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IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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CERTIFIED MAIL: 70121010000208361451

April 26, 2013

Judy Moore, Administrator
Safe Haven Hospital Of Pocatello
1200 Hospital Way
Pocatello, ID 83201

RE: Safe Haven Hospital Of Pocatello, Provider #134011

Dear Ms. Moore:

Based on the survey completed at Safe Haven Hospital Of Pocatello, on April 11, 2013, by our staff, we have determined Safe Haven Hospital Of Pocatello, is out of compliance with the Medicare Hospital **Condition of Participate of Patient Rights 42 CFR §482.13**. To participate as a provider of services in the Medicare Program, a hospital must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The deficiencies, which caused these conditions to be unmet, substantially limit the capacity of Safe Haven Hospital Of Pocatello, to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567). Enclosed also, is a similar form describing State licensure deficiencies.

You have an opportunity to make corrections of those deficiencies, which led to the finding of non-compliance with the Conditions of Participation referenced above by submitting a written Credible Allegation of Compliance/Plan of Correction.

An acceptable Plan of Correction 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

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- 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 hospital into compliance, and that the hospital 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 each form.

Such corrections must be achieved and compliance verified by this office, before May 26, 2013. To allow time for a revisit to verify corrections prior to that date, it is important that the completion dates on your Credible Allegation/Plan of Correction show compliance no later than May 18, 2013.

Please complete your Allegation of Compliance/Plans of Correction and submit to this office by **May 13, 2013.**

Failure to correct the deficiencies and achieve compliance will result in our recommending that CMS terminate your approval to participate in the Medicare Program. If you fail to notify us, we will assume you have not corrected.

We urge you to begin correction immediately.

If you have any questions regarding this letter or the enclosed reports, please contact me at (208) 334-6626.

Sincerely,



SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

SC/nw

cc: Debra Ransom, R.N., R.H.I.T., Bureau Chief
Kate Mitchell, CMS Region X Office

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

PRINTED: 04/26/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 134011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/11/2013
NAME OF PROVIDER OR SUPPLIER SAFE HAVEN HOSPITAL OF POCATELLO			STREET ADDRESS, CITY, STATE, ZIP CODE 1200 HOSPITAL WAY POCATELLO, ID 83201	
(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	<p>INITIAL COMMENTS</p> <p>The following deficiencies were cited during the complaint investigation at your hospital. Surveyors conducting the review were:</p> <p>Gary Guiles, RN, HFS, Team Leader Susan Costa, RN, HFS</p> <p>Acronyms used in this report include:</p> <p>CAO = Chief Administrative Officer DNS = Director of Nursing Services HS = hour of sleep IM = intramuscular LPN = Licensed Practical Nurse NP = Nurse Practitioner PRN = as needed POC = plan of care PT = Psychiatric Technician RN = Registered Nurse</p> <p>Immediate Jeopardy was identified at A144 and the facility was notified on 4/09/13 at 7:00 PM. The facility submitted an Immediate Plan of Correction on 4/10/12 at 11:00 AM and the Immediate Jeopardy was abated.</p>	A 000	<p>Preparation and execution of this Plan of Correction (PoC) is not an admission of guilt nor does the provider agree with the conclusions set forth in the Statement of Deficiencies rendered by the Bureau. The Plan of Correction is prepared and executed simply as a requirement of federal and state law. We maintain that the alleged deficiencies do not individually, or collectively, jeopardize the health and safety of our patients, nor are they of such character as to limit this provider's capacity to render adequate patient care. Furthermore, the provider asserts that it is in substantial compliance with regulations governing the operation and licensure of an acute psychiatric hospital, and this document, in its entirety, constitutes this providers claim of compliance.</p>	
A 115	<p>482.13 PATIENT RIGHTS</p> <p>A hospital must protect and promote each patient's rights.</p> <p>This CONDITION is not met as evidenced by: Based on observation, patient and staff interview, and review of medical records, and hospital policies, it was determined the hospital failed to ensure patients' rights were protected and promoted. This resulted in the lack of a</p>	A 115	<p>Completion dates are provided for the procedural procession purposes to comply with the state and federal regulations, and correlate with the most recent contemplated or accomplished corrective action. These dates do not necessarily correspond chronologically to the date the provider is under the opinion it was in compliance with the requirements of participation or that corrective actions was necessary.</p>	5/18/13

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FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Gudif K Moore TITLE: Chief Administrative Officer (X6) DATE: 5/13/13

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 115	Continued From page 1 consistent process that prompted staff to utilize restraint and seclusion in a safe and effective manner and only to protect patients and others from harm. It also resulted in a determination of immediate jeopardy for the failure of the hospital to protect patients from dangerous situations. Findings include: 1. Refer to A 131 as it relates to the hospital's failure to ensure patients were afforded the right to refuse treatment. 2. Refer to A 144 as it relates to the hospital's failure to ensure care was provided in a safe setting. 3. Refer to A 154 as it relates to the hospital's failure to ensure restraint was only imposed to ensure the immediate physical safety of the patient or others. 4. Refer to A 166 as it relates to the hospital's failure to ensure treatment plans reflected the use of restraints and seclusion. 5. Refer to A 167 as it relates to the hospital's failure to ensure safe restraining techniques were utilized. 6. Refer to A 168 as it relates to the hospital's failure to ensure restraint was used in accordance with the order of a physician or an authorized licensed independent practitioner. 7. Refer to A 169 as it relates to the hospital's failure to ensure chemical restraints were not ordered on an as needed basis.	A 115	Safe Haven Hospital does ensure that patient's rights are protected and promoted through a consistent process of admission, evaluation, and observation of policy in the delivery of patient care. I. Attached is the Plan of Correction submitted at the time of the survey for abatement of the IJ. All staff attended the required trainings. II. Please refer to A131, A144, A154, A166, A167, A168, A169, A171, A174, A178, A185, and A196 for specific steps regarding compliance.	

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A 115	Continued From page 2 8. Refer to A 171 as it relates to the hospital's failure to ensure orders for seclusion were renewed every 4 hours. 9. Refer to A 174 as it relates to the hospital's failure to ensure orders for seclusion were discontinued at the earliest possible time. 10. Refer to A 178 as it relates to the hospital's failure to ensure an authorized person conducted a face to face assessment within 1 hour of restraining a patient. 11. Refer to A 185 as it relates to the hospital's failure to ensure staff documented a description of interventions used to address patients' behavior. 12. Refer to A 196 as it relates to the hospital's failure to ensure direct care staff were sufficiently trained in the application of restraints, and were able to provide care for a patient in restraint and/or seclusion. The cumulative effect of these negative systemic practices impeded the hospital's ability to provide safe and effective interventions to control patients' violent behavior.	A 115			
A 131	402.13(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	A 131		5/18/13	

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A 131	<p>Continued From page 3</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Based on staff interview and review of medical records and hospital policies, it was determined the hospital failed to ensure the right to refuse treatment was afforded to 1 of 6 psychiatric patients (#1) whose medical records were reviewed. This prevented patients from making informed decisions about their care. Findings include:</p> <p>The policy "Refusal of Medications & Treatments," dated 1/31/04, stated if a patient refused medications or treatments, the interdisciplinary team would review and address the noncompliance in the care planning process.</p> <p>Patient #1's medical record documented a 19 year old female who was admitted to the hospital on 3/22/13 and was discharged on 3/28/13. Diagnoses included major depressive disorder and borderline personality disorder.</p> <p>A "Nightly Nursing Note," written by the RN and dated 3/25/13 at 9:00 PM, stated Patient #1 was angry and refused her medications. A "Nightly Nursing Note," dated 3/25/13 at 11:00 PM, stated Patient #1 "...was resting on her bed but tossing and turning. This nurse offered her HS meds medications [sic] to her one more time and she told me to [expletive deleted]. She had been offered what was explained to her before that she had Scheduled Risperdal and PRN Ativan and Risperdal. She refused and verbally threatened</p>	A 131	<p>Patient Specific</p> <p>1 of 6 patients (patient #1) was affected by this citation. The patient was discharged patients.</p> <p>Other Patients</p> <p>All new admissions to SHH and/or the responsible party will be given a copy of the patient rights with the admission packet and the patient handbook. In addition, a copy of the patients' rights are posted in the main hallway.</p> <p>Hospital Systems</p> <p>Safe Haven has updated the Patient Rights Policy and the Refusal of Medications and Treatments. (See Attachment I and II)</p> <p>All policies were reviewed and approved by the Medical Director, Chief Administrative Officer and the acting Director of Nursing Services (DNS).</p>	

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A 131	<p>Continued From page 4</p> <p>me. This nurse prepared IM Ativan and IM injection was given right buttock. After injection patient waited 2-3 minutes then came charging into hall and grabbed this nurse by the hair." The note then described how staff responded and released the nurse's hair from Patient #1's grasp. The next "Nightly Nursing Note," on "3/25/13 @2300 to 0100," stated "[Patient] states that she was sleeping when shot was given which is a confabulation."</p> <p>Patient #1's medical record contained a "Master Treatment Plan," dated 3/25/13, for "Non-Compliance with medications." It stated Patient #1 would discuss medications with staff and the psychiatrist. The plan did not state Patient #1 would be medicated against her will.</p> <p>A male LPN who assisted the RN with the injection on 3/25/13 was interviewed on 4/09/13 beginning at 3:00 PM. He stated Patient #1 appeared to be asleep when he and other staff grabbed her and held her down while the RN gave her the shot. He stated staff did not tell Patient #1 what was happening prior to restraining her.</p> <p>The Charge RN who administered the injection to Patient #1 on 3/25/13 was interviewed on 4/08/13 beginning at 6:10 PM. She stated Patient #1 was quiet and laying on her abdomen. She stated Patient #1 had threatened staff 4 minutes earlier and she did not think the patient was asleep. She confirmed staff did not speak to Patient #1 prior to giving the injection.</p> <p>A second RN who was being oriented by the Charge Nurse on the night of 3/25/13 was</p>	A 131	<p>A debriefing regarding policy and the seclusion and restraint issues was held with all staff on 4/10, 4/11, 4/15, 4/16, and 4/17. On 5/14 and 5/15 the Chief Administrative Officer reviewed all the changes in policies, responsibilities of staff and the patients' rights with all staff. A nursing meeting was held by the CAO and acting DNS to review policy, proper administration of medications, and documentation processes.</p> <p>Monitoring</p> <p>All charts will be audited by the acting DNS for accuracy of documentation with all restraints. Charts are monitored to assure patients receive the patients' rights and the patient handbook. These audits will be completed on all charts for three months. A debriefing will occur after any use of restraint and discussed in the nurses' meeting each month. Restraint usage will be tracked through CQI and reported to the medical staff and the governing board.</p>

