



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

January 24, 2013

Doug Crabtree, Administrator  
Eastern Idaho Regional Medical Center  
Po Box 2077  
Idaho Falls, ID 83403-2077

RE: Eastern Idaho Regional Medical Center, Provider #130018

Dear Mr. Crabtree:

This is to advise you of the findings of the complaint investigation, which was concluded at your facility on January 9, 2013.

Enclosed is a Statement of Deficiencies/Plan of Correction form, CMS-2567, listing Medicare deficiencies. The hospital is under no obligation to provide a plan of correction for Medicare deficiencies. If you do choose to submit a plan of correction, provide it in the spaces provided on the right side of each sheet.

An acceptable plan of correction (PoC) contains the following elements:

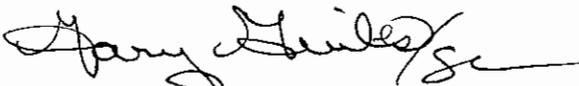
- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;
- Monitoring and tracking procedures to ensure the PoC is effective in bringing the facility into compliance, and that the facility remains in compliance with the regulatory requirements;
- The plan must include the title of the person responsible for implementing the acceptable plan of correction; and
- The administrator's signature and the date signed on page 1 of the Form CMS-2567.

Doug Crabtree, Administrator  
January 24, 2013  
Page 2 of 2

Whether you choose to provide a plan of correction or not, please sign and date the form and return it to our office by **February 6, 2013**. Keep a copy for your records. For your information, the Statement of Deficiencies is disclosable to the public under the disclosure of survey information provisions.

Thank you for the courtesies extended to us during our visit. If you have any questions, please write or call this office at (208) 334-6626.

Sincerely,



GARY GILES  
Health Facility Surveyor  
Non-Long Term Care



SYLVIA CRESWELL  
Co-Supervisor  
Non-Long Term Care

sc/  
Enclosures

# RECEIVED

FEB 06 2013

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

## FACILITY STANDARDS

PRINTED: 01/24/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <p style="text-align: center;">130018</p>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <p style="text-align: center;">C 01/09/2013</p>	
NAME OF PROVIDER OR SUPPLIER  EASTERN IDAHO REGIONAL MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 3100 CHANNING WAY IDAHO FALLS, ID 83404		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
A 000	INITIAL COMMENTS  The following deficiencies were cited during the complaint investigation survey of your hospital. Surveyors conducting the investigation were:  Gary Guiles, RN, BS, HFS Team Leader Libby Doane, RN, BSN, HFS Aimee Hastriter, RN, BSN, HFS  Acronyms used in this report include:  BHC - Behavioral Health Center, an inpatient unit of Eastern Idaho Regional Medical Center CEO - Chief Executive Officer IM - Intramuscular	A 000	Effective 01/09/13: Behavioral Health Center (BHC) will follow Eastern Idaho Regional Medical Center's (EIRMC) "Patient Complaint & Grievance Management" policy.  The BHC Patient Advocate will be notified if staff are unable to resolve the complaint. The BHC Patient Advocate can also be considered as both a first and second line of contact in the patient complaint/grievance process.	
A 118	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.  This STANDARD is not met as evidenced by: Based on review of policies and grievance documentation and staff interview, it was determined the hospital failed to ensure the Behavioral Health Center established and adhered to a process for prompt resolution of grievances for 16 of 17 BHC patients (#3 - #18) who submitted grievances between 5/01/13 and 1/08/13. This failure resulted in a lack of documentation of grievances including the issue to be addressed, the investigation, and resolution letter provided to the complainant. Findings include:  1. The grievance policy for the BHC was requested. The "BHC - PATIENT GRIEVANCE" policy, dated 6/14/11, was provided and reviewed.	A 118	Reporting steps for a patient Complaint (verbal or written):  1. Direct Care Staff/ Patient Advocate/first contacted staff will have 3 business days to resolve.  If unresolved, document then becomes a Grievance. 7-day timeline begins for procedure/documentation per EIRMC's policy (Patient Complaint & Grievance Management Policy).  2. Manager (or designee, i.e. Clinical Supervisor) level: If not resolved at this level, documentation and notification per EIRMC's policy (Patient Complaint &	

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

*Aimee Hastriter*

TITLE

CEO

(X6) DATE

2/5/13

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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A 118	<p>Continued From page 1</p> <p>The policy did not contain guidance for the prompt resolution of grievances as follows:</p> <p>a. The "BHC - PATIENT GRIEVANCE" policy did not define a complaint or a grievance.</p> <p>The hospital's grievance policy was requested and compared to the BHC grievance policy. The hospital policy, "Patient Complaint &amp; Grievance Management," dated 7/19/12, provided a definition of a complaint and a grievance. According to the policy a complaint, "Is a concern represented by a patient or patient's representative that can be addressed or resolved promptly by staff members who are present at the time of the complaint. 'Staff present' includes those individuals close to the complaint situation or who can quickly be at the patient's location (i.e. nursing, clinical ancillary staff, risk management, administration, nursing director/manager, etc.) to resolve the patient's complaint. Generally and it should be the objective, that complaints should be resolved timely while the patient is still receiving care at the facility."</p> <p>The hospital's policy defined a grievance as "a written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present) by a patient, or the patient representative, regarding the patient's care...A written complaint is always considered a grievance, whether from an inpatient, outpatient, released or discharged patient or their representative...A verbal complaint is a grievance if it cannot be resolved at the time of the complaint by staff present, if it is postponed for later resolution, if it requires investigation, and/or if it requires further actions for resolution."</p>	A 118	<p>Grievance Management Policy).</p> <p>If not resolved at this level, the grievance will be referred to next level (Level 3). The BHC Patient Advocate will be notified of grievance status for documentation and follow-through purposes.</p> <p>3. Executive Director: If not resolved at this level, documentation and notification per EIRMC's policy (Patient Complaint &amp; Grievance Management Policy).</p> <p>If not resolved at this level, the grievance will be referred to next level (Level 4). The BHC Patient Advocate will be notified of grievance status for documentation and follow-through purposes.</p> <p>4. Chief Operating Officer and Risk Management Officer for final documentation and notification per EIRMC's policy (Patient Complaint &amp; Grievance Management Policy).</p> <p>The BHC Patient Advocate will be notified of grievance status for documentation and follow-through purposes.</p>	

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A 118	<p>Continued From page 2</p> <p>The policy stated, "This policy and procedure is applicable to all hospital departments, services, and contract employees."</p> <p>b. The "BHC - PATIENT GRIEVANCE" policy stated, "After attempts to resolve the complaint with the involved staff have been exhausted, the patient may file a grievance by completing the Patient Grievance Form." However, according to the hospital policy, "Patient Complaint &amp; Grievance Management," if a complaint is not resolved it is, by definition, a grievance.</p> <p>c. The "BHC - PATIENT GRIEVANCE" policy stated that each patient would be informed of the process to resolve a complaint and the review process for grievances. The policy did not outline the procedure staff were to use to resolve a complaint or review a grievance.</p> <p>The hospital policy, "Patient Complaint &amp; Grievance Management," provided guidance to be followed by staff members upon the receipt of a complaint. The policy also stated that grievances would be investigated.</p> <p>d. The "BHC - PATIENT GRIEVANCE" policy did not define time frames for acknowledgement of, or response to, a grievance.</p> <p>The hospital policy, "Patient Complaint &amp; Grievance Management," stated "a written initial letter must be provided to complainant within 7 days after receipt of the Grievance. This letter will provide the name of the hospital, contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance investigation, and the date of</p>	A 118	<p>A patient complaint is considered a complaint until it cannot be resolved by staff present/Patient Advocate/or by the first person with knowledge of the complaint. If complaint cannot be resolved within 3 business days of receipt, the complaint will then become a grievance, documented, and then referred to the next level (Level 2).</p> <p>#1.b,c,d: The patient's complaint will become a grievance if unresolved at level 1. Follow EIRMC's policy for steps of resolving.</p> <p>The "BHC - PATIENT GRIEVANCE" policy is currently undergoing revisions to include EIRMC'S policy guidelines. Processes specific to BHC will be included into a revision of EIRMC's policy. Revision will be done by 02/06/13.</p>	

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A 118	<p>Continued From page 3</p> <p>completion. If the grievance is not resolved with in the 7 days a letter of notification will be sent to the complainant. The letter will indicate the time period for resolution, with the goal of completion wltin two weeks after the 7 day letter."</p> <p>The Executive Director of the BHC was interviewed on 1/09/12 at 2:50 PM. She stated the "BHC - PATIENT GRIEVANCE" policy was the policy referred to at the BHC. She confirmed that prior to 1/09/13 she was not aware of the hospital's grievance policy or procedure. She acknowledged the current process to manage complaints and grievances was not adequate and lacked the necessary guidance of the hospital polly.</p> <p>The policy did not contain guidance for the prompt resolution of grievances.</p> <p>2. Staff Involved in the grievance process at the BHC were interviewed. Understanding of the process to promptly resolved grievances was not consistent as follows:</p> <p>The Executive Director of the BHC was interviewed on 1/08/13 at 11:15 AM. She stated that the Grievance Officer was responsible for initially handling complaints and grievances at BHC. She stated that any written concern was considered a grievance. She explained that patients had access to a "Patient/Resident Grievance Form." She explained that once a patient documented the concern on the grievance form, the form was reviewed by the Grlevance Officer. She stated that the Grievance Officer spoke with the patient and other parties involved to resolve the issue. The Executive Director of</p>	A 118			

