

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 154011	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/14/2012
NAME OF PROVIDER OR SUPPLIER COMMUNITY MENTAL HEALTH CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 285 BIELBY RD LAWRENCEBURG, IN 47025		
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A0000	<p>This visit was for a Federal recertification survey.</p> <p>Facility Number: 005176</p> <p>Survey Date: 3-12/14-12</p> <p>Surveyors: Jack I. Cohen, MHA Medical Surveyor</p> <p>John Lee, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 03/22/12</p>	A0000			

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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A0117	<p>482.13(a)(1) PATIENT RIGHTS: NOTICE OF RIGHTS A hospital must inform each patient, or when appropriate, the patient's representative (as allowed under State law), of the patient's rights, in advance of furnishing or discontinuing patient care whenever possible.</p> <p>Based on document review and interview, the facility failed to ensure that it complied with 42 CFR 405.1205(c)(1) for 3 of 4 medicare patient medical records (MR) reviewed. (Patient #3, 11 and 22)</p> <p>Findings include:</p> <p>1. Review of 42 CFR 405.1205 (b)(c)(1) indicates the following; "<i>Advance written notice of hospital discharge rights.</i> For all Medicare beneficiaries, hospitals must deliver valid, written notice of a beneficiary ' s rights as a hospital inpatient, including discharge appeal rights. The hospital must use a standardized notice, as specified by CMS, in accordance with the following procedures: (1) <i>Timing of notice.</i> The hospital must provide the notice at or near admission, but no later than 2 calendar days following the beneficiary ' s admission to the hospital. (2) <i>Content of the notice.</i> The notice must include the following information: (i) The beneficiary ' s rights as a hospital inpatient including the right to benefits</p>			A0117	<p>Responsible Person: Nursing Supervisor Inpatient staff will be instructed to continue to have the patient sign the Medicare beneficiary form at the time of admission and again prior to discharge, but no more than 48 hours prior to discharge. The beneficiary form will be attached to other discharge planning documents in the record to act as a prompter for staff to complete it with the patient prior to discharge. Sample chart reviews will be conducted monthly by the Inpatient Nursing Supervisor to assure compliance.</p>		04/16/2012

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	<p>for inpatient services and for post-hospital services in accordance with 1866(a)(1)(M) of the Act.</p> <p>(ii) The beneficiary ' s right to request an expedited determination of the discharge decision including a description of the process under § 405.1206, and the availability of other appeals processes if the beneficiary fails to meet the deadline for an expedited determination.</p> <p>(iii) The circumstances under which a beneficiary will or will not be liable for charges for continued stay in the hospital in accordance with 1866(a)(1)(M) of the Act.</p> <p>(iv) A beneficiary ' s right to receive additional detailed information in accordance with § 405.1206(e).</p> <p>(v) Any other information required by CMS.</p> <p>(3) <i>When delivery of the notice is valid.</i> Delivery of the written notice of rights described in this section is valid if-</p> <p>(i) The beneficiary (or the beneficiary ' s representative) has signed and dated the notice to indicate that he or she has received the notice and can comprehend its contents, except as provided in paragraph (b)(4) of this section; and</p> <p>(ii) The notice is delivered in accordance with paragraph (b)(1) of this section and contains all the elements described in paragraph (b)(2) of this section.</p> <p>(4) <i>If a beneficiary refuses to sign the</i></p>			

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	<p><i>notice.</i> The hospital may annotate its notice to indicate the refusal, and the date of refusal is considered the date of receipt of the notice.</p> <p><i>(c) Follow up notification.</i></p> <p>(1) The hospital must present a copy of the signed notice described in paragraph (b)(2) of this section to the beneficiary (or beneficiary ' s representative) prior to discharge. The notice should be given as far in advance of discharge as possible, but not more than 2 calendar days before discharge."</p> <p>2. Review of patient #3's MR indicated the patient was a Medicare patient and was admitted to the facility on 12-12-11 and was discharged on 12-16-11. Patient #3's MR lacked documentation that the patient was given the Medicare Important Message no more than 2 days prior to discharge.</p> <p>3. Review of patient #11's MR indicated the patient was a Medicare patient and was admitted to the facility on 12-03-11 and was discharged on 01-12-12. Patient #11's MR lacked documentation that the patient was given the Medicare Important Message no more than 2 days prior to discharge.</p> <p>4. Review of patient #22's MR indicated the patient was a Medicare patient and</p>			