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A 131	Continued From page 5 Interviewed on 4/09/13 beginning at 5:40 PM. She stated Patient #1 was lying face down on her bed before receiving the injection. She stated she did not know if Patient #1 was awake or asleep. She stated several staff physically restrained Patient #1 in order to give her the injection. She stated she asked the Charge Nurse why the shot was being given if the patient was asleep and could not refuse the medication. She stated the Charge Nurse said the doctor ordered it and the patient needed it. Patient #1 was interviewed on 4/10/13 beginning at 8:45 AM. She stated on 3/25/13 she was lying on her bed and was almost asleep when suddenly 7 male staff were holding her to give her a shot. She stated she had refused the shot earlier because the medication did not work for her.	A 131			
A 144	The hospital did not afford Patient #1 the right to refuse treatment. 482.13(c)(2) PATIENT RIGHTS: CARE IN SAFE SETTING The patient has the right to receive care in a safe setting. This STANDARD is not met as evidenced by: Based on medical record review, observation, and staff interview, it was determined the hospital failed to ensure care was provided in a safe setting to 1 of 1 patient (#1) who was placed in seclusion and whose medical record was reviewed. The hospital failed to provide a safe environment and adequate supervision and care to protect psychiatric patients from harm. The lack of supervision and care resulted in	A 144		5/18/13	

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A 144	<p>Continued From page 6</p> <p>Immediate jeopardy and the potential for serious harm, impairment, or death for for all patients who could be placed in seclusion. Findings include:</p> <p>1. The facility failed to ensure adequate supervision as follows:</p> <p>a. Patient #1's medical record documented a 19 year old female who was admitted to the hospital on 3/22/13 and was discharged on 3/28/13. Diagnoses included major depressive disorder and borderline personality disorder.</p> <p>A "Nightly Nursing Note" by the RN, dated 3/26/13 at 6:30 PM, stated Patient #1 became angry over the lack of computer and video game privileges. The note stated Patient #1 "...proceeded to tear off the wall outlets, break them into pieces and attempt cutting her arms with the pieces and licking the scratch marks...During this time, patient is kicking, hitting and spitting on staff. [name] NP was present and had attempted during this time to talk with patient." The note stated Patient #1 was medicated with an antipsychotic and an anti-anxiety drug. The note continued: "Then, after about 15 minutes, patient broke more plastic off the wall in the room and attempted to swallow it. Staff assisted patient with removing plastic from her mouth. She continues to attempt to hit, kick, and spit on staff. [name] NP ordered at this time to place patient in safe room and she was assisted by team members to isolation room at 1930. She immediately put mattress against door window and pulled the heater vent off the wall and hit it against the wall and attempted to and possibly succeeded at swallowing two screws which held</p>	A 144	<p>Patient Specific</p> <p>1 of 1 patient (#1) was affected by this citation. The patient is no longer an active patient in the hospital. Patient was discharged to SHS.</p> <p>Other Patients</p> <p>Prior to admission all patients will be evaluated through documentation from referring facilities and through a nurse-nurse report to determine level of required care. Patients at risk for violent behavior will not be admitted. Patients at risk for assaultive behavior will be placed on a 1:1 for safety.</p> <p>Hospital Systems</p> <p>1.a. At this time and until a proper seclusion room is designed and a new policy established with staff training no patients will be placed in seclusion at SHH. This is in the plans of the remodel.</p> <p>Patients are evaluated at the time of admission and on each shift by the nurse for at risk behavior. Patients at risk for assaultive behavior will be on</p>	
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A 144	<p>Continued From page 7</p> <p>the plate onto the wall. Then patient vomited. There was no screw in the vomit. Police were called at 1037 per [name of] NP." The note stated the police left but it did not state a time. The note stated Patient #1 was given another injection at 8:15 PM. Then it stated "Afterwards patient at 2020 [sic] and started to dismantle the sprinkler system covers and broke them into pieces and attempted to cut with them. Scratches are superficial on forearms mostly left forearm. Patient continued to pull at sprinkler pipes attempting to pull them down...Pt eventually fatigued and became drowsy. She sat on mattress, then lay down pulling her glasses underneath her and fell asleep by 2045."</p> <p>PT C was interviewed on 4/09/13 beginning at 3:30 PM. She stated Patient #1 was violent on the evening of 3/26/13 and was taken to the seclusion room. She stated there were 3 mattresses in the seclusion room. She stated the RN locked the door and kept the key. She stated the RN stayed in the area. The door to the seclusion room had a window so patients could be observed by staff. PT C stated Patient #1 immediately took 1 of the mattresses and used it to cover the window so staff could not observe the patient. PT C stated she heard the patient tearing up the seclusion room for approximately 5 minutes. PT C stated during this time the patient moved the mattress away from the window and showed her she had 2 screws from the heater cover. PT C stated the patient tried to swallow pieces of plastic and then vomited. PT C stated she kept thinking "We need to get in there" but the nurse did not unlock the door. PT C stated, when the nurse unlocked the door to give the patient new clothes and remove the extra</p>	A 144	<p>a 1:1.</p> <p>All staff participated in the training that was established and given for the abatement of the II. (Please see attached POC for abatement).</p> <p>1.b. SHH has obtained work orders from DeWall construction for replacement of bathroom hinges in rooms 1-6. A soffit will be constructed to cover the sprinkler system, institutional grade fixtures will replace the existing light fixtures. The curtains in rooms 1-6 have been taken down and have been now hung by Velcro backing. This is to serve as temporary window coverings until new windows arrive and are installed. The new windows will have enclosed blinds. All tags were removed from closets in rooms 1-6. All screws in cabinets and dressers have been replaced with vandal-resistant, non-removable screws. (Please see attachment IV)</p> <p>The seclusion room will not be used until completed. The attached DeWall proposal outlines the planned construction (attachmentIV)</p>	

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A 144	<p>Continued From page 8</p> <p>mattresses, staff could not find the screws the patient had exhibited and did not know where they were. PT C stated, when the door was closed and locked again, the patient pulled down the plastic cover over the sprinkler pipes and tried to cut herself with it for approximately 10 minutes without staff intervening to protect the patient. PT C stated a few days after the incident, administrative staff interviewed her about the events that occurred on 3/26/13. She stated as far as she knew, procedures at the facility had not been changed relating to the supervision of patients in seclusion.</p> <p>The NP was interviewed on 4/09/13 beginning at 10:25 AM. He stated he had been present when Patient #1 was placed in seclusion and supervised her care. He confirmed Patient #1 was locked in the seclusion room and allowed to remove plastic covers and hardware and allowed to try to attempt to cut herself without staff intervention. He stated through the window he observed Patient #1 try to cut herself. He stated if she had injured herself staff would have removed the potential weapons sooner.</p> <p>The CAO was interviewed on 4/09/13 beginning at 9:10 AM. She stated she became aware of problems and staff dissatisfaction regarding the incident of seclusion and restraints on 3/26/13. She stated an investigation had begun into the events but it had not been completed. She stated formal changes regarding staff supervision in relation to seclusion and restraints had not been implemented.</p> <p>The seclusion room was observed with the CAO on 4/08/13 beginning at 4:45 PM. The south wall</p>	A 144	<p>All patients will be maintained with a 1:1 until construction in room 1-6 is complete.</p> <p>A new contraband safety check has been implemented and is being completed by staff twice per shift. All staff were educated regarding the importance of safety checks and what steps to follow when finding contraband.</p> <p>Monitoring</p> <p>As part of the QAPI, the Administrator has developed and maintains a monthly tracking form to note if contraband and what type of contraband was found. The tracking log will be reviewed at the monthly CQI meeting.</p>		

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A 144	<p>Continued From page 9</p> <p>contained a hole approximately 1 foot by 1 foot where a heater cover had been removed. Inside were sharp fan blades and exposed wires. The surveyor pulled at the control knob on the heater and it came off. The CAO stated the power to the heater had been turned off. Sprinkler pipes were exposed on 2 walls. Screws were missing from the brackets that held the pipes secure and the pipes wobbled when touched. The CAO stated the room had not been used for seclusion since the above incident but it had not been officially taken out of service. She stated the room had been used as a storage room, and the night of the occurrence with Patient #1, staff had quickly emptied the room of all but 3 mattresses.</p> <p>Surveyors requested patients not be housed in the room until it was made safe. The CAO stated the room would be made off limits to patients. The CAO stated signs would be placed and staff would be notified. This was confirmed by interview and observation the following morning.</p> <p>NOTE: On Tuesday 4/09/13 at approximately 7:00 PM, the CAO was notified of the immediate jeopardy related to the facility's failure to ensure staff intervened when patients were in danger of harming themselves or others. As a result of this failed practice, the safety of all subsequent patients admitted to the facility was found to be at risk.</p> <p>A plan of correction was received, reviewed, and accepted on 4/10/13 at approximately 11:00 AM. [The plan included a prohibition on the use of seclusion until 1) an appropriate seclusion room has been constructed and 2) staff had been trained to care for patients in seclusion. The plan</p>	A 144			

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A 144	<p>Continued From page 10</p> <p>also included revisions to the patient assessment process, development and implementation of a contraband policy, revisions to restraint policies.] The plan included education to begin on the afternoon of 4/10/13. The education was to be provided for all staff who cared directly for patients prior to them working with patients. Education included the importance of immediate intervention for patients in potentially dangerous situations, a review of acceptable restraint techniques, a high risk notification alert process and initial treatment planning, a new contraband policy, a new safety check protocol, and changes to restraint policies.</p> <p>Implementation of the above plan was verified by fax and telephone on 4/11/13 at approximately 11:30 AM.</p> <p>b. The facility failed to ensure psychiatric patients were in a safe environment.</p> <p>A tour of the facility with the Administrator was conducted on 4/08/13 from 4:40 PM to 5:10 PM. The following patient safety hazards were noted:</p> <p>Rooms 1-6 each had a bathroom door, with external hinges that could enable a patient to hang themselves. The bathrooms had a fire sprinkler system that was mounted on the walls near the ceiling. The plastic sprinkler pipes were enclosed within a plastic cover which could be removed by patients. The lighting fixture over the bathroom sink was covered with a rigid plastic light diffuser, which also could be easily removed by patients. The plastic light diffuser, if broken, would produce sharp pieces that could be used as contraband for self-injury or injury to another</p>	A 144		