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A 118	<p>Continued From page 4</p> <p>the BHC stated that if the concern was resolved the Grievance Officer documented this on the form, otherwise the Grievance Officer would document that it was unresolved and sent to the appropriate manager. She stated if the concern was not resolved with the manager's involvement, she would become involved. She stated if the concern was not resolved at her level it would be sent to her supervisor and risk management. She confirmed that each step of the process was to be documented. She stated that the BHC did receive complaints from discharged patients and family members. She stated she did not document these concerns or handle them according to the hospital's grievance policy. She confirmed the complaints and grievances were not tracked.</p> <p>The Grievance Officer was interviewed on 1/08/13 at 10:50 AM. She stated she was not aware there was a difference between a complaint and a grievance. She was asked to explain when a concern would be considered a grievance. She stated if "I feel like it's a grievance" or if she was not able to resolve the issue then it was a grievance. She stated she collected the "Patient/Resident Grievance Form(s)" "a couple of times a week." She explained she would then "triage" the concerns or comments and that she handled the "minor" issues. She stated that sometimes patients used the form for other things besides communicating a concern. The Grievance Officer stated her first step was to speak directly with the patient to better understand the exact nature of the concern. She stated if possible she would resolve the concern at that point and if she was not able to resolve the concern she would forward</p>	A 118		

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A 118	<p>Continued From page 5</p> <p>it on to the appropriate manager. She stated that occasionally a patient was not able to communicate clearly due to mental or emotional issues. She explained that in these cases she would speak with staff members and/or try to speak with the patient at a later time. She stated that when the grievance was handled by the manager the form was to be returned to her and filed. The Grievance Officer explained that she did not receive training when she was assigned this position. She stated that she was unaware of a policy related to complaints or grievances.</p> <p>Understanding of the process to promptly resolved grievances was not consistent.</p> <p>3. Information related to grievances submitted at the BHC was reviewed. A process for the prompt resolution of grievances was not used in the following examples:</p> <p>a. Patient #3's medical record documented a 19 year old male who was admitted to the hospital's BHC from 6/15/12 to 6/28/12. His "PSYCH EVALUATION," dated 6/16/12, stated his diagnoses included mood disorder and polysubstance abuse. The evaluation stated Patient #3 had been abusing over the counter cough medication.</p> <p>A form labeled "NURSING PLAN OF CARE FOR USE OF RESTRAINT/SECLUSION," dated 6/17/12 at 11:26 PM, indicated Patient #3 threw a chair and threatened staff with pieces of the broken chair. He was subsequently restrained for 20 minutes. As a result of the incident, he was banned from admission and treatment to the BHC.</p>	A 118	<p>Pg. 6, #3: The Suggestion/Grievance boxes (5) are checked 4 business days per week by the Patient Advocate. This helps to insure a timely response.</p> <p>Patient #3: Each patient admission is an individual circumstance. No patient is denied psychiatric service provided the welfare and safety of the other patients, staff, and the facility can be maintained.</p> <p>Every patient is eligible for psychiatric services under the stated admission criteria (<u>BHC - Assessment &amp; Referral</u>, <u>BHC - ADMISSION CRITERIA &amp; PROCEDURE FOR ACUTE CARE UNITS</u>) if the capacity of the facility is sufficient (refer to aforementioned two attachments). If the patient is denied admission, the Assessment &amp; Referral staff has the responsibility to arrange admission to another facility or develop an outpatient safety plan.</p>		

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A 118	<p>Continued From page 6</p> <p>Patient #3's psychiatrist was interviewed on 1/09/13 beginning at 10:35 AM. He stated Patient #3 was discharged home on 6/28/12. He stated around the middle of July 2012, Patient #3 again became suicidal. He stated he directed Patient #3's guardian to bring the patient to the BHC for treatment. He stated when Patient #3 arrived at the BHC, his guardian was told Patient #3 had been banned from admission to the BHC. The patient had to seek treatment at another hospital. The psychiatrist stated he encouraged Patient #3's guardian to talk with the hospital's CEO about his concerns.</p> <p>The CEO was interviewed on 1/09/13 beginning at 1:50 PM. He stated Patient #3's guardian complained to him after the BHC refused to admit the patient. The CEO stated he did not refer this to the hospital's grievance team. Subsequently, the grievance was not investigated.</p> <p>The grievance by Patient #3's guardian was not logged and was not investigated.</p> <p>b. Patient #4 submitted a "Patient/Resident Grievance Form" on 5/10/12. The concern was about other patients singing religious songs during a group activity that she did not feel were appropriate in the hospital setting. Patient #4 also stated the policy was not to "promote religion." The Grievance Officer documented that she spoke to Patient #4 about the BHC policy, noted the issue was resolved and signed the form but did not date it. Patient #4 signed the form on 5/18/12, eight days after the form was submitted.</p> <p>The Executive Director of the BHC was</p>	A 118	<p>Pg. 7, Patient #4: A letter is now currently being utilized to resolve patient complaints to include: the issue, the investigation and results, and what action has been taken, if the issue was resolved. A copy of the letter is stapled to the complaint(s). The patient is verbally informed at the time of meeting with the patient of the steps the Patient Advocate will be taking. If the issue is resolved, the patient is told they can expect a letter from the Patient Advocate and a brief description of what the letter will include.</p>	
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A 118	<p>Continued From page 7</p> <p>Interviewed on 1/09/13 at 2:50 PM. She reviewed Patient #4's grievance form. She confirmed there was no documentation to indicate a letter had been sent in response to this grievance.</p> <p>c. Patient #7 submitted three "Patient/Resident Grievance Form(s)" related to an incident that took place on 5/19/2012. One form was submitted on 5/23/12 and two were submitted on 5/24/12. The forms documented that Patient #7 thought she had been discharged and called family to pick her up, but was told she could not be discharged because the physician was on vacation. Patient #7 was very upset about this and called for the physician to be fired. On the form dated 5/23/12 Patient #7 wrote that she did not turn in the form on the day of the incident "Because I was concerned about staff retaliation..." The Grievance Officer documented on the grievance form from 5/23/12, "patient too psychotic to interview...verbally assaultive." The Grievance Officer signed the form but did not date it. There was no documentation of whether the issue was investigated or resolved. The forms from 5/24/12 had no documentation from the Grievance Officer.</p> <p>The Executive Director of the BHC was interviewed at 11:15 AM on 1/8/13. She reviewed the grievance forms for Patient #7. She stated that the forms were not "adequately" completed. She confirmed the forms did not contain documentation of an investigation of the concern or a written response to the patient and that there was no documentation at all to the grievance forms dated 5/24/12. She stated that if Patient #7 was psychotic at the time the Grievance Officer attempted to discuss the issue with Patient #7,</p>	A 118	<p>Pg. 8, Patient #7: A Suggestion/Grievance Log is now in use to document any and all attempts/actions on each individual complaint/grievance/suggestion. Dates and times are now included at least by the Patient Advocate. There is space provided for both Patient and responding staff to sign their name and date it.</p>	

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A 118	<p>Continued From page 8</p> <p>there should be more documentation stating why Patient #7 was unable to discuss these concerns. She stated she expected there to be documentation that the Grievance Officer attempted to follow up with Patient #7 at another time.</p> <p>d. Patient #8 submitted the following concerns "Patient/Resident Grievance Form(s)" on 5/29/12, 6/18/12, and 12/28/12:</p> <p>i. The concern on 5/29/12 was related to a staff member telling Patient #8 that her opinion did not matter. The Grievance Officer documented that she referred the complaint to a manager and signed the form but did not date it. Documentation from a manager indicated the staff member was spoken to about working with patients and avoiding conflict. The manager signed the form but did not date it. The issue was documented as resolved and Patient #8 signed the form but did not date it.</p> <p>ii. The concern on 6/18/12 was related to confronting a staff member about a comment the staff member made. Patient #8 also documented that she was "sick of his attitude, infractions, and not listening (to) us." The Grievance Officer documented that she referred the concern to a manager on 6/20/12 (two days after it was submitted) because it was a staff issue, and signed the form. There was further documentation the staff member was being instructed on alternatives to control the class, but this documentation was not signed or dated. The issue was documented as resolved and Patient #8 signed the form but did not date it.</p>	A 118		

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A 118	<p>Continued From page 9</p> <p>iii. The concern on 12/28/12 was related to Patient #8 feeling like a staff member "hates" her because she did not attend school. The Grievance Officer documented that when Patient #8 stated her emotions altered her perception of the staff member's attitude towards her. The concern was documented as resolved and the Grievance Officer signed the form on 12/31/12 (three days after it was submitted). Patient #8 also signed the form but did not date it.</p> <p>The Executive Director of the BHC was interviewed on 1/09/13 at 2:50 PM. She reviewed Patient #8's grievance forms. She confirmed there was no documentation to indicate when the grievance was resolved (for the 5/29/12 and 6/18/12 grievances) or that letters had been sent in response to any of the grievances. She stated she believed the manager provided the additional documentation to the 6/18/12 grievance but confirmed this documentation was not signed/dated.</p> <p>e. Patient #18 submitted the following concerns on "Patient/Resident Grievance Form(s)" on 7/14/12 and 10/04/12:</p> <p>i. The concern submitted on 7/14/12 was related to Patient #18's dislike of a staff member's actions and the way the staff member treated others. The Grievance Officer documented the issue was referred to a manager and signed the form on 7/18/12 (four days after it was submitted.) The concern was marked as unresolved and Patient #18 signed the form but did not date it. There was no documentation of a manger's involvement with this issue.</p>	A 118		