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A0118	<p>was admitted to the facility on 12-19-11 and was discharged on 12-20-12. Patient #22's MR lacked documentation that the patient was given the Medicare Important Message on admission or prior to discharge.</p> <p>5. On 03-13-12 at 1345 hours, staff #41 confirmed that the Medicare Important Message/Rights is given to Medicare patients only during admission and not prior to discharge.</p> <p>482.13(a)(2) PATIENT RIGHTS: GRIEVANCES The hospital must establish a process for prompt resolution of patient grievances and must inform each patient whom to contact to file a grievance.</p> <p>Based on document review, the facility failed to ensure that each patient was informed of the address of the state agency to file a grievance.</p> <p>Findings include:</p> <p>1. Review of the Client's Rights, Inpatient Unit, given to patients on admission lacked documentation of the address of the state agency to file a grievance.</p>	A0118	<p>Responsible Person: Inpatient Director The address for Indiana Protection and Advocacy will be added to the patient handbook that is provided to all inpatients at the time of admission. In addition, the address will also be posted on the Indiana Protection and Advocacy poster that is displayed on the inpatient unit.</p>	04/03/2012	

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A0123	<p>482.13(a)(2)(iii) PATIENT RIGHTS: NOTICE OF GRIEVANCE DECISION At a minimum: In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.</p> <p>Based on document review and interview, the facility failed to ensure that its policy/procedures for patient grievances included providing a written notice of the facility's decision of the grievance process.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Review of policy #: I.D.6, Consumer Complaint, lacked documentation that after investigating the grievance a written notice would be sent to the person filing the grievance. This policy/procedure was last reviewed/revised on 01-24-11. On 03-13-12 at 1430 hours, staff #41 confirmed that the facility does not send written notices after patient grievances are investigated. 	A0123	<p>Responsible Person: CEO The Consumer Complaint policy will be amended when the committee meets again on April 23, 2012 to clarify at what point the complaint constitutes a "grievance" and the consumer will receive a written response to his/her grievance. The Consumer Complaint documents which were reviewed by the surveyor did not constitute a significant grievance requiring investigation. However, it is recognized that our policy could be improved upon and clarified. The Consumer Complaint advocate will attempt to resolve all complaints. When the consumer remains dissatisfied with attempts at resolution, his/her complaint will constitute a grievance. The CEO will then review the complaint and attempts at resolution and prepare a written response to the consumer in an attempt to resolve the grievance. The CEO's decision will then be final. The Risk Management Committee will monitor compliance of written responses on a monthly basis to</p>	04/23/2012			

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			any identified grievance.	

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A0154	<p>482.13(e) USE OF RESTRAINT OR SECLUSION Patient Rights: Restraint or Seclusion. All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.</p> <p>Based on document review, the facility failed to ensure that when patients are restrained, the restraints are discontinued at the earliest possible time for 1 of 3 restraint medical records (MR) reviewed (Patient #2).</p> <p>Findings include:</p> <p>1. Review of policy/procedure S-2.3, The Seclusion/Restraint Process, indicated the following on page 4; "N. The RN can order reduction in restraints or early release if the patient demonstrates he/she is no longer - a danger to him/herself or - a danger to others" This policy/procedure was last reviewed/revised on 03-07-11.</p> <p>2. Review of patient #2's MR indicated the patient was placed in 4 point restraints on 05-21-11 at 0600 hours. Review of the</p>	A0154	<p>Responsible Persons: Nursing Supervisor and Inpatient Director Nursing staff will be re-educated about the importance of releasing patients from seclusion and/or restraints as soon as possible and conducting more timely assessments of patients to determine their readiness. Patients who have been calm or sleeping for a period of 2 hours will be awakened and assessed for readiness to be released from seclusion and/or restraints. The assessment will include the patients understanding of behaviors that led to seclusion/restraint and his/her understanding of what the behavioral requirements are for release. This instruction will be included in the annual competency assessment for inpatient staff and be included in the Inpatient procedure. Particular attention will be paid by the Nursing Supervisor and the Inpatient Director when reviewing</p>	05/04/2012