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A 144	<p>Continued From page 11</p> <p>patient or staff. When the light diffuser was lifted, there was easy access to 2 fluorescent bulbs.</p> <p>Rooms 1-6 had window curtains that were connected to a metal track with metal "s" type hooks. The "s" hooks were easily slipped out from the curtain and then twisted out from the track and could be used as contraband for self-injury or injury to others. The metal track was fastened to a wooden board that was secured with screws to the wall above the windows. The board was mounted in such a fashion that it could be easily pulled from the wall.</p> <p>Rooms 1-6 had storage cabinets for clothing and other patient belongings. The cabinet doors had brass colored metal tag frames in which a patient name card was placed to identify which cabinet was assigned to the patient in the room. The tag frames were approximately 1 inch by 3 inches with sharp edges. They were secured to the cabinet with short stubby nails, and a tag frame was easily removed from the cabinet door during the tour.</p> <p>Room 5 had bedside table storage with a top drawer and a door. The door had a metal base plate but the pull handle was missing. The baseplate was approximately 1 inch by 4 inches, and was secured with short tacks. The plate was loose and easily pulled off the door by the surveyor.</p> <p>Room 2 had a bedside table with a broken drawer pull that was hanging lopsided with one remaining loose screw. The screw was easily removed with fingers, thus removing the drawer pull from the bedside table.</p>	A 144		

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A 144	Continued From page 12 The Seclusion Room had an in-wall heater on one wall close to the floor that was missing the cover plate. The heater internal components were exposed, with electric cords, fan parts, and metal pieces that could be easily broken. The fire sprinkler system in the Seclusion Room was mounted on the top of the walls towards the ceiling. The brackets that supported the plastic pipes of the sprinkler system were secured with short screws. The pipes on one wall were fastened with a single bracket that had one remaining screw that had been pulled partially out from the wall. The Administrator was present during the tour of the facility. She confirmed the hardware that was noted above could be easily removed and used as contraband, or could present as a potential for patient injury. In the Seclusion Room, the Administrator confirmed the heater face plate had been removed by a patient. She stated the power to the heater unit had been disconnected. The Administrator stated it was not a practice for staff to perform contraband checks. A tour of the facility was conducted the following morning, on 4/09/13 at 9:00 AM. The Administrator and a maintenance worker were present. The Administrator stated the rooms had been secured by removing the cabinet name holders in each room and removing loose hardware from furniture. The Administrator stated room contraband checks would be initiated that day, and be performed twice daily.	A 144			
A 164	482.13(e) USE OF RESTRAINT OR SECLUSION	A 154		5/18/13	

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A 154	<p>Continued From page 13</p> <p>Patient Rights: Restraint or Seclusion. All patients have the right to be free from physical or mental abuse, and corporal punishment. All patients have the right to be free from restraint or seclusion, of any form, imposed as a means of coercion, discipline, convenience, or retaliation by staff. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.</p> <p>This STANDARD is not met as evidenced by: Based on medical record review, and staff interview, it was determined the hospital failed to ensure restraint was only imposed to ensure the immediate physical safety of the patient or others for 1 of 1 patient (#1) whose record was reviewed and who was physically restrained. This resulted in the unnecessary use of restraint. Findings include:</p> <p>Patient #1's medical record documented a 19 year old female who was admitted to the hospital on 3/22/13 and was discharged on 3/28/13. Diagnoses included major depressive disorder and borderline personality disorder.</p> <p>A "Nightly Nursing Note" by the RN, dated 3/25/13 at 11:00 PM, stated Patient #1 "...moved from the TV area and went to her room. She was resting on her bed but tossing and turning. the nurse offered her HS meds medications [sic] to her one more time and she told me to "[expletive] off" and "get the [expletive] away." She had been offered what was explained to her before that she had Scheduled Risperdal and PRN Ativan and Risperdal. She refused and verbally threatened me. This nurse prepared IM Ativan and IM</p>	A 154	<p>Patient Specific</p> <p>1 of 1 patient (#1) was affected by this citation. The patient is no longer an active patient in the hospital. Patient was discharged to SHS.</p> <p>Other Patients</p> <p>At this time and until a proper seclusion room is designed and a new policy established with staff training no patients will be placed in seclusion at SHH</p> <p>Patients will only be restrained when it is necessary to ensure the immediate physical safety of the patient, a staff member or others and will be discontinued at the earliest possible time.</p> <p>Hospital Systems</p> <p>Safe Haven has updated the Patient Rights Policy and the Refusal of Medications and Treatments Policy. (See Attachment I and II)</p>		

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A 154	<p>Continued From page 14</p> <p>injection was given right buttock. After injection patient waited 2-3 minutes then came charging into hall and grabbed this nurse by the hair. A code was called and with staff assistance patient released my hair and then sat in hallway shouting obscenities and threats at this nurse."</p> <p>The Charge RN who wrote the above nursing notes was interviewed on 4/09/13 beginning at 6:10 PM. She stated the physician had ordered Patient #1's medications by mouth or by injection. She stated Patient #1 refused her medications by mouth so the nurse had to give them by injection. She stated when she went to give Patient #1 the injection the patient was awake lying on her bed. She stated staff did not speak to Patient #1 prior to holding her down and administering the injection. She stated following the injection, Patient #1 attacked her.</p> <p>A second RN who was being oriented by the Charge Nurse on the night of 3/25/13 was interviewed on 4/09/13 beginning at 5:40 PM. She stated Patient #1 was lying face down on her bed before receiving the injection. She stated she did not know if Patient #1 was awake or asleep. She stated several staff physically restrained Patient #1 in order to give her the injection. She stated she asked the Charge Nurse why the shot was being given if the patient was asleep and could not refuse the medication. She stated the Charge Nurse said the doctor ordered it and the patient needed it.</p> <p>A male LPN who assisted the RN with the injection on 3/25/13 was interviewed on 4/09/13 beginning at 3:00 PM. He stated Patient #1 appeared to be asleep when he and other staff</p>	A 154	<p>Monitoring</p> <p>The IDT will evaluate patient each day through the team meeting process. The patients will be evaluated for appropriate level of staffing on an ongoing basis.</p> <p>All charts will be audited by the acting DNS for accuracy of documentation with all restraints. The IDT will evaluate patient each day through the team meeting process. The patients will be evaluated for appropriate level of staffing on an ongoing basis.</p> <p>A debriefing will occur after any use of restraint and discussed in the nurses' meeting each month. Restraint usage will be tracked through CQI and reported to the medical staff and the governing board.</p>	

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A 154	Continued From page 15 grabbed her and held her down while the RN gave her the shot. He stated staff did not tell Patient #1 what was happening prior to restraining her.	A 154			
A 166	<p>The hospital did not restrain Patient #1 to protect her or others from harm. The patient did not present a threat when staff restrained her. Instead, the restraint increased the risk of harm to Patient #1 and others because it provoked her to attack the Charge RN.</p> <p>482.13(e)(4)(i) PATIENT RIGHTS: RESTRAINT OR SECLUSION</p> <p>The use of restraint or seclusion must be— (i) in accordance with a written modification to the patient's plan of care.</p> <p>This STANDARD is not met as evidenced by: Based on medical record review, and staff interview, it was determined the hospital failed to ensure treatment plans reflected the use of restraints and seclusion for 1 of 1 patient (#1) whose record was reviewed who was restrained and secluded. This resulted in a lack of direction to staff regarding ways to decrease restraint usage and ways to keep the patient safe. Findings include:</p> <p>Patient #1's medical record documented a 19 year old female who was admitted to the hospital on 3/22/13 and was discharged on 3/28/13. Diagnoses included major depressive disorder and borderline personality disorder.</p> <p>A "Nightly Nursing Note" by the RN, dated 3/24/13 at 6:35 PM, stated Patient #1 was threatening self harm and was physically restrained by staff. The</p>	A 166	<p>Patient Specific 1 of 1 patient (#1) was affected by this citation. The patient is no longer an active patient in the hospital. Patient was discharged to SHS.</p> <p>Other Patients Seclusion and restraint use will be used in accordance with a written modification to the patient's treatment plan. All patients admitted to the hospital will have an individual comprehensive treatment plan. In the event of needed restraint interventions will be documented regarding ways to decrease restraint usage and ways to keep the patient safe.</p> <p>Hospital Systems Safe Haven has updated the Patient Rights Policy and the Refusal of Medications and Treatments Policy (See</p>	5/18/13	

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A 166	Continued From page 16 note also stated Patient #1 was given an injection for the behavior. A "Nightly Nursing Note" by the RN, dated 3/25/13 at 11:00 PM, stated Patient #1 was given an injection earlier that evening. The note stated Patient #1 then became violent and was physically restrained by staff. A "Nightly Nursing Note" by the RN, dated 3/26/13 at 6:30 PM, stated Patient #1 became self-injurious and violent. The note stated Patient #1 was given injections of medication at 7:20 PM and 8:15 PM. The note stated Patient #1 was placed in seclusion at 7:30 PM. An untitled nursing progress note, dated 3/27/13 at 3:40 PM, stated the seclusion was ended at that time. Patient #1's medical record contained a "Master Treatment Plan," dated 3/25/13. The plan addressed 4 items. These included suicidal ideation, depression, non-compliance with medications, and discharge planning. The plan did not mention Patient #1's combativeness or restraint or seclusion. The Clinical Manager was interviewed on 4/09/13 beginning at 9:10 AM. She reviewed Patient #1's medical record and confirmed a POC addressing seclusion and restraint had not been developed. The hospital did not modify Patient #1's POC to address the use of restraint and seclusion.	A 166	Attachment I and II) As part of the process with the use of restraints the Master Treatment Plan will be updated to reflect the patient's behavior and needed care. All policies were reviewed and approved by the Medical Director, Chief Administrative Officer and the acting Director of Nursing Services (DNS). Monitoring All charts will be audited by the acting DNS for accuracy of documentation with all restraints. In addition, the MTP will be audited to make certain that information is added to the plan regarding patient's behavior and restraint usage.	
A 167	482.13(e)(4)(ii) PATIENT RIGHTS: RESTRAINT OR SECLUSION [The use of restraint or seclusion must be--] (ii) implemented in accordance with safe and appropriate restraint and seclusion techniques as determined by hospital policy in accordance with State law.	A 167		5/18/13

