiene" (see Attachment 23) revised to include instructions for hand hygiene before donning gloves, upon removal of glo and between glove changes. Hand hygiene desk top alerts have been ad to the computer screen. Hand hygien quiz has been completed for complet by all staff. A new infection control computer training module has been created, that is required training and included annually at the EXPO train for all staff. Monitoring tools (see Attachment 24) have been created for hand hygiene compliance, appropria of gloves, and appropriate procedure wound care and treatments. Hand hygiene policy and proper use gloves will be reviewed with ancilla staff by lab director and infection confficer by 03/06/15. Inventory of damaged or compromise equipment on each unit will be comply 2/26/15. Damaged and/or compromised equipment have been identified and will be removed by M 14, 2015. Beds with rusted springs will be remand/or replaced as a priority upon do of new beds, starting with delivery of first 73 beds on 03/06/15, with subsidelivery of an additional 73 beds evitwo weeks over the next month. Fo bed springs that cannot be replaced to March 14, 2015, an encapsulating rubber coat barrier (Locktite) will be applied to the bed springs.	ded ne tion ing or te use es for of ry introl sed pleted larch noved elivery of the equent ery r the prior g			

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A 749	Staff D interviewed acknowledged they disinfection time for they placed the condresser, they failed between glove charall of the bed parts. - Housekeeping stabetween 10:10 am 264 on Crisis Stabil unit after a patient's room 264, failed to gloves, removed trathe bed and placed the mattress, bed fr board, with "pH7Q wiped the sprayed is surfaces remained the required 10 min Housekeeping staff and vent with "pH7Q wiped them with a condition to the soiled util and placed the soi	ge 145 ne places all patients at risk od borne pathogens. on 1/14/15 at 11:15am were unaware of the "pH7Q Ultra" and verified taminated spray bottle on the to perform hand hygiene nges, and they failed to clean aff II observed on 1/15/15 to 10:37 am cleaned room ization Program (East Biddle) dismissal. Staff II entered perform hand hygiene, applied sh, removed soiled linen from it on the floor. Staff II sprayed ame, foot board, and the head Ultra" disinfecting cleaner, tems with a dry cloth. The wet seven to eight minutes not utes for disinfection. II sprayed the window sill, Q Ultra" and immediately lry cloth. The surfaces failed a required 10 minutes for II picked up the soiled linen in against their body down the lity room unlocked the door and linen in a linen hamper. In the room and sprayed the ewith "pH7Q Ultra" using the lithen removed the gloves hole in it", applied clean a doom effectively, perform hand room effectively, perform hand room effectively, perform hand	A 7	49	 New wheelchairs will be ordered for unit with an identified need by 03/06 GMRT (General Maintenance Repair Technician) staff have been assigned repair and replace worn equipment ongoing basis on all patient units. New vinyl covering for exam table ordered and will be replaced by 03/2 How are we monitoring: A monitoring tool (see Attachment 2 handling of soiled linen has been implemented and was distributed to (Wildly Important Goals) members 2/27/15 for monitoring and reporting infection control officer. Immediate feedback will be provided at the time the monitoring. Monitoring of housekeeping staff for appropriate use of hand hygiene and gloves, handling of soiled linens, and disposal of dirty linens will be super by the Housekeeping Supervisor and Infection Control Officer on an ongobasis. The Lab Director will monitor PT st for appropriate use of hand hygiene, gloves and wound care procedures. Environmental and/or Infection Conrounds will be utilized to Monitor compliance with cleaning the environment and overall cleanliness, Proper use of hand hygiene technic Monitor compliance with cleaning disinfecting Whole Blood Glucos Meters, and Identify damaged and/or comprone equipment and furnishings on an ongoing basis. 	5/15. r d to on an 20/15. WIG g to e of r d vised l oing aff trol g of ques, g and e	