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	<p>Restraint/Seclusion Flow Sheet dated 05-21-11 indicated the following;</p> <p>0815 hours - sleeping quietly on back. 0830 hours - clt sleeping, breathing loudly 0845 hours - clt sleeping, snoring 0900 hours - clt sleeping quietly on her back 0915 hours - clt taking deep short breaths, restless attempting to move. 0930 hours - clt resting quietly 0945 hours - clt resting quietly on back 1000 hours - clt slept peacefully on back 1015 hours - clt slept quietly on back 1030 hours - clt slept quietly on back 1045 hours - clt slept quietly on back 1100 hours - RN assessment 1115 hours - Drank 4 oz OJ; urinated minimal amount in bedpan 1130 hours - ROM performed on all limbs 1145 hours - clt spoke with staff, clt tearful 1200 hours - clt seen by doctor 1215 hours - clt moved to 2 pt restraints, left arm right leg 1230 hours - clt sat up ate 100% 1245 hours - clt sitting up finished eating 1300 hours - clt sleeping 1315 hours - took vitals 1330 hours - client sleeping 1345 hours - client sleeping 1400 hours - client sleeping 1415 hours - client sleeping 1430 hours - client sleeping</p>		documentation of seclusion/restraint episodes to assure that staff are assessing patients for readiness for release at the earliest time possible.	

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	<p>1445 hours - client sleeping 1500 hours - client sleeping 1515 hours - client urinated - bedpan 1530 hours - client resting 1545 hours - client unlocked at 1535 hours Review of patient #2's MR after being reduced to 2 point restraints at 1215 hours lacked documentation of the patient being a danger to self or others from 1245 hours to 1535 hours. It could not be determined why the patient was still in restraints after 1245 hours.</p>			

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A0267	<p>482.21(a)(2) QAPI QUALITY INDICATORS The hospital must measure, analyze, and track quality indicators, including adverse patient events, and other aspects of performance that assess processes of care, hospital services and operations.</p> <p>Based on document review and interview, the hospital failed to measure, analyze and track quality indicators for 1 directly-provided and 1 contracted service in its Quality Assurance Performance Improvement (QAPI) program, failed to measure (have monitors for) 1 contracted service as part of its QAPI program and failed to analyze (have standards for) 1 directly provided service and 2 contracted services as part of its QAPI program.</p> <p>Findings:</p> <p>1. Review of the hospital's QAPI program indicated it failed to measure, analyze and track quality indicators for the directly-provided transcription service and the contracted radiology service, failed to measure (have monitors for) contracted maintenance services as part of its QAPI program and failed to measure (have monitors for) the directly provided maintenance service and biohazardous waste, housekeeping contracted maintenance services as part of its QAPI program.</p>	A0267	<p>Responsible Persons: Health Information Manager, Inpatient Director, Environmental Coordinator The Health Information Manager will develop and oversee a data collection and monitoring process for the quality of transcription services. This data review will be added to the monthly review of Inpatient Performance Improvement activities. With the inception of the electronic health record (EHR), this process is becoming obsolete as more clinicians start to enter data directly into the EHR rather than dictate. We have purchased transcribing software that will assist with this process and make monitoring of transcription services less crucial. It is anticipated that this will be used on the Inpatient Unit within the next 30 days. The mental health center contracts for radiology services from the neighboring county hospital. The volume of need for this service is relatively low however, the Director of Inpatient has contacted the hospital to help us establish a data monitoring/quality improvement process for services provided to mental health inpatients. This data review will</p>	05/04/2012
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	4. On 3-14-12 at 12:30 pm, upon interview, employee #A2 indicated there was no documentation of the above activities in the hospital's QAPI program and no documentation was provided by exit.		be added to the monthly review of Inpatient Performance Improvement activitiesA housekeeping inspection process will be reinstated on a quarterly basis by the Environmental Coordinator to allow us to monitor housekeeping services provided on the inpatient unit. This data review will be added to the bi-monthly data review for the Infection Control Committee. Please see attached document.The Environmental Coordinator will collaborate with the Director of Inpatient to establish a maintenance monitoring data collection tool to monitor timeliness of maintenance response to Inpatient Unit needs. This data will be added to the monthly data review in Risk Management Committee.The Environmental Coordinator oversees the collection of biohazardous waste on a monthly basis and this is reported to the Infection Control Committee by the Inpatient Director. It is reported as part of the bi-monthly agenda. Please see attached sample documentation. Apparently, the reviewer did not see this at the time of the survey.We do not have contracted maintenance services.		