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A 167	Continued From page 17 This STANDARD is not met as evidenced by: Based on patient and staff interview and review of medical records and hospital policies, it was determined the hospital failed to ensure safe restraining techniques were utilized for 1 of 1 psychiatric patient (Patient #1) who was physically restrained and whose medical record was reviewed. The use of unsafe restraining techniques increased the chance of injury to patients that required restraint. Findings include: Patient #1's medical record documented a 19 year old female who was admitted to the hospital on 3/22/13 and was discharged on 3/28/13. Diagnoses included major depressive disorder and borderline personality disorder. A "Nightly Nursing Note," written by the RN and dated 3/25/13 at 9:00 PM, stated Patient #1 was angry and refused her medications. A "Nightly Nursing Note," dated 3/25/13 at 11:00 PM, stated Patient #1 "...was resting on her bed but tossing and turning. This nurse offered her HS meds medications [sic] to her one more time and she told me to [expletive deleted]. She had been offered what was explained to her before that she had Scheduled Risperdal and PRN Ativan and Risperdal. She refused and verbally threatened me. This nurse prepared IM Ativan and IM injection was given right buttock. After injection patient waited 2-3 minutes then came charging into hall and grabbed this nurse by the hair. A code was called and with staff assistance patient released my hair and then sat in hallway shouting obscenities and threats at this nurse." A male LPN who assisted with restraining Patient	A 167	<p>Patient Specific 1 of 1 patient (#1) was affected by this citation. The patient is no longer an active patient in the hospital. Patient was discharged to SHS.</p> <p>Other Patients Any patient needing to be placed in restraints will receive proper care and treatment in accordance with safe and appropriate restraint techniques. No patient will be placed in seclusion at this time.</p> <p>Hospital Systems Safe Haven has updated the Patient Rights Policy and the Refusal of Medications and Treatments Policy. (See Attachment I and II) All policies were reviewed and approved by the Medical Director, Chief Administrative Officer and the acting Director of Nursing Services (DNS). At this time and until a proper seclusion room is designed and a new policy established with staff training no patients will be placed in seclusion at SHH. This is in the plans of the remodel. A debriefing regarding policy and the seclusion and restraint issues was held with all staff on 4/10, 4/11, 4/15, 4/16, and 4/17. On 5/13 the CAO held</p>		

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A 167	Continued From page 18 #1 on 3/25/13 was interviewed on 4/09/13 beginning at 3:00 PM. He stated he responded to a call for help on the evening of 3/25/13 and assisted staff to free an RN from an attack by Patient #1. He stated one of the staff who responded used a "gooseneck hold" to restrain the patient. A gooseneck hold is utilized by police and some martial arts participants. It involves grabbing a person's hand and twisting or bending it in a non-natural position to immobilize the person. Patient #1 was interviewed on 4/10/13 beginning at 8:45 AM. She stated on 3/25/13 staff restrained her using a hold like a cop behind her back. She stated it did not really hurt but she said it prevented her from moving. The hospital utilized a behavior management system called the Mandt System. The Mandt module used to train staff was titled "Restraining Skills-Standing." The module did not describe a gooseneck or similar hold to restrain patients. The Director of Human Resources was also the Mandt Trainer for the hospital. He was interviewed on 4/09/13 beginning at 8:30 AM. He stated the hospital did not utilize gooseneck or similar holds and staff were not taught such holds. Hospital personnel utilized an unsafe restraint on Patient #1.	A 167	individual meetings with the NP to review the updated policies and procedures. On 5/14 and 5/15 the Chief Administrative Officer reviewed all the changes in policies, responsibilities of staff in the use of restraints, and the patients' rights with all staff. A nursing meeting was held by the CAO and acting DNS to review policy, proper use of restraints, proper administration of medications, and documentation processes. Monitoring All charts will be audited by the acting DNS for accuracy of documentation with all restraints. A debriefing will occur after any use of restraint and discussed in the nurses' meeting each month. The CAO will interview the charge nurse and after each use of restraint to ensure the staff followed proper procedures. If proper procedure is not followed the CAO will conduct an immediate investigation, document a summary of this interview, and determine if further education and/or discipline is required. Restraint usage will be tracked through CQI and reported to the medical staff and the governing board.		
A 168	482.13(a)(5) PATIENT RIGHTS: RESTRAINT OR SECLUSION The use of restraint or seclusion must be in accordance with the order of a physician or other	A 168		5/18/13	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 134011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/11/2013
NAME OF PROVIDER OR SUPPLIER SAFE HAVEN HOSPITAL OF POCATELLO			STREET ADDRESS, CITY, STATE, ZIP CODE 1200 HOSPITAL WAY POCATELLO, ID 83201		
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A 168	<p>Continued From page 19</p> <p>licensed independent practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with State law.</p> <p>This STANDARD is not met as evidenced by: Based on medical record review, and staff interview, it was determined the hospital failed to ensure restraint was used in accordance with the order of a physician or an authorized licensed independent practitioner for 1 of 1 patient (#1) whose record was reviewed and who was restrained. This resulted in the use of restraints without orders. Findings include:</p> <p>1. Patient #1's medical record documented a 19 year old female who was admitted to the hospital on 3/22/13 and was discharged on 3/28/13. Diagnoses included major depressive disorder and borderline personality disorder.</p> <p>A "Nightly Nursing Note" by the RN, dated 3/24/13 at 6:35 PM, stated Patient #1 was threatening self harm and was physically restrained by staff. The note also stated Patient #1 was given an injection for the behavior. Another "Nightly Nursing Note" by the RN, dated 3/25/13 at 11:00 PM, stated Patient #1 was given an injection earlier that evening. The note stated Patient #1 then became violent and was physically restrained by staff. No orders were present for these episodes of restraint.</p> <p>The NP who cared for Patient #1 was interviewed on 4/09/13 beginning at 10:25 AM. He reviewed the record and confirmed orders were not present for the restraint incidents noted above.</p>	A 168	<p>Patient Specific</p> <p>1 of 1 patient (#1) was affected by this citation. The patient is no longer an active patient in the hospital. Patient was discharged to SHS.</p> <p>Other Patients</p> <p>When it is determined that a restraint must be used in the care of a patient a physician's order will be obtained and documented in the physician orders section of the chart.</p> <p>Hospital System</p> <p>It is SHH policy that orders be obtained for any physical or chemical restraint and that these orders be clearly documented with a reason for the restraint, dated and signed by the prescribing provider.</p> <p>Safe Haven has updated the Patient Rights Policy and the Refusal of Medications and Treatments Policy. (See Attachment I and II)</p> <p>All policies were reviewed and approved by the Medical Director, Chief Administrative Officer and the acting Director of Nursing Services (DNS).</p> <p>Monitoring</p> <p>All charts will be audited by the acting DNS for accuracy of documentation, including physician's orders, with all restraints. A debriefing will occur after any use of</p>		

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A 168	Continued From page 20 Orders were not obtained authorizing the use of restraint on 3/24/13 and 3/25/13. 2. A "Nightly Nursing Note" by the RN, dated 3/26/13 at 6:30 PM, stated Patient #1 became self-injurious and violent. The note stated Patient #1 was given injections of medication at 7:20 PM and 8:15 PM. The NP who cared for Patient #1 was interviewed on 4/09/13 beginning at 10:25 AM. He reviewed the record. He stated physical restraints were used to administer both injections. He confirmed orders were not present for the use of physical restraint on 3/26/13.	A 168	restraint and discussed in the medical staff meeting each month. The CAO will discuss the process with the attending provider at the time of the restraint use to ensure the staff followed proper procedures. If proper procedure is not followed the CAO will conduct an immediate investigation, document a summary of this interview, and determine if further education and/or discipline is required. Restraint usage will be tracked through CQI and reported to the medical staff and the governing board.		
A 169	Orders were not obtained authorizing the use of restraint on 3/26/13. 482.13(a)(6) PATIENT RIGHTS: RESTRAINT OR SECLUSION Orders for the use of restraint or seclusion must never be written as a standing order or on an as needed basis (PRN). This STANDARD is not met as evidenced by: Based on staff interview and review of medical records, it was determined the hospital failed to ensure chemical restraints were not ordered on an as needed basis for 1 of 9 patients (#1) whose medical records were reviewed. This resulted in the potential for patients to be unnecessarily restrained. Findings include: Patient #1's medical record documented a 19 year old female who was admitted to the hospital on 3/22/13 and was discharged on 3/26/13.	A 169	Patient Specific 1 of 9 patient (#1) was affected by this citation. The patient is no longer an active patient in the hospital. Patient was discharged to SHS. Other Patients When it is determined that a restraint must be used in the care of a patient a physician's order will be obtained and documented in the physician orders section of the chart. This order will not be an as needed order. Hospital System It is SHH policy that orders be obtained for any physical or chemical restraint and that these orders be clearly documented with a reason for the restraint, dated and signed by the prescribing provider.	5/18/13	

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A 169	Continued From page 21 Diagnoses included major depressive disorder and borderline personality disorder. A diagnosis of psychosis was not listed. An order, dated 3/26/13 at 7:05 PM, called for Patient #1 to be given the antipsychotic medication Haldol 10 mg and the anti-anxiety medication Ativan 2 mg by mouth or by injection every 8 hours routinely and 2 times a day as needed "...for Violent/Aggressive behavior." According to Medline Plus, a National Institute of Health website, accessed on 4/11/13, Haldol is used to treat psychotic disorders. No documentation of hallucinations, delusions, or psychotic behavior was present in Patient #1's medical record. The medication was ordered to control behavior which constituted a chemical restraint. The order for as needed Haldol remained in effect until Patient #1 was discharged on 3/28/13. The CAO and the Clinical Manager were interviewed on 4/09/13 beginning at 9:10 AM. The reviewed Patient #1's medical record and confirmed the prn restraint order. An as needed chemical restraint was ordered for Patient #1.	A 169	Safe Haven has updated the Patient Rights Policy and the Refusal of Medications and Treatments Policy (See Attachment I and II) All policies were reviewed and approved by the Medical Director, Chief Administrative Officer and the acting Director of Nursing Services (DNS). A debriefing regarding policy and the seclusion and restraint issues was held with all staff on 4/10, 4/11, 4/15, 4/16, and 4/17. On 5/13 the CAO held individual meetings with the NP to review the updated policies and procedures. On 5/14 and 5/15 the Chief Administrative Officer reviewed all the changes in policies, responsibilities of staff in the use of restraints, and the patients' rights with all staff. A nursing meeting was held by the CAO and acting DNS to review policy, proper use of restraints, proper administration of medications, and documentation processes. Monitoring (A169 cont.) All charts will be audited by the acting DNS for accuracy of documentation, including physician's orders, with all restraints. A debriefing will occur after any use of restraint and discussed in the medical staff meeting each month. The CAO will discuss the process with the attending provider at the time of the restraint use to ensure the staff followed proper procedures. If proper procedure is not followed the CAO will conduct an immediate investigation, document a summary of this interview, and determine if further education and/or discipline is required. Restraint usage will be tracked through CQI and reported to the medical staff and the governing board.		
A 171	482.13(e)(8) PATIENT RIGHTS: RESTRAINT OR SECLUSION Unless superseded by State law that is more restrictive-- (i) Each order for restraint or seclusion used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others may only be renewed in accordance with the	A 171		5/18/13	