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 749	hygiene, and disposplaces all patients a borne pathogens. Staff II interviewed acknowledged they time of the "pH7Q they were unaware wet for the required loose linens should utility. -The Hospital's pol failed to direct staff monitor. -Licenses Practical observed on 1/14/1 and Preventing Symperformed a finger patient #33 in the tr wearing gloves perfiglucometer test. Stand failed to perfor replaced the glucondisinfect the glucondisinfect the glucon Staff E then went to medication for patien hand hygiene. Failuand clean the glucoall patients at risk for pathogens. -Registered Nurse 1/14/15 at 5:10pm Symptoms (MAPS) stick glucometer tests.	ge 146 se of soiled linen appropriately at risk for exposure to blood on 1/15/15 at 10:37am were aware of the disinfection Ultra". Staff II acknowledged the surfaces did not remain 10 minutes, that the soiled not be carried to the soiled icy for glucose monitoring on cleaning/disinfecting of the Nurse (LPN) staff EE 5 at 4:45pm, on Managing nptoms (MAPS) A2 unit stick glucometer test on eatment room. Staff EE formed a finger stick aff EE removed their gloves med hand hygiene. Staff EE neter in the case and failed to neter after use on a patient. In medication room, obtained a sent #33, and failed to perform the to perform hand hygiene oneter after each use places or exposure to blood borne (RN) staff FF observed on on Managing and Preventing A2 unit performed a finger st on patient #14 in the traff FF wearing gloves	A	749	Ensure Compliance: The Environment of Care Committe review Environment of Care Rounds Preventative Maintenance Rounds to ensure the environment is free of equipment and furnishing requiring repair. Appropriate action will be tawhen issues are identified. The Infection Control Committee wireview Environmental and/or Infecti Control rounds to ensure proper clea and disinfection of the unit and prophand hygiene. Based upon their ana and review, appropriate action will be taken to correct any deficiencies. Documentation: Attachment 21: Cleaning of Patient Rooms and Handling of Soiled Line Policy (Nur-4.1) Attachment 22: Whole Blood Gluco Testing (CL-0.2) Competency Validation and Assessment Attachment 23: Hand Hygiene Polic (IC-6.0) Attachment 24: Monitoring Tools Soiled Linens, Gloves, Treatment Finger Sticks, Hand Hygiene Individual Responsible for Complian Infection Control Officer Completion Date: 02/25/15	ken Il on ning er lysis be	

PRINTED: 02/17/2015 FORM APPROVED OMB NO. 0938-0391

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A 749	performed a finger removed their glove hygiene. Staff FF in case and failed to cuse on a patient. Fafter each use place for exposure to blo RN staff FF intervie acknowledged nurshygiene before and should disinfect equivalent wearing gloves, performed on patient #33 in the wearing gloves, performed hand hyglucometer test, reperformed hand hyglucometer after us the glucometer after us the	stick glucometer test, as and performed hand replaced the glucometer in the disinfect the glucometer after ailure to clean the glucometer res all diabetic patients at risk and borne pathogens. The ewed on 1/14/15 at 5:15pm sing staff should perform hand after treating patients and uipment after use on patients. The extended perform hand after treating patients and uipment after use on patients. The extended perform hand after treatment room. Staff Y, afformed a finger stick glucometer test are treatment room. Staff Y, afformed a finger stick moved their gloves and regione. Staff Y replaced the case and failed to disinfect the case and failed to disinfect the case and patient. Failure to clean are each use places all diabetic exposure to blood borne The extended every 24 hours. The estaff KK observed on 1/14/15 at 2:30 pm patients. Staff KK drew up ge, applied one clean glove to be the patient their insulin, and and washed their hands. Staff m hand hygiene before		749	7.		

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A 749	- Physical Therapi 1/13/15 at 9:40am department perforr Staff KK applied oi removed gloves, a failed to perform had clean gloves. Staff the wound area, reto tape the dressin left hand, picked upon the patient. Staff hygiene after removed in the patient. Staff hygiene after removed in the patient of Disease Health-Care Facilit Center of Disease Healthcare Infection Committee (HICPA soil. Rust is visible in the committee of the cannot be cleaned arm rests on a whore on 14.20pm revealed in 143, 145, and 149 cannot be cleaned arm rests on a whore a pathway to area non-cleanable contamination. -Registered Nurse 1/20/15 between 3 rust on bed springs the torn mattress of were unaware if the management.	st, staff KK observed on in the physical therapy med wound care to a patient. Interest to the patient's foot, oplied clean gloves. Staff KK and hygiene before applying KK, wearing gloves, dressed moved one glove on right hand g, removed the glove from the otrash, and put slippers/shoes f KK failed to perform hand		749			