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A 118	<p>Continued From page 10</p> <p>ii. The concern submitted on 10/05/12 was related to Patient #18 feeling like she couldn't "process with staff without getting yelled at." The Grievance Officer documented the concern was referred to a manager because it involved a staff member. The Grievance Officer signed the form on 10/12/12 (seven days after the grievance was submitted). The grievance was documented as unresolved and Patient #18 signed the form on 10/12/12. There was no documentation to indicate a manager's involvement, that the grievance was resolved and a written notice of response provided to Patient #18.</p> <p>The Executive Director of the BHC was interviewed on 1/09/13 at 2:50 PM. She reviewed the grievance documentation for Patient #18. She stated it was her expectation that the manager speak with the patient and the staff member. She confirmed that there was no documentation of the manager's involvement in resolving either of these concerns. She stated it was possible the manager documented something in Patient #18's chart, but based on the documentation on the grievance forms it could not be determined the grievances were thoroughly reviewed and resolved. She also confirmed that there was no documentation to indicate a letter had been sent in response to the grievances.</p> <p>f. Patient #13 submitted the following concerns on "Patient/Resident Grievance Form(s)" on 6/02/12, 6/05/12, and 7/15/12:</p> <p>i. The concern submitted on 6/02/12 was related to a staff member and a peer using a word that Patient #13 found offensive. The Grievance</p>	A 118	<p>Pg. 11, ii: Refer to "Suggestion/Grievance Log" now in use. It should be noted on Suggestion/Grievance Log whether complaint/grievance was referred to Manager (next level) for further investigation. (Grievance Log BLANK.docx).</p>		

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A 118	<p>Continued From page 11</p> <p>Officer documented the issue was referred to manager because it involved staff. The Grievance Officer signed the form but did not date it. There was no documentation to indicate whether the issue was resolved or not. There was no documentation to indicate a manager was involved with this issue.</p> <p>ii. The concern submitted on 6/05/12 was related to a staff member "always giving people infractions..." and the difficulty of this staff member's class. The Grievance officer documented the issue was referred to manager because it involved staff. The Grievance Officer signed the form but did not date it. There was no documentation to indicate whether the issue was resolved or not. There was no documentation to indicate a manager was involved with this issue.</p> <p>iii. The concern submitted on 7/15/12 was related to a staff member "acting like a child..." Patient #13 also stated the staff member had fallen asleep on the job and was only doing the job to pay for school. The Grievance officer documented the issue was referred to manager because it involved staff. The Grievance Officer signed the form on 7/18/12 (three days after it was submitted) and marked the grievance as unresolved. There was no documentation to indicate whether the issue was ultimately resolved or not. There was no documentation to indicate a manager was involved with this issue.</p> <p>The Executive Director of the BHC was interviewed on 1/09/13 at 2:50 PM. She reviewed the grievance forms for Patient #13. She stated that she did not know if any of the grievances were reviewed by a manager as there was no</p>	A 118	<p>Pg. 12, ii &amp; iii: Refer to "Suggestion/Grievance Log" now in use. It should be noted on Suggestion/Grievance Log whether complaint/grievance was referred to Manager (Level 2) for further investigation.</p>		

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A 118	<p>Continued From page 12</p> <p>documentation of this on any grievance form. She confirmed there was no date to indicate when the Grievance Officer reviewed the grievance forms from 6/02/12 and 6/05/12. She also confirmed that there was no documentation to indicate a letter had been sent in response to the grievances.</p> <p>g. Patient #14 submitted a concern on the "Patient/Resident Grievance Form" on 10/05/12 related to a staff member being irritable towards others. The Grievance Officer documented the concern was referred to a manager because it involved a staff member. The Grievance Officer signed the form on 10/12/12 (seven days after the grievance was submitted) and marked the concern as unresolved. There was documentation that this concern was discussed with the staff member, but there was no signature or date indicating who spoke with the staff or when. Patient #14 signed the form on 10/12/12.</p> <p>The Executive Director of the BHC was interviewed on 1/09/13 at 2:50 PM. She reviewed the grievance form for Patient #14 and stated she believed the unidentified documentation was from the manager. She confirmed there was no documentation to indicate a letter had been sent in response to this grievance.</p> <p>h. Patient #11 submitted two "Patient/Resident Grievance Form(s)" on 6/18/12 related to a staff member giving "infractions" unnecessarily. The Grievance Officer documented on each form that the concern was referred to a manager because it involved a staff member. The Grievance Officer signed the forms on 6/20/12 (two days after they were submitted.) There was no documentation</p>	A 118	<p>Pg. 13, g: Manager education. Patient Advocate to follow-up on pending and referred grievances until resolved. Once resolved, notification will be forwarded to the complainant. Document process on Suggestion/Grievance Log.</p>		

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A 118	<p>Continued From page 13</p> <p>on either form to indicate a manager was involved in this issue. There was no documentation on either form to indicate if the issue was resolved or unresolved. Patient #11 signed both forms on 7/29/12.</p> <p>The Executive Director of the BHC was interviewed on 1/09/13 at 2:50 PM. She reviewed Patient #11's grievance forms. She stated that she did not know if this complaint was reviewed by a manager as there was no documentation from the manager on the forms. She stated the form appeared to have been signed by Patient #11 when the grievance was resolved but confirmed this was difficult to determine. She also confirmed that there was no documentation to indicate a letter had been sent in response to this grievance.</p> <p>i. Patient #15 submitted a "Patient/Resident Grievance Form" on 10/22/12. The concern was related to a comment a staff member made to Patient #15. Patient #15 requested a meeting with staff members to resolve this issue. The Grievance Officer documented the concern was referred to a manager per Patient #15's request. The Grievance Officer signed the form on 10/23/12. The concern was documented as unresolved. There was no documentation to indicate a manager had been involved in the issue or a meeting with staff had taken place.</p> <p>The Executive Director of the BHC was interviewed on 1/09/13 at 2:50 PM. She reviewed Patient #15's grievance form. She stated that she did not know if this complaint was reviewed by a manager as there was no documentation from the manager on the form. She stated she</p>	A 118	<p>Pg. 14, Patient #15: Patient Advocate to follow-up on any pending/forwarded grievances until resolved and notifications completed. Document process on Suggestion/Grievance Log.</p>		

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A 118	<p>Continued From page 14</p> <p>"assumed" the meeting was set up and stated that perhaps there was documentation of this in Patient #15's medical record. She agreed that it was preferable to have all of the documentation regarding any investigation and resolution to a grievance in one location. She confirmed there was no documentation to indicate a letter was sent in response to this grievance.</p> <p>j. Patient #16 submitted a "Patient/Resident Grievance Form" on 6/17/12. The concern was that a staff member changed a planned activity to a different activity. The Grievance Officer documented the issue had been referred to a manager because it involved a staff member. The Grievance Officer signed the form on 6/18/12 (one day after the grievance was submitted.) There was no documentation to indicate a manager had been involved in the resolution of this concern. There was no documentation to indicate the issue was resolved or unresolved. Patient #16 signed the form but did not date it.</p> <p>The Executive Director of the BHC was interviewed on 1/09/13 at 2:50 PM. She reviewed Patient #16's grievance form. She stated that she did not know if this complaint was reviewed by a manager as there was no documentation from the manager on the form. She confirmed there was no documentation to indicate a letter was sent in response to this grievance.</p> <p>k. Patient #17 submitted a "Patient/Resident Grievance Form" on 6/18/12. The concern was related to a staff member. The Grievance Officer documented the concern was referred to a manager and signed the form on 6/20/12 (two days after it was submitted). There was no</p>	A 118	<p>Pg. 15, Patient #16: Patient Advocate to follow-up on any pending/forwarded grievances until resolved and notifications completed. Document process on Suggestion/Grievance Log.</p> <p>Pg. 15-16, Patient #17: Patient Advocate to follow-up on any pending/forwarded grievances until resolved and notifications completed. Document process on Suggestion/Grievance Log.</p>		

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A 118	<p>Continued From page 15</p> <p>documentation to indicate a manager had been involved in the resolution of this concern. There was no documentation to indicate the issue was resolved or unresolved. Patient #17 signed the form on 7/29/12.</p> <p>The Executive Director of the BHC was interviewed on 1/09/13 at 2:50 PM. She reviewed Patient #17's grievance form. She stated that she did not know if this complaint was reviewed by a manager as there was no documentation of this on the form. She stated the form appeared to have been signed by Patient #17 when the grievance was resolved but confirmed this was difficult to determine. She also confirmed that there was no documentation to indicate a letter had been sent in response to this grievance.</p> <p>I. Patient #9 submitted 16 "Patient/Resident Grievance Form(s)" dated from 9/12/12 to 9/16/12. There were multiple nonspecific concerns on each page, some dealing with people watching him, conditions in his room, the food, and the number of patients the facility had at a given time. There were also references to his "grievances" not being addressed, no one listening to him, issues with staff and his rights being violated. Only one page contained documentation that the grievance(s) had been acknowledged. At the bottom of the page was a note dated 6/18/12 documenting Patient #9 was transferred to a state hospital and diagnosed with paranoid schizophrenia. There was no signature.</p> <p>The Executive Director of the BHC was interviewed on 1/09/13 at 2:50 PM. She reviewed the grievance forms for Patient #9. She confirmed there was no response from the</p>	A 118	<p>Pg. 16, Patient #9: Documentation on Suggestion/Grievance Log about patient current status, and Advocate's attempts to meet with patient and, if applicable, patient's mental status.</p>	