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A 171	<p>Continued From page 22</p> <p>following limits for up to a total of 24 hours: (A) 4 hours for adults 18 years of age or older; (B) 2 hours for children and adolescents 9 to 17 years of age; or (C) 1-hour for children under 9 years of age;</p> <p>This STANDARD is not met as evidenced by: Based on medical record review, and staff interview, it was determined the hospital failed to ensure orders for seclusion were renewed every 4 hours for 1 of 1 adult patient (#1) whose record was reviewed and who was secluded. This resulted in the use of seclusion without continued authorization. Findings include:</p> <p>Patient #1's medical record documented a 19 year old female who was admitted to the hospital on 3/22/13 and was discharged on 3/28/13. Diagnoses included major depressive disorder and borderline personality disorder.</p> <p>A "Nightly Nursing Note" by the RN, dated 3/26/13 at 6:30 PM, stated Patient #1 became self-injurious and violent. The note stated Patient #1 was placed in seclusion at 7:30 PM. An untitled nursing progress note, dated 3/27/13 at 3:40 PM, stated the seclusion was ended at that time, 20 hours and 10 minutes later. No break in the seclusion was documented between those times. An order dated 3/26/13 at 7:20 PM, authorized the use of seclusion. No orders for continued seclusion were documented after the initial order on 3/26/13 at 7:20 PM.</p> <p>The CAO and the Clinical Manager were interviewed together on 3/09/13 beginning at 9:10 AM. They reviewed Patient #1's medical record and confirmed the lack of orders every 4 hours to</p>	A 171	<p>Patient Specific</p> <p>1 of 1 patient (#1) was affected by this citation. The patient is no longer an active patient in the hospital. Patient was discharged to SHS.</p> <p>Other Patients</p> <p>At this time and until a proper seclusion room is designed and a new policy established with staff training no patients will be placed in seclusion at SHH. This is in the plans of the remodel.</p> <p>Hospital System</p> <p>A new policy for seclusion has been developed and will be put into place at the time a seclusion room is completely updated to meet specified requirements. (See attachment V)</p> <p>All staff will receive education on this policy prior to implementing the use of the seclusion room.</p> <p>Monitoring</p> <p>Once the seclusion room is placed back into use with any use of the seclusion room the chart will be audited by the acting DNS for accuracy of documentation, including physician's orders, with the seclusion. A debriefing will occur after any use of seclusion and discussed in the medical staff meeting each month. The CAO will discuss the process with the attending provider at the time of the seclusion use to ensure the staff followed proper procedures. If proper procedure is not followed the CAO will conduct an immediate investigation, document a summary of this interview, and determine if further education and/or discipline is required. Seclusion usage will be tracked through CQI and reported to the medical staff and the governing board.</p>		

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NAME OF PROVIDER OR SUPPLIER SAFE HAVEN HOSPITAL OF POCATELLO	STREET ADDRESS, CITY, STATE, ZIP CODE: 1200 HOSPITAL WAY POCATELLO, ID 83201
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A 171	Continued From page 23 continue the seclusion.	A 171		
A 174	<p>Orders were not renewed every 4 hours to continue seclusion for Patient #1.</p> <p>482.13(e)(9) PATIENT RIGHTS: RESTRAINT OR SECLUSION</p> <p>Restraint or seclusion must be discontinued at the earliest possible time, regardless of the length of time identified in the order.</p> <p>This STANDARD is not met as evidenced by: Based on medical record review, and staff interview, it was determined the hospital failed to ensure orders for seclusion were discontinued at the earliest possible time for 1 of 1 patient (#1) whose record was reviewed and who was secluded. This resulted in the continued use of seclusion that was not necessary to keep the patient and others safe. Findings include:</p> <p>Patient #1's medical record documented a 19 year old female who was admitted to the hospital on 3/22/13 and was discharged on 3/28/13. Diagnoses included major depressive disorder and borderline personality disorder.</p> <p>A "Nightly Nursing Note" by the RN, dated 3/26/13 at 8:30 PM, stated Patient #1 became self-injurious and violent. The note stated Patient #1 was placed in seclusion at 7:30 PM. An untitled nursing progress note, dated 3/27/13 at 3:40 PM, stated the seclusion was ended at that time, 20 hours and 10 minutes later. No break in the seclusion was documented between those times.</p> <p>The "Nightly Nursing Note" by the RN, dated</p>	A 174	<p>Patient Specific 1 of 1 patient (#1) was affected by this citation. The patient is no longer an active patient in the hospital. Patient was discharged to SHS.</p> <p>Other Patients At this time and until a proper seclusion room is designed and with staff training no patients will be placed in seclusion at SHH. This is in the plans of the remodel.</p> <p>When it is determined that a restraint must be used in the care of a patient use of that restraint will be discontinued at the earliest time possible, regardless of the length of time identified in the order.</p> <p>Hospital System It is SHH policy that orders be obtained for any physical or chemical restraint and that these orders be clearly documented with a reason for the restraint, dated and signed by the prescribing provider.</p> <p>Safe Haven has updated the Patient Rights Policy and the Refusal of Medications and Treatments Policy (See Attachment I and II)</p> <p>All policies were reviewed and approved by the Medical Director, Chief Administrative Officer and the acting Director of Nursing Services</p>	5/18/13

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A 174	<p>Continued From page 24</p> <p>3/26/13 at 6:30 PM, stated Patient #1 "...eventually fatigued and became drowsy." The note stated she fell asleep by 8:45 PM on 3/26/13. The note then stated it was ordered by the NP and the physician to continue seclusion. Subsequent "Nightly Nursing Notes" stated Patient #1 slept through the night until 5:15 AM on 3/27/13.</p> <p>An untitled nursing note, dated 3/27/13 at 6:00 AM, stated Patient #1 remained in room sleeping. The note stated she was awakened at that time and refused to take Haldol, an antipsychotic medication, that had been ordered. A nursing note at 6:40 AM stated Patient #1 was given an injection at that time. Otherwise, subsequent nursing notes stated Patient #1 slept until noon on 3/27/13. At that time, she was described as awake and alert. The noon note stated she was sitting without agitation or irritability. The note stated Patient #1 agreed to comply with the medication.</p> <p>On 3/27/13 at 12:45 PM, nursing notes described Patient #1 as calm and cooperative. On 3/27/13 at 1:30 PM, nursing notes described Patient #1 as resting. On 3/27/13 at 2:00 PM, nursing notes stated Patient #1 took her medication by mouth. On 3/27/13 at 2:25 PM, nursing notes stated Patient #1 was pounding on the door aggressively asking to be let out. On 3/27/13 at 3:00 PM, nursing notes stated Patient #1 was resting quietly and agreed to comply. On 3/27/13 at 3:40 PM, nursing notes stated Patient #1 was released from seclusion.</p> <p>During the time Patient #1 remained in seclusion, an evaluation of the need for continued seclusion</p>	A 174	<p>(DNS).</p> <p>A new policy for seclusion has been developed and will be put into place at the time a seclusion room is completely updated to meet specified requirements. (See attachment V)</p> <p>A debriefing regarding policy and the seclusion and restraint issues was held with all staff on 4/10, 4/11, 4/15, 4/16, and 4/17. On 5/13 the CAO held individual meetings with the NP to review the updated policies and procedures. On 5/14 and 5/15 the Chief Administrative Officer reviewed all the changes in policies, responsibilities of staff in the use of restraints, and the patients' rights with all staff. A nursing meeting was held by the CAO and acting DNS to review policy, proper use of restraints, proper administration of medications, and documentation processes.</p> <p>Monitoring</p> <p>All charts will be audited by the acting DNS for accuracy of documentation, including time frames of the use of restraint and any updated orders during the process, with all restraints. A debriefing will occur after any use of restraint and discussed in the medical staff meeting each month. The CAO will discuss the process with the attending provider at the time of the restraint use to ensure the staff followed proper procedures. If proper procedure is not followed the CAO will conduct an immediate investigation, document a summary of this interview, and determine if further education and/or discipline is required. Restraint usage will be tracked through CQI and reported to the</p>	

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A 174	Continued From page 25 was not documented by nursing staff. The "Psychiatric Progress Note" by the NP, dated 3/27/13 but not timed, stated "I observed [Patient #1] this morning as she continued to be in the seclusion room sleeping soundly. I called her name and she continued with sonorous respirations. As she was resting comfortably without any signs of physical distress, I chose to not awaken her this morning. She was noted to fall asleep around 21:00 last night and she remained asleep until approximately 0500. She was resistive to medications again this morning but eventually took her scheduled Ativan. She refused the Haldol and received it as an injection. She continues to be directly observed from the isolation room door at all times." The NP's plan stated "Isolation [seclusion] per protocol until she is able to maintain her composure." The CAO and the Clinical Manager were interviewed together on 3/09/13 beginning at 9:10 AM. They reviewed Patient #1's medical record and confirmed seclusion was not discontinued at the earliest time.	A 174	medical staff and the governing board. Once the seclusion room is placed back into use with any use of the seclusion room the chart will be audited by the acting DNS for accuracy of documentation, including physician's orders and time frames of the use of seclusion, with the seclusion. A debriefing will occur after any use of seclusion and discussed in the medical staff meeting each month. The CAO will discuss the process with the attending provider at the time of the seclusion use to ensure the staff followed proper procedures. If proper procedure is not followed the CAO will conduct an immediate investigation, document a summary of this interview, and determine if further education and/or discipline is required. Seclusion usage will be tracked through CQI and reported to the medical staff and the governing board.		
A 178	482.13(e)(12) PATIENT RIGHTS: RESTRAINT OR SECLUSION When restraint or seclusion is used for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others, the patient must be seen face-to-face within 1-hour after the initiation of the intervention --	A 178	Patient Specific 1 of 1 patient (#1) was affected by this citation. The patient is no longer an active patient in the hospital. Patient was discharged to SHS. Other Patients At this time and until a proper seclusion room is designed and with staff training no patients will be placed in seclusion at SHH. This is in the plans of the remodel. When it is determined that a restraint must be used in the care of a patient, the patient will have a face-to-face assessment within one hour of restraining the patient.	5/18/13	

