

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150009	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 07/11/2013
NAME OF PROVIDER OR SUPPLIER CLARK MEMORIAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1220 MISSOURI AVE JEFFERSONVILLE, IN 47130		
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A000000	<p>This visit was for the survey of the prospective payment system (PPS) excluded psychiatric unit.</p> <p>Date of survey: 07/11/13</p> <p>Facility number: 005009</p> <p>Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 07/29/13</p>	A000000			

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

TITLE

(X6) DATE

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

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A009999	<p>42 CFR 412.27</p> <p>(5) Social Services. There must be a director of social services who monitors and evaluates the quality and appropriateness of social services furnished.</p> <p>The services must be furnished in accordance with accepted standards of practice and established policies and procedures.</p> <p>Based on document review and staff interview, the director of social services failed to ensure therapy was provided per schedule for 2 of 5 patients (patient #16 and 17).</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of the PPS excluded behavioral health unit daily schedule indicated that a one hour group therapy would be conducted Monday-Friday by the social worker in addition to activity/recreation therapy. 2. Facility policy titled "Therapeutic Milieu" last reviewed/revised 10/09 states under procedure: "HCP 2. Encourages all patients to participate in mission 	A009999	<p>Item Numbers 1-4: The Director of Behavioral Health acknowledged that due to the recent resignation of a social worker and the pending hire of a replacement, the schedule varied during the week of the survey. This was immediately corrected. The Director of Behavioral Health reviewed the scheduled groups and assigned a social worker to each group to ensure appropriate coverage. To ensure compliance, the Director of Behavioral Health will review the schedule each week for the following week and make any adjustments so that each group will be staffed appropriately. The Director of Behavioral Health will conduct chart reviews on 10 charts selected per random sample per month for 3 months (August/September/October). <u>(Monitoring Tool, Attachment 1)</u>. Results will be forwarded to the Safe Practice Quality Council. If compliance is met, each month for three months, the chart reviews will then be conducted quarterly to ensure ongoing compliance. If not in compliance after the 3 months of monitoring, the matter will be referred to the Vice President for Inpatient Services/CNO for further action which could include re-education, initiation of a Performance Improvement Team, and/or team member disciplinary action</p>	08/09/2013	

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	<p>meetings and program groups, classes and activities as scheduled."</p> <p>3. Review of patient #16 and 17's medical records indicated they had not received group therapy provided by a social worker per the daily schedule on 7/8, 7/9, 7/10, or 7/11.</p> <p>4. Staff member #7 indicated in interview beginning at 12:30 p.m. on 7/11/13 that he/she was covering for social services the week of July 8th. He/she verified that the patients had not received group therapy provided by social services this week.</p> <p>42 CFR 412.27</p> <p>(2) Psychiatric Evaluation. Each inpatient must receive a psychiatric evaluation that must:</p> <p>(vii) Include an inventory of the inpatient's assets in descriptive, not interpretative fashion.</p> <p>Based on document review and staff interview, the facility failed to ensure the psychiatric evaluation for each patient included the patient's individualized assets for 5 of 5 patients (patients #16, 17, 22, 23, and 24).</p>		<p>(depending on the findings and reasons for non-compliance). <u>Responsible Team Member:</u> Director of Behavioral Health Department 42 CFR 412.27 Re: Psychiatric Evaluation: Item Numbers 1-2: (A) The Clark Memorial Hospital Medical Director met with the Psychiatrist who dictated the Psychiatric Evaluations on the Behavioral Health patients referred to in the State report. This meeting was held on 8-09-13. The Psychiatrist and the Medical Director reviewed the patient records together. The Psychiatrist stated that he has a mental template for dictation so that he does not forget any important components. Many times, the same or similar words are used to describe similar assessment findings. He gave an example: if a patient's attitude is cooperative, if speech is natural, if the patient is able to engage in meaningful conversation in a reasonable fashion with him, he often describes this assessment information with the same words: communicative and cooperative. (B) The record for patient #17 was reviewed. Documentation stating the patient was uncooperative was written when the patient was on the Medical Surgical Unit. Once the patient was transferred to the Behavioral Health Unit, the admitting assessment completed by the Behavioral Health Nurse stated</p>				

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	<p>Findings:</p> <p>1. Review of the psychiatric evaluations for patients #16, 17, 22, 23, and 24 indicated the following:</p> <p>(A) All five (5) patients had exactly the same information under strengths. Each evaluation stated "STRENGTHS: 1. Communicative. 2. Cooperative"</p> <p>(B) Patient #17 was not cooperative. He/she was documented on the same evaluation as being uncooperative. The document stated "staff reports that [he/she] has been having verbal altercation with other patients and having extreme agitation, irritability, and impulsivity."</p> <p>2. Staff member #7 indicated in interview beginning at 12:30 p.m. on 7/11/13 that the psychiatric evaluations contained the same information for the patients as indicated above.</p>		<p>the patient was cooperative. The Director of Behavioral Health discussed this case with the Behavioral Health Nurse who confirmed that the patient was cooperative and her documentation was correct. The documentation on the Psychiatric Evaluation which was completed 19 hours after the Behavioral Health Nurse assessment also stated the patient was cooperative and matched the Behavioral Health Nursing assessment documentation. To ensure compliance, the Director of Behavioral Health will conduct chart reviews on 10 charts selected per random sample per month for at least 3 months (August/September/October). <u>(Monitoring Tool, Attachment 2)</u>. Results will be forwarded to the Medical Director. If compliance is met, each month for three months, the chart reviews will then be conducted quarterly to ensure ongoing compliance. If not in compliance after the 3 months of monitoring, the Medical Director will meet again with the Psychiatrist to determine next actions which could include re-education and/or referral to the Medical Staff physician quality committee. Responsible Team Member: Medical Director</p>		

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

PRINTED: 08/21/2013

FORM APPROVED

OMB NO. 0938-0391

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