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A 118	<p>Continued From page 16</p> <p>Grievance Officer on any of the forms. She stated that it was the BHC's policy that if the patient was too agitated to be interviewed about the concerns on the form, then the interview was to be postponed until the patient was feeling better. She stated her expectation would have been for the Grievance Officer to speak to Patient #9 at some point during his stay or document on the forms why she could not. She confirmed there was no documentation to indicate the Grievance Officer had acknowledged the concerns.</p> <p>m. Patient #12 submitted a "Patient/Resident Grievance Form" on 10/29/12 related to the temperature of her room. There was documentation on the form the issue was referred to a manager. There was no signature for this documentation and no date for when the issue was referred to the manager. There was documentation on the form from the manager that the temperature was in "normal ranges," the policy on bringing blankets from home was reviewed and the manager had spoken with other patients about the temperature. The manager signed the form on 11/05/12 (seven days after the grievance was submitted.) On the line for "Patient Signature" was written "discharged."</p> <p>The Executive Director of the BHC was interviewed on 1/09/13 at 2:50 PM. She reviewed Patient #12's grievance form. She stated the manager had probably interviewed Patient #12 before discharge but did not document the encounter until 11/05/12. She confirmed that there was no documentation to indicate the manager had spoken with Patient #12 or that a letter had been sent in response to the grievance.</p>	A 118	Pg. 17, Patient #12: If issue resolved after patient discharged, a notification is sent to patient's discharging address.	

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A 118	<p>Continued From page 17</p> <p>n. Patient #6 submitted the following concerns on "Patient/Resident Grievance Form(s)" on 5/27/12, 5/29/12 and 10/28/12:</p> <p>i. The concern submitted on 5/27/12 was related to Patient #6 wanting blue Powerade once a day. There was no documentation from the Grievance Officer on this form.</p> <p>ii. Three "Patient/Resident Grievance Form(s)" were submitted on 5/29/12. The concerns were related to being able to wear a watch, a glass ring being tampered with and ten dollars missing from her wallet. Only one form (from 5/27/12 and 5/29/12) contained documentation from the Grievance Officer. The Grievance Officer addressed the missing money and "suggested double check inventory on discharge (and) file complaint (at) that time if appropriate..." The Grievance Officer documented she would notify Patient #6's physician regarding the request for blue Powerade. The Grievance Officer documented the ring had been "inventoried" and was not accessible to Patient #6. In addition, the Grievance Officer documented she would follow up on the rules regarding watches. The issues were documented as resolved and signed by the Grievance Officer and Patient #6 on 5/29/12.</p> <p>iii. The concern submitted on 10/28/12 was regarding ten dollars missing from Patient #6's wallet. There was no documentation on the form from the Grievance Officer.</p> <p>The Executive Director of the BHC was interviewed on 1/09/13 at 2:50 PM. She reviewed the grievance forms submitted by Patient #6. She stated the actions of the Grievance Officer</p>	A 118	<p>Pg. 18, Patient #6: Documentation should occur both on the patient submitted paperwork as well as on the Suggestion/Grievance Log.</p> <p>Pg. 18, I, II, III: Patients often times submit several complaints at a time. Each individual complaint should include documentation and be signed and dated both by the patient and the representative resolving the issue. Individual documentation should occur on the Suggestion/Grievance Log.</p>		

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A 118	<p>Continued From page 18</p> <p>were "not well documented." She stated that instead of waiting until discharge to see if money had been removed from Patient #6's wallet, something more immediate should have been done. She stated she expected a staff member to check the wallet contents against the list of inventoried items documented when Patient #6 was admitted to the facility. She stated there should have been documentation on each separate "Patient/Resident Grievance Form." She confirmed there was no documentation of a written response to the grievances.</p> <p>o. Patient #10 submitted "Patient/Resident Grievance Form(s)" on 6/04/12 and 6/20/12 as follows:</p> <p>i. The concern submitted on 6/20/12 was related to a female patient lying about a male patient. The Grievance Officer documented on the form that this was written as a warning to staff that a female patient was trying to frame a male patient to get him removed from the unit. The issue was documented as resolved, the Grievance Officer and Patient # 10 signed the form on 6/20/12.</p> <p>ii. The concern submitted on 6/04/12 was a staff member giving patients "infractions" unnecessarily. The Grievance Officer documented the issue was sent to a manager because it involved a staff member and signed the form but did not date it. There was no documentation to indicate if the issue was resolved or unresolved.</p> <p>The Executive Director of the BHC was interviewed on 1/09/13 at 2:50 PM. She reviewed the grievance forms submitted by Patient #10.</p>	A 118	<p>Pg. 19, Patient #10: Notification to complainant is now in effect, documented on Suggestion/Grievance Log and a copy kept with original documentation.</p>		

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A 118	<p>Continued From page 19</p> <p>She confirmed there was no documentation to indicate the manager was involved in the resolution of the complaint submitted on 6/04/12. She confirmed there was no documentation that a letter of resolution was written in response to the grievances.</p> <p>p. Patient #5 submitted the following concerns on "Patient/Resident Grievance Form(s)" on 12/21/12 and 12/30/12:</p> <p>i. The concern submitted on 12/21/12 was related to a staff member speaking to her in a sarcastic tone when she was upset. The Grievance Officer documented that she discussed with Patient #5 how her approach contributed to the staff member speaking the way he did. The Grievance Officer also discussed with Patient #5 alternate methods of having her needs met. The issue was documented as resolved and signed by the Grievance Officer on 12/31/12 (ten days after it was submitted.)</p> <p>The Executive Director of the BHC was interviewed on 1/09/13 at 2:50 PM. She reviewed the grievance documentation for Patient #5. She confirmed that there was no documentation that the staff member in question was spoken to, only that Patient #5 needed to alter her reactions. She confirmed there was no documentation that a written response was provided to Patient #5.</p> <p>ii. The concern submitted on 12/30/12 was about two staff members making Patient #5 "taste their breath." There was documentation on the form that Patient #5 acknowledged this was a joke. There was no signature or date for the documentation.</p>	A 118	Pg. 20, Patient #5: Refer to Suggestion/Grievance Log.		

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NAME OF PROVIDER OR SUPPLIER  EASTERN IDAHO REGIONAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3100 CHANNING WAY IDAHO FALLS, ID 83404		
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A 118	<p>Continued From page 20</p> <p>The Grievance Officer was interviewed on 1/08/13 at 10:50 AM. She confirmed that documentation submitted on the "Patient/Resident Grievance Form" was not always a grievance. She stated that occasionally patients wrote general comments on the grievance forms. She confirmed that grievances were handled by the appropriate managers to complete and returned to her to file. She confirmed that she was not aware whether or not patients received written responses to the grievances addressed by the managers.</p> <p>The Executive Director of the BHC was interviewed on 1/08/13 at 11:15 AM. She stated if the concern was not resolved with the manager's involvement, she would become involved. She stated if the concern was not resolved at her level it would be sent to her supervisor and risk management. She stated written responses to grievances came from the Executive Director of Risk Management's office. She explained that she was often able to resolve issues over the phone, however this was not documented.</p> <p>During an interview 1/09/13 at 2:50 PM, the Executive Director of the BHC explained that several of the grievances submitted were in regards to one staff member during one time frame. She stated the BHC met with the staff member, developed plans for additional education and training, and established a monitoring plan. She stated this plan was successful. After reviewing the above grievance forms, the Executive Director of the BHC stated she believed that all of the grievances regarding this staff member were handled at one time. She</p>	A 118			



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A 119	<p>Continued From page 22</p> <p>a. The "BHC - PATIENT GRIEVANCE" policy did not define a complaint or a grievance.</p> <p>The hospital's grievance policy was requested and compared to the BHC grievance policy. The hospital policy, "Patient Complaint &amp; Grievance Management," dated 7/19/12, provided a definition of a complaint and a grievance. According to the policy a complaint, "is a concern represented by a patient or patient's representative that can be addressed or resolved promptly by staff members who are present at the time of the complaint. 'Staff present' includes those individuals close to the complaint situation or who can quickly be at the patient's location (i.e. nursing, clinical ancillary staff, risk management, administration, nursing director/manager, etc.) to resolve the patient's complaint. Generally and it should be the objective, that complaints should be resolved timely while the patient is still receiving care at the facility."</p> <p>The hospital's policy defined a grievance as "a written or verbal complaint (when the verbal complaint about patient care is not resolved at the time of the complaint by staff present) by a patient, or the patient representative, regarding the patient's care...A written complaint is always considered a grievance, whether from an inpatient, outpatient, released or discharged patient or their representative...A verbal complaint is a grievance if it cannot be resolved at the time of the complaint by staff present, if it is postponed for later resolution, if it requires investigation, and/or if it requires further actions for resolution." The policy stated, "This policy and procedure is applicable to all hospital departments, services, and contract employees."</p>	A 119	<p>Pg. 23 &amp; 24: The BHC grievance process is now the same as EIRMC'S. Specifics to BHC will be included in EIRMC's policy.</p> <p>All Comments, Suggestions, Grievance forms turned in to the box on the unit and/or in the dining room will be considered a "Complaint" unless it cannot be resolved at the "first line" level (Level 1). The first line level is considered as: front line staff, Patient Advocate, or the first person to received notification of a patient complaint AND the complaint IS resolved at the first level of intervention.</p>	