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A 178	<p>Continued From page 26</p> <p>o By a-- - Physician or other licensed independent practitioner; or - Registered nurse or physician assistant who has been trained in accordance with the requirements specified in paragraph (f) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on medical record review and staff interview, it was determined the hospital failed to ensure an authorized person conducted a face to face assessment within 1 hour of restraining 1 of 1 patient (#1) whose record was reviewed who was restrained and secluded. This resulted in a lack of evaluation of the restrained patient in order to determine the reasons for the behavior and to prevent further episodes of restraint. Findings include:</p> <p>1. Patient #1's medical record documented a 19 year old female who was admitted to the hospital on 3/22/13 and was discharged on 3/28/13. Diagnoses included major depressive disorder and borderline personality disorder.</p> <p>A "Nightly Nursing Note" by the RN, dated 3/24/13 at 6:35 PM, stated Patient #1 was threatening self harm and was physically restrained by staff. The note also stated Patient #1 was given an injection for the behavior. A "Nightly Nursing Note" by the RN, dated 3/25/13 at 11:00 PM, stated Patient #1 was given an injection earlier that evening. The note stated Patient #1 then became violent and was physically restrained by staff. No documentation was present that a face to face assessment by an authorized person was conducted following either of the incidents of</p>	A 178	<p>Hospital System It is SHH policy that patient receive a face-to-face interview within one hour of restraining.. Safe Haven has updated the Patient Rights Policy and the Refusal of Medications and Treatments Policy. (See Attachment I and II) All policies were reviewed and approved by the Medical Director, Chief Administrative Officer and the acting Director of Nursing Services (DNS). A new policy for seclusion has been developed and will be put into place at the time a seclusion room is completely updated to meet specified requirements. (See attachment V) A debriefing regarding policy and the seclusion and restraint issues was held with all staff on 4/10, 4/11, 4/15, 4/16, and 4/17. On 5/13 the CAO held individual meetings with the NP to review the updated policies and procedures. On 5/14 and 5/15 the Chief Administrative Officer reviewed all the changes in policies, responsibilities of staff in the use of restraints, and the patients' rights with all staff. A nursing meeting was held by the CAO and acting DNS to review policy, proper use of restraints, proper administration of medications, and documentation processes.</p> <p>Monitoring All charts will be audited by the acting DNS for accuracy of documentation, including the face-to-face interview with the patient, with all restraints. A debriefing will occur after any use of restraint and discussed in the medical staff meeting and discussed in the nurses' meeting each month. The CAO will discuss the process with the attending provider at the time of the restraint use to ensure the staff followed proper procedures. If proper procedure is not followed the CAO will conduct an immediate investigation,</p>		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 134011	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/11/2013
NAME OF PROVIDER OR SUPPLIER SAFE HAVEN HOSPITAL OF POCATELLO			STREET ADDRESS, CITY, STATE, ZIP CODE 1200 HOSPITAL WAY POCATELLO, ID 83201		
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A 178	Continued From page 27 restraint.	A 178	document a summary of this interview, and determine if further education and/or discipline is required. Restraint usage will be tracked through CQI and reported to the medical staff and the governing board.	5/18/13	
A 185	The Clinical Manager was interviewed on 4/09/13 beginning at 9:10 AM. She reviewed Patient #1's medical record and confirmed a face to face assessment had not been conducted for the above episodes of restraint usage. The hospital did not conduct face to face assessments following the use of restraint. 482.13(e)(16)(ii) PATIENT RIGHTS: RESTRAINT OR SECLUSION [there must be documentation in the patient's medical record of the following:] A description of the patient's behavior and the intervention used. This STANDARD is not met as evidenced by: Based on medical record review, and staff interview, it was determined the hospital failed to ensure staff documented a description of interventions used to address the behavior of 1 of 1 patient (#1) whose record was reviewed and who was physically restrained. This resulted in a lack of transparency regarding the treatment of patients. Findings include: Patient #1's medical record documented a 19 year old female who was admitted to the hospital on 3/22/13 and was discharged on 3/28/13. Diagnoses included major depressive disorder and borderline personality disorder. A "Nightly Nursing Note" by the RN, dated 3/24/13 at 6:35 PM, stated Patient #1 threatened to cut herself with pieces of metal. The note stated	A 185	Once the seclusion room is placed back into use with any use of the seclusion room the chart will be audited by the acting DNS for accuracy of documentation, including physician's orders and time frames of the use of seclusion, with the seclusion. A debriefing will occur after any use of seclusion and discussed in the medical staff meeting each month. The CAO will discuss the process with the attending provider at the time of the seclusion use to ensure the staff followed proper procedures. If proper procedure is not followed the CAO will conduct an immediate investigation, document a summary of this interview, and determine if further education and/or discipline is required. Seclusion usage will be tracked through CQI and reported to the medical staff and the governing board.		
		A185	Patient Specific 1 of 1 patient (#1) was affected by this citation. The patient is no longer an active patient in the hospital. Patient was discharged to SHS. Other Patients When it is determined that a restraint must be used in the care of a patient, the charge nurse will clearly document the use of the restraint.		

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A 185	Continued From page 28 Patient #1 refused to give up the metal. The note stated the RN got an order for IM medication and this was given to Patient #1. The note stated Patient #1 then went to her room. The note stated Patient #1 became violent in her room and tried to strike staff and herself with a curtain rod. The note stated the RN tried to intervene and Patient #1 grabbed her, kicked her, and pulled her hair. The note stated staff responded and Patient #1 released her grip on her weapons and the RN. A "Nightly Nursing Note" by the RN, dated 3/25/13 at 11:00 PM, stated Patient #1 refused her ordered medication and swore at the RN. The note stated "this nurse prepared IM Ativan and IM injection was given right buttock. After injection patient waited 2-3 minutes then came charging into hall and grabbed this nurse by the hair. A code was called and with staff assistance patient released my hair and then sat in hallway shouting obscenities and threats at this nurse." Neither nursing note mentioned Patient #1 was physically restrained. The Charge RN who wrote the above nursing notes was interviewed on 4/09/13 beginning at 6:10 PM. She stated Patient #1 required physical restraint for the injections that were noted above and for the subsequent assaults on staff. She confirmed the use of restraints was not documented. The hospital did not ensure the use of restraint for Patient #1 was documented.	A 185	Hospital System It is SHH policy that a restraint will be documented in the patients chart. Safe Haven has updated the Patient Rights Policy and the Refusal of Medications and Treatments Policy. (See Attachment I and II) All policies were reviewed and approved by the Medical Director, Chief Administrative Officer and the acting Director of Nursing Services (DNS). A debriefing regarding policy and the seclusion and restraint issues was held with all staff on 4/10, 4/11, 4/15, 4/16, and 4/17. On 5/13 the CAO held individual meetings with the NP to review the updated policies and procedures. On 5/14 and 5/15 the Chief Administrative Officer reviewed all the changes in policies, responsibilities of staff in the use of restraints, and the patients' rights with all staff. A nursing meeting was held by the CAO and acting DNS to review policy, proper use of restraints, proper administration of medications, and documentation processes. Monitoring All charts will be audited by the acting DNS for accuracy of documentation, to include the actual restraint. A debriefing will occur after any use of restraint and discussed in the medical staff meeting and discussed in the nurses' meeting each month. The CAO will discuss the process with the attending provider at the time of the restraint use to ensure the staff followed proper procedures. If proper procedure is not followed the CAO will conduct an immediate investigation, document a summary of this interview, and determine if further education and/or discipline is required. Restraint usage will be tracked through CQI and reported to the medical staff and the governing board.	
A 196	482.13(f)(1) PATIENT RIGHTS: RESTRAINT OR SECLUSION	A 196		5/18/13

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A 196	<p>Continued From page 29</p> <p>Training intervals. Staff must be trained and able to demonstrate competency in the application of restraints, implementation of seclusion, monitoring, assessment, and providing care for a patient in restraint or seclusion-</p> <p>(i) Before performing any of the actions specified in this paragraph;</p> <p>(ii) As part of orientation; and</p> <p>(iii) Subsequently on a periodic basis consistent with hospital policy.</p> <p>This STANDARD is not met as evidenced by: Based on review of facility policies, staff interview and review of personnel training records, it was determined the hospital failed to ensure staff was sufficiently trained in the application of restraints, for 3 of 14 staff (Staff A, B, and C) whose training records were reviewed. This had resulted in patients being subjected to unauthorized restraint techniques. Findings include:</p> <p>A policy, titled "Mandt training," dated 8/21/09 and reviewed 9/2012, stated "All employees having any direct contact with patients are required to complete Mandt training ...within 60 days of hire. Only practices used by staff within the Mandt guidelines are sanctioned by this facility. Any employee acting outside of Mandt guidelines is acting as an independent agent and thereby assumes all liability for such actions." In addition, the policy stated "Code green responders in the hospital MUST have both Day 1 & Day 2 of Mandt training." The policy concluded with "The DNS shall have in a file a list of all employees and the demonstrable training for Mandt."</p> <p>However, Patient #1's medical record</p>	A 196	<p>Patient Specific 1 of 1 patient (#1) was affected by this citation. The patient is no longer an active patient in the hospital. Patient was discharged to SHS.</p> <p>Other Patients At this time and until a proper seclusion room is designed and with staff training no patients will be placed in seclusion at SHH. This is in the plans of the remodel.</p> <p>When it is determined that a restraint must be used in the care of a patient, only trained staff will be involved in the use of a restraint.</p> <p>Hospital System All staff working in the hospital receive MANDT training within the first 30 days of employment. If an employee has not been through MANDT training, the employee is removed from the schedule until the employee has completed the training.</p> <p>All employees are be recertified in MANDT training on an annual basis.</p> <p>The Ward Clerk and the MANDT trainer keep a record of the training dates and those attending and completing training. These training records are available to the DNS and CAO.</p>		

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A 196	<p>Continued From page 30</p> <p>documented a 19 year old female who was admitted to the hospital on 3/22/13 and was discharged on 3/28/13. Diagnoses included major depressive disorder and borderline personality disorder.</p> <p>A "Nightly Nursing Note," written by the RN and dated 3/25/13 at 9:00 PM, stated Patient #1 was angry and refused her medications. A "Nightly Nursing Note," dated 3/25/13 at 11:00 PM, stated Patient #1 "...was resting on her bed but tossing and turning. This nurse offered her HS meds medications [sic] to her one more time and she told me to [expletive deleted]. She had been offered what was explained to her before that she had Scheduled Risperdal and PRN Ativan and Risperdal. She refused and verbally threatened me. This nurse prepared IM Ativan and IM injection was given right buttock. After injection patient waited 2-3 minutes then came charging into hall and grabbed this nurse by the hair. A code was called and with staff assistance patient released my hair and then sat in hallway shouting obscenities and threats at this nurse."</p> <p>A male LPN who assisted with restraining Patient #1 on 3/25/13 was interviewed on 4/09/13 beginning at 3:00 PM. He stated he responded to a call for help on the evening of 3/25/13 and assisted staff to free an RN from an attack by Patient #1. He stated one of the staff who responded used a "gooseneck hold" to restrain the patient. A gooseneck hold is utilized by police and some martial arts participants. It involves grabbing a person's hand and twisting or bending it in a non-natural position to immobilize the person.</p>	A 196	<p>The Ward Clerk will keep a record of MANDT training and report to the CQI team a schedule of the monthly training and those staff out of compliance.</p> <p>The ward clerk and the DNS will not schedule any staff member who is out of compliance. Continued non-compliance will result in disciplinary action.</p> <p>Monitoring Proper education and training will be monitored monthly through the CQI process.</p>		

