July 31, 2018

Mike Fenello, Administrator
St Luke's Magic Valley RMC
P.O. Box 409
Twin Falls, ID 83301

Provider #130002

Dear Mr. Fenello:

An unannounced on-site complaint investigation was conducted from July 18, 2018 to July 19, 2018 at St Luke's Magic Valley RMC. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00007856

Allegation #1: The facility failed to ensure sufficient nursing staff to meet the needs of the patients.

Findings #1: An unannounced visit was made to the facility on 7/18/18 to 7/19/18. Staff and patients were interviewed. Ten medical records, administrative documents, facility policies, and patients' rights and grievance information were reviewed.

A tour of the facility was conducted on 7/18/18 beginning at 9:30 AM. During the tour, Registered Nurses (RN) and Psychiatric Technicians (PT) were observed interacting with patients and attending to their needs. No patients appeared to be waiting for attention from the nursing staff.

The Director of Nursing (DON) was interviewed on 7/18/18 at 2:20 PM. He stated the hospital used a staffing grid to determine the number of nursing staff necessary for each shift. The staffing grid was reviewed. It included the number of RNs and PTs required based on the patient census for the day.
The DON stated the hospital's average census was 15 patients, requiring 3 RNs and 2 PTs. The grid indicated staffing was increased to 4 RNs and 4 PTs for a census of 28, the hospital's maximum capacity. The DON stated the charge nurse on each shift had the ability to call for additional staff, if needed, due to patient acuity or the necessity for 1 to 1 oversight of a patient.

The hospital's staffing roster for the previous 3 months was reviewed, and staffing was compared to the census for each day. Occasional variances from the required staffing were noted. However, in the majority of instances, the variances were addressed by increased staff in another discipline. For example, when the number of PTs was less than required, the hospital increased the number of RNs on the shift.

The DON was interviewed again on 7/19/18 at 9:40 AM. He stated the hospital had a "Unit Support Team" that included a pool of RNs that could be called in to supplement the nursing staff when necessary, due to staff illness or vacations. Additionally, he stated the hospital could utilize other staff, such as Activity Aides who were trained as PTs.

Two current hospital patients were interviewed on 7/19/18 beginning at 8:30 AM. Both patients stated the hospital staff responded quickly to their needs and requests. They felt the hospital's staffing was adequate to meet their needs.

An RN was interviewed on 7/19/18 at 8:12 AM. She stated she felt the hospital staffing was adequate to meet the needs of the patients. She stated she worked as a charge nurse and could request and obtain additional staff when needed due to patient acuity.

Based on a hospital tour and interviews with patients and staff, the hospital appeared to be adequately staffed to meet the needs of the patients. The allegation of inadequate staffing could not be substantiated.

**Conclusion #1:** Unsubstantiated. Lack of sufficient evidence.

**Allegation #2:** Patients were not informed how to file a formal grievance.

**Findings #2:** An unannounced visit was made to the facility on 7/18/18 to 7/19/18. Staff and patients were interviewed. Ten medical records, administrative documents, facility policies, and patients' rights and grievance information were reviewed.

An admissions packet was requested and included a Patient Rights and Responsibility's brochure. The brochure included a section titled "Concerns Regarding Your Care" which included "Patients can freely voice complaints and recommend changes without being subject to coercion, discrimination, reprisal/retaliation, humiliation or unreasonable interruption of care, treatment and services."
The brochure stated patients could file a complaint about their care with their caregiver or facility manager. The brochure also included the contact information for internal patient relations department, and the contact information for the State of Idaho, Office of Quality Monitoring for Joint Commission, and Livanta LLC the QIO (Quality Improvement Organization) program.

The patient admissions packet also included a form titled "CONSENT FOR ADMISSION OR EMERGENCY TREATMENT". It included a section titled "PATIENT'S RIGHTS AND RESPONSIBILITIES" which included the patient had received the Patient Rights and Responsibility's brochure and understand their rights as described in the brochure.