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A 119	Continued From page 23  b. The "BHC - PATIENT GRIEVANCE" policy stated, "After attempts to resolve the complaint with the involved staff have been exhausted, the patient may file a grievance by completing the Patient Grievance Form." However, according to the hospital policy, "Patient Complaint & Grievance Management," if a complaint is not resolved it is, by definition, a grievance.  c. The "BHC - PATIENT GRIEVANCE" policy stated that each patient would be informed of the process to resolve a complaint and the review process for grievances. The policy did not outline the procedure staff were to use to resolve a complaint or review a grievance.  The hospital policy, "Patient Complaint & Grievance Management," provided guidance to be followed by staff members upon the receipt of a complaint. The policy also stated that grievances would be investigated.  d. The "BHC - PATIENT GRIEVANCE" policy did not define time frames for acknowledgement of, or response to, a grievance.  The hospital policy, "Patient Complaint & Grievance Management," stated "a written initial letter must be provided to complainant within 7 days after receipt of the Grievance. This letter will provide the name of the hospital, contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance investigation, and the date of completion. If the grievance is not resolved within the 7 days a letter of notification will be sent to the complainant. The letter will indicate the time	A 119		

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A 119	<p>Continued From page 24 period for resolution, with the goal of completion within two weeks after the 7 day letter."</p> <p>The Executive Director of the BHC was interviewed on 1/09/12 at 2:50 PM. She stated the "BHC - PATIENT GRIEVANCE" policy was the policy referred to at the BHC. She confirmed that prior to 1/09/13 she was not aware of the hospital's grievance policy or procedure. She acknowledged the current process to manage complaints and grievances was not adequate and lacked the necessary guidance of the hospital policy.</p> <p>The policy did not contain guidance for the prompt resolution of grievances.</p> <p>2. Staff involved in the grievance process at the BHC were interviewed. Understanding of the process to promptly resolved grievances was not consistent as follows:</p> <p>The Executive Director of the BHC was interviewed on 1/08/13 at 11:15 AM. She stated that the Grievance Officer was responsible for initially handling complaints and grievances at BHC. She stated that any written concern was considered a grievance. She explained that patients had access to a "Patient/Resident Grievance Form." She explained that once a patient documented the concern on the grievance form, the form was reviewed by the Grievance Officer. She stated that the Grievance Officer spoke with the patient and other parties involved to resolve the issue. The Executive Director of the BHC stated that if the concern was resolved the Grievance Officer documented this on the form, otherwise the Grievance Officer would</p>	A 119			

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A 119	<p>Continued From page 25</p> <p>document that it was unresolved and sent to the appropriate manager. She stated if the concern was not resolved with the manager's involvement, she would become involved. She stated if the concern was not resolved at her level it would be sent to her supervisor and risk management. She confirmed that each step of the process was to be documented. She stated that the BHC did receive complaints from discharged patients and family members. She stated she did not document these concerns or handle them according to the hospital's grievance policy. She confirmed the complaints and grievances were not tracked.</p> <p>The Grievance Officer was interviewed on 1/08/13 at 10:50 AM. She stated she was not aware there was a difference between a complaint and a grievance. She was asked to explain when a concern would be considered a grievance. She stated if "I feel like it's a grievance" or if she was not able to resolve the issue then it was a grievance. She stated she collected the "Patient/Resident Grievance Form(s)" "a couple of times a week." She explained she would then "triage" the concerns or comments and that she handled the "minor" issues. She stated that sometimes patients used the form for other things besides communicating a concern. The Grievance Officer stated her first step was to speak directly with the patient to better understand the exact nature of the concern. She stated if possible she would resolve the concern at that point and if she was not able to resolve the concern she would forward it on to the appropriate manager. She stated that occasionally a patient was not able to communicate clearly due to mental or emotional</p>	A 119			

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A 119	<p>Continued From page 26</p> <p>issues. She explained that in these cases she would speak with staff members and/or try to speak with the patient at a later time. She stated that when the grievance was handled by the manager the form was to be returned to her and filed. The Grievance Officer explained that she did not receive training when she was assigned this position. She stated that she was unaware of a policy related to complaints or grievances.</p> <p>Understanding of the process to promptly resolved grievances was not consistent.</p> <p>3. Patients #3 - #18 submitted a total of 41 grievances between 5/01/12 and 1/08/13 as follow:</p> <ul style="list-style-type: none"> <li>* Patient #3 's parent complained to the CEO after being informed upon arrival at the BHC on approximately 7/20/12, that his son was banned from admission to the BHC.</li> <li>* Patient #4 submitted a "Patient/Resident Grievance Form" on 5/10/12.</li> <li>* Patient #5 submitted concerns on "Patient/Resident Grievance Form(s)" on 12/21/12 and 12/30/12.</li> <li>* Patient #6 submitted concerns on three "Patient/Resident Grievance Form(s)" dated 5/27/12, 5/29/12 and 10/28/12:</li> <li>* Patient #7 submitted three "Patient/Resident Grievance Form(s)" related to an incident that took place on 5/19/2012. One form was submitted on 5/23/12 and two were submitted on 5/24/12.</li> </ul>	A 119	<p>Pt. 27, Patient #3: This level of complaint is considered a "Grievance." Documentation to begin immediately. Begin at Level 3 of notifications and decision-making.</p>		

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A 119	Continued From page 27  * Patient #8 submitted three "Patient/Resident Grievance Form(s)" dated 5/29/12, 6/18/12, and 12/28/12.  * Patient #9 submitted 16 "Patient/Resident Grievance Form(s)" dated from 9/12/12 to 9/16/12.  * Patient #10 submitted "Patient/Resident Grievance Form(s)" on 6/04/12 and 6/20/12.  * Patient #11 submitted two "Patient/Resident Grievance Form(s)" on 6/18/12.  * Patient #12 submitted a "Patient/Resident Grievance Form" on 10/29/12.  * Patient #13 submitted concerns on "Patient/Resident Grievance Form(s)" on 6/02/12, 6/05/12, and 7/15/12.  * Patient #14 submitted a concern on the "Patient/Resident Grievance Form" on 10/05/12.  * Patient #15 submitted a "Patient/Resident Grievance Form" on 10/22/12.  * Patient #16 submitted a "Patient/Resident Grievance Form" on 6/17/12.  * Patient #17 submitted a "Patient/Resident Grievance Form" on 6/18/12.  * Patient #18 submitted concerns on "Patient/Resident Grievance Form(s)" on 7/14/12 and 10/04/12.	A 119	Pg. 28, Patient #9: This is a good example of the numbers of "Patient/Resident Grievance Form(s)" a patient can submit in a very short amount of time. These will be individually documented and processed on each submitted form. Documentation on the Suggestion/Grievance Log will be individually completed and followed.		

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A 119	Continued From page 28 Information related to these grievances was reviewed. There was no documentation that the BHC identified the concerns as grievances and responded to them as grievances.  4. The Executive Director of Risk Management was interviewed on 1/08/13 at 3:30 PM. He stated that he believed that the BHC was processing and tracking grievances in accordance with the hospital's policy. He stated he was not aware of the process used at the BHC and confirmed that the Executive Director of BHC was not involved in the hospital's grievance committee.  5. The Chief Operating Officer was interviewed on 1/09/13 at 11:40 AM. She confirmed that the Executive Director of BHC reported up to her. She stated the hospital considered the BHC a "free-standing facility." She confirmed that she met monthly with the Executive Director of BHC and BHC managers. She stated that grievance issues were handled by the Executive Director of Risk Management. She stated the BHC should be using the same process to manage grievances as the hospital.  The governing body did not ensure an effective grievance process was utilized at the BHC.	A 119	Pg. 29, #4: Weekly and Ad hoc meetings with Executive Director and Patient Advocate to briefly review complaints/grievances and current statuses.  Patient Advocate attends weekly BHC Management Meetings to give report of Comments/Suggestions/Complaint/Grievances received from the previous week and current statuses, effective 01/09/13.  Patient Advocate now included in quarterly Patient Grievance Committee meetings, effective 01/16/13.  Executive. Director of Risk Management reports BHC grievance processes to governing board effective 01/16/13.		
A 121	482.13(a)(2)(I) PATIENT RIGHTS: GRIEVANCE PROCEDURES  [At a minimum:] The hospital must establish a clearly explained procedure for the submission of a patient's written or verbal grievance to the hospital.  This STANDARD is not met as evidenced by:	A 121	Pg. 29 : A photo and identifying information of who the Patient Advocate is at BHC is posted on each Suggestion/Grievance box at BHC effective 01/31/13.  The BHC follows EIRMC's grievance policy effective 01/09/13.		