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A 749	5:15pm revealed a springs. -Observation on Co on 1/22/15 at 9:30a treatment room exampholstery had a to threaded backing a three inches. A chatear in the vinyl covsupport exposing the approximately two invinyl leave a pathway the area non-cleans cross contamination treatment room had pedal mechanism to Rust is visible there. - Stepping Stones observed on 1/12/1 and 1/13/15 between a metal step stool was trash can rusted and transh can rusted and the contamination. -Registered Nurse interviewed on 1/14	ige 149 20/15 between 4:20pm and bed in room 144 with rusted ontinuing Care (CCP) B1 unit am revealed a patient amination table with vinyl rn corner exposing the pproximately three inches by ir in the treatment room had a ering on the chairs back he threaded backing inches by two inches. The torn ay to the inside foam rendering able with the potential for n. A metal waste basket in the drust on the metal lid and foot hat opened the trash can. For it cannot be cleaned. Program (SSP) B2 unit 5 between 1:55pm to 4:47pm an 2:10pm to 3:00pm revealed with chipped paint, a metal ound the bottom and lid. Torn osed on the arm rests of a rn vinyl rendered the areas the potential for cross Specialist (Unit Manager) RR 1/15 between 1:55pm to ged the rusted step stool and	A 7	49	DEFICIENCY		
	trash can and the t - Crisis Stabilizatio unit observed on 1, 6:00pm and 1/15/1	orn vinyl on wheelchairs. on Program (CSP) East Biddle /14/15 between 5:10pm and 5 between 8:10am to 12:00pm d springs in rooms, 203, 207,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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A 749	cracked vinyl on two exposed on arm reshad tape covering that tape covering the tape covering	230, 228, and 262. Torn and owheel chairs with foam st and seats. One wheel chair he entire arm rest. The torn endered the areas the potential for cross Specialist (Unit Manager) RR /15 between 8:10 to 12:00pm rusted bed springs and torn chairs. Staff RR indicated they	A 74	9		
A 799	(HOPE) unit C2 bui 9:00am revealed th floor, MHT staff GG the floor and place located near the nu placed on the clean cross contamination infection. -Staff GG interview revealed the folded next to the clean line bags. 482.43 DISCHARG The hospital must replanning process the hospital's policies a specified in writing. This CONDITION Based on staff intedevelop in writings	Iding observed on 1/21/15 at ree folded linen bags on the picked the linen bags up off them on the clean linen cart rses' station. Dirty items linen have the potential form and the potential spread of ed on 1/21/15 at 9:00 am linens located on the flooren cart were the dirty linen	A 79	POC: Policy PC 12.0, "Discharge Planning (see Attachment 25) was created and be implemented March 6, 2015 The policy provides detailed informa on the development of the discharge planning evaluation by a Social Worl and/or Registered Nurse, and the development and initial implementat of the subsequent discharge plan by t Social Work staff.	will ition ker ion	

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A 799	Continued From particular failed to distransferred the patifurther care and/or Findings include: - The hospital failed planning policies are entrance. The hospital discharge planning policy/procedure revaluations. The hospital policy/procedure the discharge evaluation policy/procedure the evaluation is compliavoid unnecessary hospital lacked a potthe hospital discussed discharge evaluation representative. The policy/procedure the include the discharge patient's medical reappropriate discharpolicy/procedure the nurse, social worker	ge 151 scharge patients when they ent to another hospital for treatment (refer to A-0837). In the discharge and procedures as requested on ital lacked a policy/procedure tion of patients in need of the hospital lacked a garding discharge planning espital lacked a at specifies who can develop a n.The hospital lacked a at specifies that the discharge eted in a timely manner, to delays in discharge. The olicy/procedure that specifies see the results of the n with the patient or their hospital lacked a at specifies the hospital must ge planning evaluation in the cord for use in establishing an ge plan. The hospital lacked a at specifies that a registered r, or other appropriately	A 799		ge ent 25), e plan social Note een that the eview s of blems art of ary repare a rate of hin the quent e be		
	the development of hospital lacked a point the absence of a patient needs a disciply sician may required hospital lacked a pothe hospital must a	must develop, or supervise, a discharge plan. The blicy/procedure that specifies finding by the hospital that a charge plan; the patient's est a discharge plan. The blicy/procedure that specifies rrange for the initial		designee, will review a random sar of 10% of all new patient admissio week, to ensure that the Discharge Planning Evaluation was initiated a required by policy.	ns each		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		174004	B. WING_		01/2	23/2015
	PROVIDER OR SUPPLIER	AL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
A 799	and family member prepare them for polacked a policy/producted hospital mst reasser if there are factors in needs or the approplan. The hospital laspecifies the hospit discharge plan a lisskilled nursing facilithe Medicare prograinclude a review of	ge 152 eded will counsel the patient is or interested person to ost-hospital care. The hospital cedure that specifies the ess the patient's discharge planthat may affect continuing care oriateness of the discharge tacked a policy/procedure that all must include in the tof home health agencies or titles that are participating in am. The reassessment must discharge plans to ensure that is to discharge needs.	A 79	Documentation (See Attachments) - Attachment 25: Discharge Plannin 12.0) • Discharge Evaluation tool - Attachement 26: IDT Weekly Me Progress Notes Individual Responsible for Compli Director of Social Services	ng (PC-	
A 837	1/13/15 explained t "formal" policies an planning. The cumulative effensure the facility nuritten discharge p procedures and distransferred to anoth and/or treatment ar patients in need of inadequate service hospitalization. 482.43(d) TRANSF The hospital must the with necessary means appropriate facilities.	Vorker staff S, interviewed on he hospital does not have d procedures for discharge lect of the systematic failure to net the requirements to have lanning policies and charge patients when they ner hospital for further care hd had the potential to put all discharge planning at risk for s and care after IER OR REFERRAL stransfer or refer patients, along dical information, to s, agencies, or outpatient d, for follow-up or ancillary	Α8	37		