Ten medical records were reviewed and all medical records reviewed included the "CONSENT FOR ADMISSIONS OR EMERGENCY TREATMENT" form signed by the patient or patient's guardian.

Two current patients were interviewed on 7/19/18, beginning at 8:30 AM. Both patients stated they had no concern regarding voicing a complaint or concern, and stated would voice their complaint or concern to their nurse or nurse manager. They both stated they were informed on admission on how to file a complaint or grievance.

The facilities grievances were requested for the last 2 months. Three grievances were reviewed and all 3 grievances were acknowledged by the facility and letters were sent to complainants within 7 days of receipt of the complaint.

Patients were informed on admission to the facility how to file complaints and grievances and responded appropriately to filed grievances and complaints. Therefore, the allegation was unsubstantiated due to lack of sufficient evidence.

**Conclusion #2:** Unsubstantiated. Lack of sufficient evidence.

**Allegation #3:** The facility failed to ensure patient safety.

**Findings #3:** An unannounced visit was made to the facility on 7/18/18. Staff and patients were interviewed. Ten medical records and administrative documents were reviewed.

On 7/18/18, beginning at 9:20 AM, a facility tour was conducted with the Director of Nursing (DON). While touring the facility the DON stated they treated adults age 18 and over, and there were 28 patient beds. Upon entering the patient care area, the nursing station was in the center with 3 hallways going out from the nursing station, in a wagon wheel formation. The DON stated there was a male hallway and a female hallway, and therapy and activity rooms down the other hallway.
The nursing station was circular with 1 side of the nursing station close to 2 observation rooms. A Psychiatric Technician (PT) was sitting at the nursing station in front of 4 computer monitors. The DON stated the monitors displayed the camera views of all cameras in the unit. He stated an PT was assigned to monitor them 24 hours a day, 7 days a week.

One medical record reviewed was a 36 year old male admitted to the facility on 5/22/18 with a diagnosis of Bipolar Disease with Mania. He was transferred on 6/07/18.

The patient's medical record included a progress note that stated "The Patient has been trying to push out the doors throughout the unit. Patient tried to jump over the nursing desk counter. Patient stated, 'I could do some damage with these', raising both hands at the staff. After picking up a chair in the day room he stated, 'do you want me to use this?' in a threatening manner to staff. Staff has tried to redirect patient multiple times without success. Staff has tried to use therapeutic communication to deescalate the patient without success. Charge RN got an order for seclusion for patient."

The patient was placed in seclusion where his behaviors continued to escalate, and was placed in 4 point restraints.

Documentation of staff training related to violent and threatening patient situations was requested. The facility provided a document titled "Situational Awareness Courses ...". The document included Level 1-4 trainings provided by the facility for all staff.

Level 3 training included "The focus of this course is on increasing awareness of self and environment, identification of patient/visitors, demonstrating implementation of strategies to keep people within our system safe. Staff will also learn and practice appropriate physical response to physical confrontations that pose risk."

Level 4 training included "Learners will learn and demonstrate: 1) strategies for preventing and diffusing aggressive behavior, 2) strategies for controlling and restraining aggressive individuals, and 3) strategies for managing physical confrontations."

The Director of Accreditation and Patient Relations was interviewed on 7/19/18 beginning at 9:30 AM. She stated all facility staff have received level 3 and level 4 of the situational awareness training.

Two patients were interviewed on 7/19/18, beginning at 8:30 AM. Both patients stated that they felt safe on the unit, and had no concerns related to safety.

The facility provided a safe environment for patients and staff. Therefore, the allegation was unsubstantiated due to lack of sufficient evidence.

**Conclusion #3:** Unsubstantiated. Lack of sufficient evidence.
As none of the allegations were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

If you have any questions, comments or concerns, please contact Dennis Kelly, RN or Nicole Wisenor, Co-Supervisors, Non-Long Term Care at (208) 334-6626, option 4.

Sincerely,

DENNIS KELLY, RN, Supervisor
Non-Long Term Care

DK/pmt