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A 121	<p>Continued From page 29</p> <p>Based on interview and review of patient rights information and facility policies, it was determined the facility failed to establish a clearly explained process for patients at the BHC to submit grievances. This failure had the potential to result in patients and/or their representatives not having concerns addressed. Findings include:</p> <p>1. A pamphlet titled, "YOUR PATIENT RIGHTS &amp; RESPONSIBILITIES," undated, was reviewed. One section of this pamphlet addressed complaint and grievance resolution. The pamphlet directed patients to "let your caregiver know of any concerns you have...Our goal is to respond to your concern in a timely manner and with an appropriate and clear resolution." The pamphlet listed staff members capable of responding to complaints/grievances, including physicians, department managers/directors, and charge nurses. In addition, patients were provided with the accrediting organization and state agency contact information.</p> <p>On 1/08/13 at 1:55 PM the Executive Director of Risk Management presented an updated version of the patient rights pamphlet. The Executive Director of BHC was present during this interview and confirmed that the new pamphlet was not part of the admission paperwork given to patients or their representatives as of 1/09/13. The Executive Director of Risk Management stated the new pamphlet contained minor changes that were updated toward the end of the summer or the beginning of the fall of 2012.</p> <p>The new pamphlet contained additional information regarding complaints and grievances. The pamphlet stated that "The patient and his or</p>	A 121			

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A 121	<p>Continued From page 30</p> <p>her family have the right to have complaints reviewed by the hospital." In addition to the staff members listed above, and outside entities to report concerns to, this pamphlet provided the contact information of the Executive Director of Risk Management.</p> <p>The Executive Director of the BHC was interviewed on 11/08/13 at 11:15 AM. She stated BHC could "be a little more definitive about the grievance process. It's vague." She agreed that because the process is vague it could be difficult for a patient to understand.</p> <p>Patient rights information did not clearly outline the process of submitting a grievance.</p> <p>2. The grievance policy for the BHC was requested. The "BHC - PATIENT GRIEVANCE" policy, dated 6/14/11, was provided and reviewed. The policy stated, "A grievance procedure is available to all patients to systematically address unresolved patient complaints. All patients will be informed of their right to initiate a grievance and educated of the grievance procedure within 24 hours after their admission, unless impractical because of the patient's medical or emotional status." The policy explained that if attempts to resolve a complaint with involved staff were exhausted, the patient "may file a grievance by completing the Patient Grievance Form." The policy did not address the submission of a verbal grievance.</p> <p>The Executive Director of the BHC was interviewed on 1/09/13 at 2:50 PM. She stated patients were given the pamphlet containing information about grievances and complaints on</p>	A 121			

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A 121	Continued From page 31 admission to the BHC. She stated sometimes patients are unable to process this information at the time of admission due to an altered mental or emotional state. She stated the staff was inconsistent in ensuring patients were informed of the grievance process.	A 121	Pg. 32  The BHC follows EIRMC's grievance policy effective 01/09/13.	
A 122	The BHC policy does not address the procedure for the submission of a verbal grievance. 482.13(a)(2)(II) PATIENT RIGHTS: GRIEVANCE REVIEW TIME FRAMES  At a minimum: The grievance process must specify time frames for review of the grievance and the provision of a response.  This STANDARD is not met as evidenced by: Based on review of policies and interview it was determined the facility failed to ensure time frames for investigation and response to grievances were established for the BHC. This directly impacted 16 of 17 BHC patients (#3 - #18) who submitted grievances between 5/01/12 and 1/08/13, and had the potential to impact all patients who received care at the BHC. This failure had the potential to result in delayed and unsatisfactory responses from the facility to the complainants. Findings include:  The patient grievance policy was requested. The "BHC - PATIENT GRIEVANCE" policy, dated 6/14/11, was provided and reviewed. The "BHC - PATIENT GRIEVANCE" policy did not define time frames for acknowledgement of or response to a grievance.  The hospital's grievance policy was requested	A 122	Specifics in EIRMC's grievance policy for BHC to include "Completed Patient/Resident Grievance Form" sheets completed by patients and received by the Patient Advocate will initially be considered "Complaints." If the "Complaint" is not resolved at the first level, then documentation will occur on the form and on the "BHC Suggestion/Grievance Log" of the date and time the "Complaint" has become a "Grievance." The BHC Patient Advocate (or designee) will maintain ongoing documentation of grievance status until resolved, even though the Patient Advocate (or designee) may not be directly involved in resolving the grievance.	

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A 122	<p>Continued From page 32</p> <p>and compared to the BHC grievance policy. The hospital policy, "Patient Complaint &amp; Grievance Management," dated 7/19/12, stated "a written initial letter must be provided to complainant within 7 days after receipt of the Grievance. This letter will provide the name of the hospital, contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance investigation, and the date of completion. If the grievance is not resolved within the 7 days a letter of notification will be sent to the complainant. The letter will indicate the time period for resolution, with the goal of completion within two weeks after the 7 day letter." The policy also stated, "This policy and procedure is applicable to all hospital departments, services, and contract employees."</p> <p>Patients #3 - #18 submitted a total of 41 grievances between 5/01/12 and 1/08/13 as follow:</p> <ul style="list-style-type: none"> <li>* Patient #3 's parent complained to the CEO after being informed upon arrival at the BHC on approximately 7/20/12, that his son was banned from admssion to the BHC.</li> <li>* Patient #4 submitted a "Patient/Resident Grievance Form" on 5/10/12.</li> <li>* Patient #5 submitted concerns on "Patient/Resident Grievance Form(s)" on 12/21/12 and 12/30/12.</li> <li>* Patient #6 submitted concerns on three "Patient/Resident Grievance Form(s)" dated 5/27/12, 5/29/12 and 10/28/12:</li> </ul>	A 122		

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A 122	<p>Continued From page 33</p> <ul style="list-style-type: none"> <li>* Patient #7 submitted three "Patient/Resident Grievance Form(s)" related to an incident that took place on 5/19/2012. One form was submitted on 5/23/12 and two were submitted on 5/24/12.</li> <li>* Patient #8 submitted three "Patient/Resident Grievance Form(s)" dated 5/29/12, 6/18/12, and 12/28/12.</li> <li>* Patient #9 submitted 16 "Patient/Resident Grievance Form(s)" dated from 9/12/12 to 9/16/12.</li> <li>* Patient #10 submitted "Patient/Resident Grievance Form(s)" on 6/04/12 and 6/20/12.</li> <li>* Patient #11 submitted two "Patient/Resident Grievance Form(s)" on 6/18/12.</li> <li>* Patient #12 submitted a "Patient/Resident Grievance Form" on 10/29/12.</li> <li>* Patient #13 submitted concerns on "Patient/Resident Grievance Form(s)" on 6/02/12, 6/05/12, and 7/15/12.</li> <li>* Patient #14 submitted a concern on the "Patient/Resident Grievance Form" on 10/05/12.</li> <li>* Patient #15 submitted a "Patient/Resident Grievance Form" on 10/22/12.</li> <li>* Patient #16 submitted a "Patient/Resident Grievance Form" on 6/17/12.</li> <li>* Patient #17 submitted a "Patient/Resident Grievance Form" on 6/18/12.</li> </ul>	A 122			

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A 122	Continued From page 34  * Patient #18 submitted concerns on "Patient/Resident Grievance Form(s)" on 7/14/12 and 10/04/12.  Information related to these grievances was reviewed. There was no documentation that the BHC identified the concerns as grievances or provided a response in any specific time frame.  The Executive Director of the BHC was interviewed on 1/09/12 at 2:50 PM. She confirmed the "BHC - PATIENT GRIEVANCE" policy was the policy referred to at the BHC. She stated that prior to 1/09/13 she was not aware of the hospital's grievance policy or procedure. She acknowledged that the current process to manage complaints and grievances was not adequate and the BHC policy lacked the time frame guidance found in the hospital policy.  The grievance process at the BHC did not include time frames for the investigation and response to grievances.	A 122	Pg. 35  Effective 01/17/13, a written letter template has been created and is currently in use. The completed letter provided to patients includes: "its [BHC's] 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." A copy of the letter is attached to the original complaints along with any ensuing paperwork/documentation toward resolving the patient's complaint/grievance.	
A 123	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.  This STANDARD is not met as evidenced by: Based on review of grievance documentation	A 123		

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A 123	<p>Continued From page 35</p> <p>and policies and staff interview, it was determined the facility failed to ensure the BHC responded to grievances with a written notice. This directly impacted 16 of 17 BHC patients (#3 - #18) who submitted grievances between 5/01/12 and 1/08/13, and had the potential to impact all patients who received care at the BHC. This resulted in lack of clarity related to the steps taken to investigate the grievance and resolution of the investigation process. Findings include:</p> <p>The patient grievance policy was requested. The "BHC - PATIENT GRIEVANCE" policy, dated 6/14/11 was provided and reviewed. The "BHC - PATIENT GRIEVANCE" policy did not address providing a written notice to the patient with the name of the hospital contact person, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion.</p> <p>The hospital's grievance policy was requested and compared to the BHC grievance policy. The hospital policy, "Patient Complaint &amp; Grievance Management," dated 7/19/12, stated "a written initial letter must be provided to complainant within 7 days after receipt of the Grievance. This letter will provide the name of the hospital, contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance investigation, and the date of completion. If the grievance is not resolved within the 7 days a letter of notification will be sent to the complainant. The letter will indicate the time period for resolution, with the goal of completion within two weeks after the 7 day letter." The policy also stated, "This policy and procedure is applicable to all hospital departments, services,</p>	A 123		