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A 196	<p>Continued From page 31</p> <p>Patient #1 was interviewed on 4/10/13 beginning at 8:45 AM. She stated on 3/25/13 staff restrained her using a hold like a cop behind her back. She stated it did not really hurt but she said it prevented her from moving.</p> <p>The hospital utilized a behavior management system called the Mandt System. The Mandt module used to train staff was titled "Restraining Skills-Standing." The module did not describe a gooseneck or similar hold to restrain patients.</p> <p>During an interview on 4/08/13 beginning at 1:00 PM, the Director of Human Resources, was also the Mandt Trainer for the hospital, stated the hospital staff was trained in the "Mandt System" of restrictive physical interaction. He stated the staff was not allowed to assist with restraint of a patient unless they had training. He stated training was offered once monthly, and was renewed annually. During a subsequent interview, on 4/09/13 beginning at 8:30 AM, the Director of Human Resources stated the hospital did not utilize gooseneck or similar holds and staff were not taught such holds.</p> <p>When asked, during an interview on 4/09/13 beginning at 4:15 PM, the DNS stated she was unable to produce a list of staff that had current Mandt training. She stated she had been in her role as DNS for a short time and another individual who no longer worked there had maintained records of Mandt training.</p> <p>A sample of hospital direct patient care staff was selected for review of Mandt training. The following staff members were found not to be current with Mandt training:</p>	A 196			

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A 196	Continued From page 32 Staff A was a RN, date of hire 1/19/12. Training 1/26/12, overdue, yet currently scheduled for patient care duties. Staff B was a RN, date of hire 2/08/13. No evidence of Mandt training. Staff C was a CNA/Psych Tech II, date of hire 11/16/10. Training 2/29/12, overdue, yet currently scheduled for patient care duties. During an interview on 4/09/13 at 10:30 AM, the Administrator stated "If the staff has not taken the required Mandt training, then they would be off the schedule until training was completed." The facility did not maintain current Mandt training for direct patient care staff.	A 196			



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FACILITY STANDARDS

May 15, 2013

Gary Guiles
Health Facility Surveyor
Non-Long Term Care
Bureau of Facility Standards
3232 Elder Street
P.O. Box 86720
Boise, Idaho 8320-0009

Dear Mr. Guiles,

Based on our conversation today, the attached document shall serve as an addendum to the Plan of Correction for the survey completed on 04/11/2013. This addendum addresses the Federal tags A144, A167, A168, A171, A174, A178, A185, and A196. I have also enclosed a signature page for the State citation page. If you have further questions please call me at 208-244-8639.

Sincerely,

A handwritten signature in cursive script that reads "Judy L. Moore".

Judy L. Moore RN, MSN/MBA/HC
Chief Administrative Officer

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FACILITY STANDARDS

F144

Staff completes a Safety Check Protocol and Documentation Form twice per shift to monitor for contraband. The Chief Administrator completes a Contraband Log sheet each month for tracking and trending. This information is analyzed to ascertain needed education and training:

F167

MANDT training update, specific to appropriate holds, was completed by Greg Weiland for all staff.

F168

The following language has been added to the definitions section of the Restraint Policy:

Licensed Independent Practitioner – Any practitioner permitted by law and by the organization to provide care and services, without direction or supervision, within the scope of the practitioner license and consistent with individually assigned clinical responsibilities.

F171

The revised Restraint Policy includes a section devoted to the "Initiation of Restraint" that includes the following information regarding time frames:

- E. The provider's original order authorizes designated, qualified nurse to reassess the patient **hourly** and make a decision to continue restraint based on clinical justification hourly up to the time specified in the order. The total period of the order including the continuation of the original order cannot exceed a maximum of **4 hours**.
- F. The provider specifies the duration of restraint within the following guidelines:
 - 1. Orders for restraint authorize designated nurse to reassess the patient hourly and continue use, as necessary **hourly** up to a maximum of **4 hours**.
 - a. Designated nurse evaluates patient for release from restraint on an hourly basis against established criteria (the patient has gained self-control and is no longer dangerous to self or others).
 - b. The continuation of the order is determined from the time of the restraint order up to the maximum of **4 hours** when justification for continuation of the order includes hourly documentation of reassessment justification and continuation of original order after re-evaluating the efficacy of treatment and helping the patient regain control.

F174

The revised Restraint Policy includes a section devoted to the "Release from Restraint" that includes the following information regarding release:

- A. Staff Psychiatrist, PA, NP, Chief Administrative Officer, Clinical Manager, and/or Charge Nurse must terminate restraint as soon as the patient has gained self-control and is no longer dangerous to self or others.
 - 1. Any subsequent use of restraint will require a new order by the provider; however, if a face-to-face evaluation has previously been completed by an "on-call" provider within an appropriate time frame (8 hours for adults) another face-to-face is not required, but may be requested and performed if deemed necessary.
- B. The patient medical record will include (1) specific criteria for ending restraint and (2) that the individual was informed of these criteria and (3) the assistance provided the patient to help him meet these criteria.

F178

The revised Restraint Policy includes a section devoted to the "Initiation of Restraint" that includes the following information regarding face-to-face interview:

An R.N. who has been trained to evaluate patients in restraint is immediately notified to perform an in-person, face-to-face evaluation of the patient within one hour of the initiation of restraint. This nurse will consult with the on-call provider as soon thereafter as possible.

F185

The following forms will be used in the initiation of restraints and be a part of the permanent record:

An Order for Restraint Form, a Treatment Plan for Restraint Form detailing interventions used an Assessment Form which includes the initial assessment and the hourly face-to-face assessments that will describe the patient's behavior, and a Debriefing Form.

F196

All staff will receive MANDT training within 60 days of employment; participate in quarterly reviews with demonstrated competency, and annual recertification. The Ward Clerk will keep a tracking log to make certain all staff have completed the specified trainings. New employees will not participate in any restraints until they have completed the initial MANDT training. Any employee out-of-compliance will be removed from the schedule until they are in compliance.

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B 000	16.03.14 Initial Comments The following state licensure deficiencies were cited during the complaint investigation at your hospital. Surveyors conducting the review were: Gary Guiles, RN, HFS, Team Leader Susan Costa, RN, HFS	B 000		
BB526	16.03.14.530.01 Maintenance & Safety 530. MAINTENANCE AND SAFETY. The hospital shall be equipped and maintained to protect the health and safety of the patient, personnel, and visitors. (10-14-88) 01. Maintenance. The hospital shall have a written preventive maintenance program to include at least the following elements: (10-14-88) a. Designation of person responsible for maintaining the hospital; and (10-14-88) b. Written preventive maintenance procedure and appropriate inspection interval shall be made for at least the following: (10-14-88) i. Heating systems; and (10-14-88) ii. Air conditioning/mechanical systems; and (10-14-88) iii. Electrical systems; and (10-14-88) iv. Vacuum systems and gas systems; and (10-14-88) v. All air filters in heating, air conditioning and ventilating systems; and (10-14-88)	BB526		

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Judy H Moore
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Chief Administrative Officer

(X6) DATE
5/15/13

Bureau of Facility Standards

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BB526	16.03.14.530.01 Maintenance & Safety 530. MAINTENANCE AND SAFETY. The hospital shall be equipped and maintained to protect the health and safety of the patient, personnel, and visitors. (10-14-88) 01. Maintenance. The hospital shall have a written preventive maintenance program to include at least the following elements: (10-14-88) a. Designation of person responsible for maintaining the hospital; and (10-14-88) b. Written preventive maintenance procedure and appropriate inspection interval shall be made for at least the following: (10-14-88) i. Heating systems; and (10-14-88) ii. Air conditioning/mechanical systems; and (10-14-88) iii. Electrical systems; and (10-14-88) iv. Vacuum systems and gas systems; and (10-14-88) v. All air filters in heating, air conditioning and ventilating systems; and (10-14-88)	BB526	SHH Maintenance has a written preventative maintenance program that includes all required elements. Please see A144.	5/18/13

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Bureau of Facility Standards

TITLE

(X8) DATE

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

STATE FORM

6899

CU4011

If continuation sheet 1 of 2

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: IDKT4M	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/11/2013
NAME OF PROVIDER OR SUPPLIER SAFE HAVEN HOSPITAL OF POCATELLO			STREET ADDRESS, CITY, STATE, ZIP CODE 1200 HOSPITAL WAY POCATELLO, ID 83201		
(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)	(X6) COMPLETE DATE	
BB526	Continued From page 1 vi. Equipment related directly and indirectly to patient care, and any other equipment. (10-14-88) This Rule is not met as evidenced by: Refer to A144 as it relates to the failure of the hospital to maintain the hospital to protect the safety of patients and personnel.	BB526			



IDAHO DEPARTMENT OF
HEALTH & WELFARE

COPY

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April 26, 2013

Judy Moore, Administrator
Safe Haven Hospital Of Pocatello
1200 Hospital Way
Pocatello, ID 83201

Provider #134011

Dear Ms. Moore:

On **April 11, 2013**, a complaint survey was conducted at Safe Haven Hospital Of Pocatello. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00005997

Allegation #1: Staff failed to protect patients from environmental hazards by allowing them to obtain items with which they could injure themselves.

Findings #1: An unannounced visit was made to the hospital on 4/08/13 through 4/11/13. During the complaint investigation, surveyors reviewed nine patient records. Administrative documents, hospital policies, incident reports, staff training records, and quality assessment/performance improvement documents were reviewed. Patients, medical staff, and nursing staff were interviewed.

One patient's medical record documented a 19 year old female who was admitted to the hospital on 3/22/13 and was discharged on 3/28/13. Diagnoses included major depressive disorder and borderline personality disorder.

A "Nightly Nursing Note" by the Registered Nurse (RN), dated 3/24/13 at 6:35 PM, stated the patient "...had a metal bracket off of drawer, broke it into three pieces and then proceeded to 1) hide them in her body under clothes, 2) hold another in her fist and 3) threaten and gesture that she was going to cut herself. She would not return the pieces to the aide when he was asking

calmly and nicely but rather attempted to cut him with 1 of the pieces...she angrily threw two pieces and a nail across the room. Still patient refused to give up the third piece." The note stated staff eventually removed the piece of metal. Then the patient went to her room, "...grabbed the plastic turn stick for the blinds and was attempting to strike the staff and to break it in two to use it against staff and herself."

Another "Nightly Nursing Note" by the RN, dated 3/26/13 at 6:30 PM, stated the patient became angry. The note stated the patient "...proceeded to tear off the wall outlets, break them into pieces and attempt cutting her arms with the pieces and licking the scratch marks...Then, after about 15 minutes, patient broke more plastic off the wall in the room and attempted to swallow it. Staff assisted patient with removing plastic from her mouth. She continues to attempt to hit, kick, and spit on staff. {name} NP {Nurse Practitioner} ordered at this time to place patient in safe room and she was assisted by team members to isolation room at 1930. She immediately put mattress against door window and pulled the heater vent off the wall and hit it against the wall and attempted to and possibly succeeded at swallowing two screws which held the plate onto the wall. Then patient vomited. There was no screw in the vomit...Afterwards patient at 2020 {sic} and started to dismantle the sprinkler system covers and broke them into pieces and attempted to cut with them. Scratches are superficial on forearms mostly left forearm. Patient continued to pull at sprinkler pipes attempting to pull them down...Pt {patient} eventually fatigued and became drowsy. She sat on mattress, then lay down putting her glasses underneath her and fell asleep by 2045."