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A0310	<p>482.21(e)(1) EXECUTIVE RESPONSIBILITIES That an ongoing program for quality improvement ... is defined, implemented, and maintained.</p> <p>Based on document review and interview, the governing board failed to periodically review the hospital's QAPI program for 7 directly-provided services and 9 contracted services.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of the minutes of the governing board for calendar year 2011 indicated the board did not review the hospital's QAPI program for the directly-provided services of alcohol drug, discharge planning, maintenance, medical records, psychiatry, transcription and infection control. 2. Review of the minutes of the governing board for calendar year 2011 indicated the board did not review the hospital's QAPI program for the contracted services of biohazardous waste, biomedical engineering, dietary, housekeeping, laboratory, laundry, maintenance, pharmacy and radiology. 3. On 3-14-12 at 12:30 pm, upon interview, employee #A2 indicated there was no documentation of review by the governing board of the above activities 	A0310	<p>Responsible Person: Inpatient Director and Chief Executive Officer An annual report of Quality Improvement activities and findings for the areas of alcohol drug, discharge planning, maintenance, medical records, psychiatry, transcription, infection control, biohazardous waste, biomedical engineering, dietary, housekeeping, laboratory, laundry, pharmacy and radiology will be made to the Board of Directors by CEO or his designee.</p>	04/18/2012			

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A0654	<p>482.30(b) UTILIZATION REVIEW COMMITTEE A UR committee consisting of two or more practitioners must carry out the UR function. At least two of the members of the committee must be doctors of medicine or osteopathy. The other members may be any of the other types of practitioners specified in §482.12(c) (1).</p> <p>(1) Except as specified in paragraphs (b)(2) and (3) of this section, the UR committee must be one of the following: (i) A staff committee of the institution; (ii) A group outside the institution-- (A) Established by the local medical society and some or all of the hospitals in the locality; or (B) Established in a manner approved by CMS.</p> <p>(2) If, because of the small size of the institution, it is impracticable to have a properly functioning staff committee, the UR committee must be established as specified in paragraph (b)(1)(ii) of this section.</p> <p>(3) The committee or group's reviews may not be conducted by any individual who-- (i) Has a direct financial interest (for example, an ownership interest) in that hospital; or (ii) Was professionally involved in the care of the patient whose case is being reviewed.</p> <p>Based on document review and interview, the facility failed to conduct utilization review by physicians who were not professionally involved in the care of the patient whose case was being reviewed in 1 instance.</p>	A0654	Responsible Person: Health Information Manager We will begin to have two psychiatrists who work for Community Mental Health Center but do not work on the Inpatient Unit begin to perform the Utilization Review function for Inpatient consumers.	04/20/2012	

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NAME OF PROVIDER OR SUPPLIER COMMUNITY MENTAL HEALTH CENTER INC			STREET ADDRESS, CITY, STATE, ZIP CODE 285 BIELBY RD LAWRENCEBURG, IN 47025		
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	<p>Findings:</p> <ol style="list-style-type: none"> 1. Review of a document entitled Inpatient Utilization Review, dated 6-7-11, indicated patient MR#1 was reviewed on 6-20-11 by physician MD#1. 2. Review of the Medical Staff Meeting minutes dated 6-21-11 indicated physician MD#1 was a part of the Utilization Review activity conducted on that date. 3. On 3-13-12 at 2:55 pm, upon interview, employee #A2 indicated physician MD#1 had treated patient MR#1. 		The Health Information Manager will coordinate this function and assure that all documentation is completed in a timely manner by psychiatrists who are not involved in the care and treatment of patients on the Inpatient unit. Data will be reviewed bi-monthly by the Medical Staff.		

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A0724	<p>482.41(c)(2) FACILITIES, SUPPLIES, EQUIPMENT MAINTENANCE Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.</p> <p>Based on document review, the facility failed to perform preventive maintenance (PM) on 12 patient care beds and testing of 1 overhead paging system used during patient emergencies.</p> <p>Findings:</p> <ol style="list-style-type: none"> On 3-12-12 at 11:45 am, employee #A3 was requested to provide documentation on all patient care beds. Documentation was provided for only 2 beds. On 3-12-12 at 3:30 pm, upon interview, employee #A6 indicated there were 12 other beds and there was no documentation of PM on the beds. No documentation was provided prior to exit. On 3-12-12 at 11:45 am, employee #A3 was requested to provide documentation of PM on the facility's overhead paging system used during patient emergencies. On 3-14-12 at 9:20 am, upon interview, employee #A6 indicated testing of the system was included as 			A0724	<p>Responsible Person: Environmental Coordinator The Environmental Coordinator conducts semi-annual inspections of the inpatient unit and medical equipment. He has added the non-electrical beds to his inspection list and will conduct a inspection of the beds prior to May 1, 2012 and then add this to his routine inspection form next due in July 2012. See attached data collection form.ADDENDUM - Testing of the overhead paging system has also been added to the semi-annual inspection conducted by the Environmental Coordinator.</p>		05/01/2012

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	annunciation during fire drill activities. The employee was requested to provide documentation that the system was operable and no documentation was provided prior to exit.			