PRINTED: 02/17/2015 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			01/2	23/2015
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		50	REET ADDRESS, CITY, STATE, ZIP CODE 0 STATE HOSPITAL DRIVE SAWATOMIE, KS 66064		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
A 837	This STANDARD is Based on docume medical record revidischarge patients another hospital for for 4 of 4 transferrer reviewed (patient # hospital's failure to are transferred to a or treatment has the patients transferred these patients at ris assessment, and e "Findings include: The Hospital's por "Discharge to a Homeon Medical", reviewed directed, "patients Osawatomie State to a medical hospital control of the medical hospital control of the medical hospital control of the patient has been treatment of a physician at the medical the discipatientIDT (interessummarize the about the medical hospital control of the medical hospital control of the patient has been treatment of a physician at the medical hospital control of the patient has been treatment of a physician at the medical hospital control of the patient has been treatment of a physician at the medical hospital control of the patient has been treatment of a physician at the medical hospital control of the patient has been treatment of a physician at the medical hospital control of the patient has been treatment of a physician at the medical hospital control of the patient has been treatment of a physician at the medical hospital control of the patient has been treatment of a physician at the medical hospital control of the patient has been treatment of a physician at the medical hospital control of the patient has been treatment of a physician at the medical hospital control of the patient has been treatment of a physician at the medical hospital control of the patient has been treatment of a physician at the medical hospital control of the patient has been treatment of a physician at the medical hospital control of the patient has been treatment of a physician at the medical hospital control of the patient has been treatment of a physician at the medical hospital control of the patient has been treatment of a physician at the medical hospital control of the patient has been treatment has been treatment of the patient has been treatment has been tre	s not met as evidenced by: Intreview, staff interview, and ew, the hospital failed to when they transferred to Intreduce the further care and/or treatment d patient's medical records is 9, 13, 21, and 27). The discharge patients when they nother facility for further care the potential to affect all to other facilities and places sk for inadequate care,	A 8	337	POC: - Policy PC 11.6, "Discharge to a Hosp (see Attachment 27) was revised and implemented on 01/20/15 to indicate when a patient requires inpatient hospitalization at an outside healthcar provider, the patient will be discharge from Osawatomie State Hospital All medical staff will be provided education on the policy revision by 03/06/15 For those patients who have been committed to OSH by a court and administratively transferred to the Security Behavioral Unit (SBU) of Larned State Hospital (LSH) as requirely by state law, an OSH physician will review progress toward each patient's return to OSH. The physician will enprogress note in each transferred patient medical record, not less than monthly documenting each patient's treatment while receiving services at LSH. When the patient is ready to be returned to an OSH physician will discuss the patient's course of treatment at SBU an LSH physician and enter appropriate medical orders to be followed prior to each patient's return to OSH For those patients who have been committed to OSH by courts of criminal jurisdiction for evaluation or treatment pursuant to trial competency, criminal responsibility, pre-sentence evaluation treatment in lieu of sentencing and net to be transferred to an acute care hosp for medical reasons, an OSH physician	red ster a ent's con DSH, with ate nt 1 n, or eed pital	