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A 123	Continued From page 36 and contract employees."  Patients #3 - #18 submitted a total of 41 grievances between 5/01/12 and 1/08/13 as follow:  * Patient #3 's parent complained to the CEO after being informed upon arrival at the BHC on approximately 7/20/12, that his son was banned from admission to the BHC.  * Patient #4 submitted a "Patient/Resident Grievance Form" on 5/10/12.  * Patient #5 submitted concerns on "Patient/Resident Grievance Form(s)" on 12/21/12 and 12/30/12.  * Patient #6 submitted concerns on three "Patient/Resident Grievance Form(s)" dated 5/27/12, 5/29/12 and 10/28/12;  * Patient #7 submitted three "Patient/Resident Grievance Form(s)" related to an incident that took place on 5/19/2012. One form was submitted on 5/23/12 and two were submitted on 5/24/12.  * Patient #8 submitted three "Patient/Resident Grievance Form(s)" dated 5/29/12, 6/18/12, and 12/28/12.  * Patient #9 submitted 16 "Patient/Resident Grievance Form(s)" dated from 9/12/12 to 9/16/12.  * Patient #10 submitted "Patient/Resident Grievance Form(s)" on 6/04/12 and 6/20/12.	A 123	Pg. 37, Patient #3: effective 01/31/13, the BHC Executive Director has met with the Executive Director of Risk Management. They have constructed a plan to individually address the issues for future admissions of this patient. This plan will also be available as a standard operating procedure for future patients who demonstrate this nature of behaviors. The patient/guardian will be notified of any limitations, if appropriate. (BHC - ADMINISTRATIVE DISCHARGE, BHC - EXCLUSIONS TO THE ADMISSION CRITERIA, BHC - PROPERTY DAMAGE BY PATIENTS,)	

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A 123	Continued From page 37  * Patient #11 submitted two "Patient/Resident Grievance Form(s)" on 6/18/12.  * Patient #12 submitted a "Patient/Resident Grievance Form" on 10/29/12.  * Patient #13 submitted concerns on "Patient/Resident Grievance Form(s)" on 6/02/12, 6/05/12, and 7/15/12.  * Patient #14 submitted a concern on the "Patient/Resident Grievance Form" on 10/05/12.  * Patient #15 submitted a "Patient/Resident Grievance Form" on 10/22/12.  * Patient #16 submitted a "Patient/Resident Grievance Form" on 6/17/12.  * Patient #17 submitted a "Patient/Resident Grievance Form" on 6/18/12.  * Patient #18 submitted concerns on "Patient/Resident Grievance Form(s)" on 7/14/12 and 10/04/12.  Information related to these grievances was reviewed. There was no documentation that the BHC identified the concerns as grievances and provided a response with the name of the hospital contact person, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion.  The Executive Director of the BHC was interviewed on 1/08/13 at 11:15 AM. She stated if the concern was not resolved with the manager's	A 123	Pg. 38—A BHC Suggestion/Grievance Log is now electronically maintained and updated with the most current statuses of complaints/grievances through to completion.	

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A 123	Continued From page 38 involvement, she would become involved. She stated If the concern was not resolved at her level it would be sent to her supervisor and risk management. She stated written responses to grlevances came from the Executive Director of Risk Management's office. She explained that she was often able to resolve issues over the phone, however this was not documented.  The Executive Director of the BHC was interviewed on 1/09/12 at 2:50 PM. She stated the "BHC - PATIENT GRIEVANCE" policy was the policy referred to at the BHC. She confirmed that prior to 1/09/13 she was not aware of the hospital's grievance policy or procedure. She acknowledged that the current process to manage complaints and grievances was not adequate.	A 123		
A 131	Patients did not receive written responses to grlevances. 482.13(b)(2) PATIENT RIGHTS: INFORMED CONSENT  The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care.  The patient's rights include being informed of his or her health status, being involved in care planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.  This STANDARD is not met as evidenced by: Based on staff Interview and review of medical	A 131		

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A 131	<p>Continued From page 39</p> <p>records and hospital policies, it was determined the hospital failed to ensure the right to be involved in care planning and treatment and the right to request treatment was afforded to 1 of 6 psychiatric patients (Patient #3) whose medical records were reviewed. This prevented patients from making informed decisions about their care. Findings include:</p> <p>Patient #3's medical record documented a 19 year old male who was admitted to the hospital's BHC from 6/15/12 to 6/28/12. His "PSYCH EVALUATION," dated 6/16/12, stated his diagnoses included mood disorder and polysubstance abuse. The evaluation stated Patient #3 had been abusing over-the-counter cough medication. The section of the evaluation labeled "VIOLENCE" stated Patient #3's "...chart documents multiple previous suicide attempts including cutting, hanging, overdosing and huffing chlorine gas. The patient also has a history of self-cutting that is not motivated by suicidal intent." No mention of violence to others was documented.</p> <p>Patient #3's medical record documented he was placed in 4 point restraints. A "CONTINUOUS MONITORING AND CARE OF PATIENT IN RESTRAINT/SECLUSION" form, dated 6/17/12 at 10:50 PM, indicated he was restrained from 10:15 PM until 10:35 PM. His behavior was listed as "calm" at 10:15 PM, 10:30 PM, and 10:35 PM. The form stated he was calm and apologized for his actions. It stated he denied a desire to assault staff. The "NURSING PLAN OF CARE FOR USE OF RESTRAINT/SECLUSION," dated 6/17/12 at 11:26 PM, stated Patient #3 "...was calm up to throwing chair and threatening staff</p>	A 131	<p>Pg. 40, 2<sup>nd</sup> paragraph: "VIOLENCE"—</p> <p>It appears there is reference to violence to self.</p>	

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A 131	<p>Continued From page 40</p> <p>with piece of broken chair." A form labeled "DEBRIEFING WITH STAFF," dated 6/17/12 at 11:31 PM, stated Patient #3 "...called girlfriend-told her he was going to throw chair through window and assault staff in order to get IM medication, [patient's] girlfriend called staff, [patient] carried out plan." The form stated this was Patient #3's first time for assaultive behavior and said he would not do it again. No documentation was present that staff asked Patient #3 what motivated his outburst.</p> <p>No documentation was present that other incidents occurred during the other 13 days of Patient #3's hospitalization. No physician progress note mentioned the incident. The discharge summary did not mention the incident.</p> <p>Patient #3's psychiatrist was interviewed on 1/09/13 beginning at 10:35 AM. He stated he had assumed Patient #3's care from the on-call psychiatrist on 6/18/12, the day following the incident. He stated he was still Patient #3's psychiatrist. He stated Patient #3 was discharged home on 6/28/12. He stated around the middle of July, 2012, Patient #3 again became suicidal. He stated he spoke with Patient #3's guardian and told the guardian to bring Patient #3 to the BHC where he would be admitted directly to the hospital. He stated he telephoned the BHC with orders to admit Patient #3. He stated he was then told Patient #3 had been banned from admission to the BHC and would not be admitted for treatment. The psychiatrist stated the guardian then called him and stated he was at BHC with Patient #3. The guardian told the psychiatrist BHC would not admit Patient #3. The psychiatrist stated he then arranged for Patient</p>	A 131	<p>Pg. 41: "DEBRIEFING WITH STAFF" Was this patient on a Clinical Institute Withdrawal Assessment (CIWA)? Did he have any withdrawal meds available?</p> <p>2<sup>nd</sup> Paragraph: Currently monitoring all Restraint/Seclusions for follow-up progress note within 24 hours of incident by physician. Clinical Supervisors now monitor documentation for these incidents to ensure the physician ordering the restraint/seclusion and medications (if not already available on patient's eMAR [electronic Medication Administration Record]) signs the paperwork within 24 hours. These incidents are reported in the unit morning reports. This is the alert to physicians (PCPs and on-call physicians) to insure a face-to-face and documentation is completed within the 24 hour time frame.</p> <p>Paragraph 3: Staff have been educated on the appropriate notification to doctors and administrators in this event effective 01/09/13.</p>	

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A 131	<p>Continued From page 41</p> <p>#3 to be admitted to a hospital approximately 52 miles away. The psychiatrist stated he had not been consulted prior to BHC's refusal to admit Patient #3. The psychiatrist stated Patient #3 was still banned from admission to BHC as of 1/09/13.</p> <p>Patient #3 was admitted to the Emergency Department at Eastern Idaho Regional Medical Center 7 times from August through December 2012. He was stabilized in the Emergency Department and/or subsequently admitted to a medical floor for psychiatric complaints and medical stabilization. Patient #3's presenting complaints and disposition included:</p> <p>A. 8/07/12 to 8/08/12-overdose on cold medication. Patient #3 was transferred to the other hospital for psychiatric treatment.</p> <p>B. 8/16/12-depression and suicidal ideation. Patient #3 was transferred to the other hospital for psychiatric treatment.</p> <p>C. 10/10/12-depression and suicidal ideation. Patient #3 was transferred to the other hospital for psychiatric treatment.</p> <p>D. 10/20/12 to 10/21/12-drug overdose. Patient #3 was discharged to home.</p> <p>E. 12/02/12-depression and suicidal ideation. Patient #3 was discharged to home.</p> <p>F. 12/21/12 to 12/22/12-drug overdose. Patient #3 was admitted for medical stabilization and then transferred to the other hospital for psychiatric treatment.</p> <p>G. 12/26/12 to 12/29/12-drug overdose. Patient #3 was admitted for medical stabilization and then transferred to the other hospital for psychiatric treatment.</p>	A 131	<p>Pg 42, F., G.: Admission of this patient to the unit will be based on clinical eligibility requirements and BHC's capacity to treat him at that time. The patient/guardian will be notified of this information.</p>	

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A 131	<p>Continued From page 42</p> <p>The Executive Director of the BHC was interviewed on 1/08/13 beginning at 2:10 PM. She stated Eastern Idaho Regional Medical Center refused to consider Patient #3 appropriate for admission for psychiatric treatment. She stated she thought Patient #3's guardian had been verbally notified of that decision but had not been notified in writing. She did not know when he had been verbally informed. She stated there was no policy or procedure that outlined a process to ban patients from treatment at the BHC. She stated she there was no documentation which explained how the decision to ban Patient #3 from the BHC was made.</p> <p>The decision to ban Patient #3 from admission to the BHC was not discussed with him and his guardian before a final decision was made. This prevented Patient #3 and his guardian from being involved in planning for his care and treatment and from being able to request treatment. The decision was not shared with Patient #3 and his guardian prior to them presenting to the BHC for admission of Patient #3 in a crisis situation.</p>	A 131			



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

G.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N., R.H.I.T., Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, ID 83720-0009  
PHONE 208-334-6626  
FAX 208-364-1888

February 1, 2013

Doug Crabtree, Administrator  
Eastern Idaho Regional Medical Center  
Po Box 2077  
Idaho Falls, ID 83403-2077

Provider #130018

Dear Mr. Crabtree:

On **January 9, 2013**, a complaint survey was conducted at Eastern Idaho Regional Medical Center. The complaint allegations, findings, and conclusions are as follows:

**Complaint #ID00005681**

**ALLEGATION #1:**

The hospital banned a patient from treatment and did not notify the guardian of the decision. The patient later sought treatment at the hospital and was turned away.