Facility ID: M061101

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		TE SURVEY MPLETED
	174004	B. WING		01	/23/2015
NAME OF PROVIDER OR SUPPLIER OSAWATOMIE STATE HOSPITA	AL PSYCHIATRIC		STREET ADDRESS, CITY, STATE, 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064		
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN O X (EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
"Emergency Medical Healthcare Facility" r 10:00am directed, ". Bed at Outside Healthcare facility to statusSocial worker facility, when applicate may be completed with all information in the (electronic medical relation healthcare facility to when the patient is related with psychiatric diagonal Psychotic Disorder and 1/13/15 revealed with psychiatric diagonal Psychotic Disorder and hypothermia. Patient revealed a transfer to (hospital A) on 12/11 hypothermia. Patient remained open and hospital A on 12/19/1/19's medical record after the patient transfer to all transferred to all trans	cies/procedures titled Transfer to Outside reviewed on 1/13/15 atPatient Admitted to Inpatient Ithcare FacilityThe following he initial transfer and daily h and RNs contact the inquire about the patient's hers contact the healthcare hele, Phone conversations with the entire IDTDocument Patient Care System hecord)request the herovide hospital records heturned" al record reviewed on 1/12/15 d an admitting date of 4/16/14 hoses of Schizophrenia and and a medical diagnosis of	A8	;11i	ward each patient's ysician will enter a ansferred patient's than monthly ent's treatment is at the acute care ient is ready to be SH physician will curse of treatment at with a physician at and enter ders to be followed eturn to OSH. Eave for medicalup outside of the formation Manager, or the appointment ent is admitted as the healthcare on occurs, the mager or designee physician (or no will initiate the shas not been formation Manager do Medical Director or will ensure that dipromptly. designee, will the clinical to great the correct of the cansferred to ers, to include the cansferred to ers, to include the	
treatment. Patient #	13's medical record remained Dissolete Event ID: I5HF11		Facility ID: M061101	If continuation sheet F	Page 155 of 157

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		174004	B. WING			01/	01/23/2015	
	PROVIDER OR SUPPLIER OMIE STATE HOSPIT	AL PSYCHIATRIC		50	TREET ADDRESS, CITY, STATE, ZIP CODE 00 STATE HOSPITAL DRIVE SAWATOMIE, KS 66064			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPODE DEFICIENCY)	BE	(X5) COMPLETION DATE	
A 837	open and patient #1 above-named hosp later). The medical	•	A 8	37	Documentation: - Attachment 27: Discharge to a Hospi (PC-11.6) Individual Responsible for Compliance Medical Director		4	
	1/12/15 revealed an and a diagnosis of \$ record revealed Pat psychiatric facility or treatment. Patient # open and the patient as of 1/21/15 (12 da	ical record reviewed on admitting date of 10/31/14 Schizophrenia. The medical ient # 21 transferred to a n 1/9/15 for further care and 2's medical record remained at remained on the unit census ays later). The medical record discharge after the patient er facility.						
	on 1/21/15 revealed with diagnosis of pa medical record reve to an acute care hos care and treatment. remained open and above-named hospilater). The medical in	ed medical record reviewed an admitting date of 12/21/14 ranoid schizophrenia. The saled patient #28 transferred spital on 12/28/14 for further Patient #28's medical record patient #28 returned to the stal on 12/30/14 (two days record lacked evidence of patient transferred to another						
	3:05pm explained w patient to another he record will remain o remains listed on th	erviewed on 1/13/15 at when the hospital transfers a cospital the patient's medical in the unit and the patient e patient census but ave. When the patient is						

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			01/23/2015	
NAME OF PROVIDER OR SUPPLIER OSAWATOMIE STATE HOSPITAL PSYCHIATRIC				STREET ADDRESS, CITY, STATE, ZIP CO 500 STATE HOSPITAL DRIVE OSAWATOMIE, KS 66064	ODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPROVIDENCY)			(X5) COMPLETION DATE
A 837	transferred back to same chart, does a new preliminary ord reviews the same to before being transfer	the hospital, the unit uses the medication reconciliation, ders, head to toe assessment, reatment plan the patient had erred to another hospital, and atment plan when the	A	337			