**FINDINGS #1:**

An unannounced visit was made to the hospital on 1/08/13 and 1/09/13. Six medical records of psychiatric patients were reviewed along with hospital policies. Staff were interviewed.

One patient's medical record documented a 19 year old male who was admitted to the hospital's Behavioral Health Center (BHC) from 6/15/12 to 6/28/12. His "PSYCH EVALUATION," dated 6/16/12, stated his diagnoses included mood disorder and polysubstance abuse. The evaluation stated the patient had been abusing over-the-counter cough medication. The section of the evaluation labeled "VIOLENCE" stated the patient's "...chart documents multiple previous suicide attempts including cutting, hanging, overdosing and huffing chlorine gas. The patient also has a history of self-cutting that is not motivated by suicidal intent." No mention of violence

to others was documented.

The patient became potentially violent on 6/17/12. The patient's medical record documented he was placed in 4 point restraints. A "CONTINUOUS MONITORING AND CARE OF PATIENT IN RESTRAINT/SECLUSION" form, dated 6/17/12 at 10:50 PM, indicated he was restrained from 10:15 PM until 10:35 PM. His behavior was listed as "calm" at 10:15 PM, 10:30 PM, and 10:35 PM. The form stated he was calm and apologized for his actions. It stated he denied a desire to assault staff. The "NURSING PLAN OF CARE FOR USE OF RESTRAINT/SECLUSION," dated 6/17/12 at 11:26 PM, stated the patient "...was calm up to throwing chair and threatening staff with piece of broken chair." A form labeled "DEBRIEFING WITH STAFF," dated 6/17/12 at 11:31 PM, stated the patient "...called girlfriend-told her he was going to throw chair through window and assault staff in order to get IM medication, (###) girlfriend called staff, (###) carried out plan." The form stated this was the patient's first time for assaultive behavior and the patient said he would not do it again. No nursing progress note described the specific events.

No documentation was present that other violent incidents occurred during the patient's hospitalization. No physician progress note mentioned the incident. The discharge summary did not mention the incident.

The patient's psychiatrist was interviewed on 1/09/13 beginning at 10:35 AM. He stated he had assumed the patient's care from the on-call psychiatrist on 6/18/12, the day following the incident. He stated he was still the patient's psychiatrist. He stated the patient was discharged home on 6/28/12. He stated around the middle of July, 2012, the patient again became suicidal. He stated he spoke with the patient's guardian and told the guardian to bring the patient to the BHC where he would be admitted directly to the hospital. He stated he telephoned the BHC with orders to admit the patient. He stated he was then told the patient had been banned from admission to the BHC and would not be admitted for treatment. The psychiatrist stated the guardian then called him and stated he was at the BHC with the patient. The guardian told the psychiatrist the BHC would not admit the patient. The psychiatrist stated he then arranged for Patient #3 to be admitted to a hospital approximately 52 miles away. The psychiatrist stated he had not been consulted prior to BHC's refusal to admit the patient. The psychiatrist stated the patient was still banned from admission to BHC as of 1/09/13.

The patient was admitted to the Emergency Department at Eastern Idaho Regional Medical Center 7 times from August through December 2012. He was stabilized in the Emergency Department and/or subsequently admitted to a medical floor for psychiatric complaints and medical stabilization. The patient's presenting complaints and disposition included:

A. 8/07/12 to 8/08/12-overdose on cold medication. The patient was transferred to the other

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hospital for psychiatric treatment.

B. 8/16/12-depression and suicidal ideation. The patient was transferred to the other hospital for psychiatric treatment.

C. 10/10/12-depression and suicidal ideation. The patient was transferred to the other hospital for psychiatric treatment.

D. 10/20/12 to 10/21/12-drug overdose. The patient was discharged to home.

E. 12/02/12-depression and suicidal ideation. The patient was discharged to home.

F. 12/21/12 to 12/22/12-drug overdose. The patient was admitted for medical stabilization and then transferred to the other hospital for psychiatric treatment.

G. 12/26/12 to 12/29/12-drug overdose. The patient was admitted for medical stabilization and then transferred to the other hospital for psychiatric treatment.

The Executive Director of the BHC was interviewed on 1/08/13 beginning at 2:10 PM. She stated Eastern Idaho Regional Medical Center refused to consider the patient appropriate for admission for psychiatric treatment. She stated she thought the patient's guardian had been verbally notified of that decision but said he had not been notified in writing. She did not know when he had been verbally informed.

The Executive Director of the BHC stated there was no policy or procedure that outlined a process to ban patients from treatment at the BHC. She stated the decision to ban the patient was not documented. She stated a formal investigation of the incident that resulted in the patient being banned had not been conducted. She stated an incident report, which would then be reviewed and investigated by the hospital's quality improvement program, had not been completed. She stated hospital personnel had discussed the decision to ban the patient but she was not sure who had been involved.

The Medical Director for the BHC was interviewed on 1/08/13 beginning at 3:40 PM. She stated she was not involved in the decision to ban the patient. She stated she had not been consulted regarding the decision.

The hospital's Chief Executive Officer was interviewed on 1/09/12 beginning at 1:50 PM. He stated it was his decision to ban the patient from the BHC. He stated it was a unilateral decision. He stated no investigation of the incident had been conducted beyond asking BHC staff if the incident had occurred. He stated he told the patient's guardian the patient was not welcome there. He stated the guardian had not been informed of the ban in writing. He stated the decision to ban the patient was not documented.

The decision to ban Patient #3 from admission to the BHC was not discussed with him and his guardian before a final decision was made. This prevented Patient #3 and his guardian from being involved in planning for his care and treatment and from being able to request treatment.

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The decision was not shared with the patient and his guardian prior to them presenting to the BHC for admission of the patient in a crisis situation. A deficiency was cited at 42 CFR 482.13(b)(2).

CONCLUSION: Substantiated - Federal deficiencies related to the allegation are cited.

ALLEGATION #2: Persons who filed grievances were not given written responses.

FINDINGS #2:

An unannounced visit was made to the hospital on 1/08/13 and 1/09/13. Seventeen grievances were reviewed. Six medical records of psychiatric patients were reviewed along with hospital policies. Staff were interviewed.

The hospital policy, "Patient Complaint & Grievance Management," dated 7/19/12, was complete. The policy stated, "This policy and procedure is applicable to all hospital departments, services, and contract employees." However, this policy was not used by the Behavioral Health Center (BHC) a department of the hospital.

The grievance policy for the BHC, "BHC - PATIENT GRIEVANCE" policy, dated 6/14/11, did not contain guidance for a prompt resolution of grievances. The policy did not outline the procedure staff used to review a grievance. The policy did not define time frames for acknowledgement of, or response to, grievances.

The Executive Director of the BHC was interviewed on 1/09/12 at 2:50 PM. She stated the "BHC - PATIENT GRIEVANCE" policy was the policy referred to at the BHC. She stated that prior to 1/09/13 she was not aware of the hospital's grievance policy or procedure. She acknowledged that the current process to manage complaints and grievances was not adequate.

One patient's medical record documented a 19 year old male who had been treated at the BHC in June 2012. Following that admission, the patient was banned from the BHC. The hospital's CEO was interviewed about this on 1/09/12 beginning at 1:50 PM. He stated the patient's guardian had complained to him about the ban. He stated the complaint was not logged as a grievance. Subsequently, the grievance was not investigated or responded to.

The BHC was not aware of and did not follow the hospital's grievance policy and procedure. The BHC did not have a comprehensive process to investigate and respond to grievances. Deficiencies were cited at 42 CFR Part 482.13(a)(2), 42 CFR Part 482.13.(a)(2)(ii), and 42 CFR Part 482.13.(a)(2)(iii).

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CONCLUSION: Substantiated - Federal deficiencies related to the allegation are cited.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

Handwritten signature of Gary Giles in cursive, with the name 'GARY GILES' written in block letters below it.

GARY GILES  
Health Facility Surveyor  
Non-Long Term Care

Handwritten signature of Sylvia Creswell in cursive, with the name 'SYLVIA CRESWELL' written in block letters below it.

SYLVIA CRESWELL  
Co-Supervisor  
Non-Long Term Care

SC/