A Psychiatric Technician was interviewed on 4/09/13 beginning at 3:30 PM. She stated she was present during the incidents noted above. She confirmed the events documented above. She confirmed the presence of the environmental hazards.

The NP was interviewed on 4/09/13 beginning at 10:25 AM. He stated he had been present when the patient was placed in seclusion and supervised her care. He confirmed the patient was locked in the seclusion room and allowed to remove plastic covers and hardware and allowed to try to attempt to cut herself without staff intervention.

A tour of the facility with the Administrator was conducted on 4/08/13 from 4:40 PM to 5:10 PM. The following patient safety hazards were noted:

Rooms 1-6 each had a bathroom door, with external hinges that could enable a patient to hang themselves. The bathrooms had a fire sprinkler system that was mounted on the walls near the ceiling. The plastic sprinkler pipes were enclosed within a plastic cover which could be removed by patients. The lighting fixture over the bathroom sink was covered with a rigid plastic light diffuser, which also could be easily removed by patients. The plastic light diffuser, if broken, would produce sharp pieces that could be used as contraband for self-injury or injury to another

patient or staff. When the light diffuser was lifted, there was easy access to 2 fluorescent bulbs.

Rooms 1-6 had window curtains that were connected to a metal track with metal "s" type hooks. The "s" hooks were easily slipped out from the curtain and then twisted out from the track and could be used as contraband for self-injury or injury to others. The metal track was fastened to a wooden board that was secured with screws to the wall above the windows. The board was mounted in such a fashion that it could be easily pulled from the wall.

Rooms 1-6 had storage cabinets for clothing and other patient belongings. The cabinet doors had brass colored metal tag frames in which a patient name card was placed to identify which cabinet was assigned to the patient in the room. The tag frames were approximately 1 inch by 3 inches with sharp edges. They were secured to the cabinet with short stubby nails, and a tag frame was easily removed from the cabinet door during the tour.

Room 5 had bedside table storage with a top drawer and a door. The door had a metal base plate but the pull handle was missing. The base plate was approximately 1 inch by 4 inches, and was secured with short tacks. The plate was loose and easily pulled off the door by this surveyor.

Room 2 had a bedside table with a broken drawer pull that was hanging lopsided with one remaining loose screw. The screw was easily removed with fingers, thus removing the drawer pull from the bedside table.

The seclusion room was observed with the Chief Administrative Officer (CAO) on 4/08/13 beginning at 4:45 PM. The south wall contained a hole approximately 1 foot by 1 foot where a heater cover had been removed. Inside were sharp fan blades and exposed wires. The surveyor pulled at the control knob on the heater and it came off. The CAO stated the power to the heater had been turned off. Sprinkler pipes were exposed on 2 walls. Screws were missing from the brackets that held the pipes secure and the pipes wobbled when touched. The CAO stated the room had not been used for seclusion since the above incident but it had not been officially taken out of service. She stated the room had been used for storage until the night of the incident, when it was emptied by staff leaving 3 mattresses in the room.

Surveyors requested patients not be housed in the room until it was made safe. The CAO stated the room would be made off limits to patients. The CAO stated signs would be placed and staff would be notified. This was confirmed by interview and observation the following morning.

Numerous environmental hazards were available to patients which could be used to injure self and others. A deficiency was cited at 42 CFR Part 482.13(c,2) for the facility's failure to provide care in a safe setting. It was determined patients were at risk of serious harm or death due to staff failure to intervene to keep patients safe from harm, including staff failure to protect patients

from environmental hazards.

On Tuesday 4/09/13 at approximately 7:00 PM, the Chief Administrative Officer (CAO) was notified of the immediate jeopardy determination. A plan of correction was received, reviewed, and accepted on 4/10/13 at approximately 11:00 AM. Implementation of the above plan was verified by fax and telephone on 4/11/13 at approximately 11:30 AM.

Conclusion: Substantiated. Federal and State deficiencies related to the allegation are cited.

Allegation #2: A patient was restrained using a gooseneck hand restraint which can result in harm to a patient.

Findings #2: An unannounced visit was made to the hospital on 4/08/13 through 4/11/13. During the complaint investigation, surveyors reviewed nine patient records. Administrative documents, hospital policies, incident reports, staff training records, and quality assessment/performance improvement documents were reviewed. Patients, medical staff, and nursing staff were interviewed.

One patient's medical record documented a 19 year old female who was admitted to the hospital on 3/22/13 and was discharged on 3/28/13. Diagnoses included major depressive disorder and borderline personality disorder.

A "Nightly Nursing Note," written by the Registered Nurse (RN) and dated 3/25/13 at 9:00 PM, stated the patient was angry and refused her medications. A "Nightly Nursing Note," dated 3/25/13 at 11:00 PM, stated the nurse "...prepared IM {intramuscular} Ativan and IM injection was given right buttock. After injection patient waited 2-3 minutes then came charging into hall and grabbed this nurse by the hair. A code was called and with staff assistance patient released my hair and then sat in hallway shouting obscenities and threats at this nurse."

A male Licensed Practical Nurse (LPN) who assisted with restraining the patient on 3/25/13 was interviewed on 4/09/13 beginning at 3:00 PM. He stated he responded to a call for help on the evening of 3/25/13 and assisted staff to free an RN from an attack by the patient. He stated one of the staff who responded used a "gooseneck hold" to restrain the patient. (A gooseneck hold is utilized by police and some martial arts participants. It involves grabbing a person's hand and twisting or bending it in a non-natural position to immobilize the person.)

The patient was interviewed on 4/10/13 beginning at 8:45 AM. She stated on 3/25/13 staff restrained her using a hold like a cop behind her back. She stated it did not really hurt but she said it prevented her from moving.

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The hospital utilized a behavior management system called the Mandt System. The Mandt module used to train staff was titled "Restraining Skills-Standing." The module did not describe a gooseneck or similar hold to restrain patients.

The Director of Human Resources was also the Mandt Trainer for the hospital. He was interviewed on 4/09/13 beginning at 8:30 AM. He stated the hospital did not utilize gooseneck or similar holds and staff were not taught such holds.

Hospital personnel utilized an unsafe restraint on the patient. A deficiency was cited at 42 CFR Part 482.13(e,4) because the restraint was not implemented in accordance with safe restraint techniques as determined by hospital policy.

Conclusion: Substantiated. Federal deficiencies related to the allegation are cited.

Allegation #3: While asleep, a patient was physically restrained and given an injection of medication.

Findings #3: An unannounced visit was made to the hospital on 4/08/13 through 4/11/13. During the complaint investigation, surveyors reviewed nine patient records. Administrative documents, hospital policies, incident reports, staff training records, and quality assessment/performance improvement documents were reviewed. Patients, medical staff, and nursing staff were interviewed.

One patient's medical record documented a 19 year old female who was admitted to the hospital on 3/22/13 and was discharged on 3/28/13. Diagnoses included major depressive disorder and borderline personality disorder.

A "Nightly Nursing Note," written by the Registered Nurse (RN) and dated 3/25/13 at 9:00 PM, stated the patient was angry and refused her medications. A "Nightly Nursing Note," dated 3/25/13 at 11:00 PM, stated the patient "...was resting on her bed but tossing and turning. This nurse offered her HS {evening} meds medications {sic} to her one more time and she told me to {expletive deleted}. She had been offered what was explained to her before that she had Scheduled Risperdal and PRN {as needed} Ativan and Risperdal. She refused and verbally threatened me. This nurse prepared IM {intramuscular} Ativan and IM injection was given right buttock. After injection patient waited 2-3 minutes then came charging into hall and grabbed this nurse by the hair." The note then described how staff responded and released the nurse's hair from the patient's grasp. The next "Nightly Nursing Note," on "3/25/13 @2300 to 0100," stated "{patient} states that she was sleeping when shot was given which is a confabulation."

The patient's medical record contained a "Master Treatment Plan," dated 3/25/13, for

"Non-Compliance with medications." It stated the patient would discuss medications with staff and the psychiatrist. The plan did not state the patient would be medicated against her will.

A male Licensed Practical Nurse (LPN) who assisted the RN with the injection on 3/25/13 was interviewed on 4/09/13 beginning at 3:00 PM. He stated the patient appeared to be asleep when he and other staff grabbed her and held her down while the RN gave her the shot. He stated staff did not tell the patient what was happening prior to restraining her.

The Charge RN who administered the injection to the patient on 3/25/13 was interviewed on 4/09/13 beginning at 6:10 PM. She stated the patient was quiet and laying on her abdomen. She stated the patient had threatened staff 4 minutes earlier and she did not think the patient was asleep. She confirmed staff did not speak to the patient prior to giving the injection.

A second RN who was being oriented by the Charge Nurse on the night of 3/25/13 was interviewed on 4/09/13 beginning at 5:40 PM. She stated the patient was lying face down on her bed before receiving the injection. She stated she did not know if the patient was awake or asleep. She stated several staff physically restrained the patient in order to give her the injection. She stated she asked the Charge Nurse why the shot was being given if the patient was asleep and could not refuse the medication. She stated the Charge Nurse said the doctor ordered it and the patient needed it.

The patient was interviewed on 4/10/13 beginning at 8:45 AM. She stated on 3/25/13 she was lying on her bed and was almost asleep when suddenly 7 male staff were holding her to give her a shot. She stated she had refused the shot earlier because the medication did not work for her.

The policy "Refusal of Medications & Treatments," dated 1/31/04, stated if a patient refused medications or treatments, the interdisciplinary team would review and address the noncompliance in the care planning process. The patient's medical record did not document a discussion of a medication over ride and no plan had been developed to guide staff if the patient refused to take her medication.

The hospital did not afford the patient the right to refuse treatment. A deficiency was cited at 42 CFR Part 482.13(b,2) for violating the patient's right to refuse medication.

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, as it was addressed in the Plan of Correction.

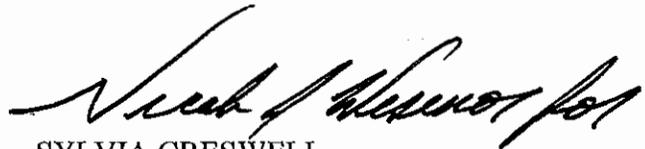
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If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,



GARY GUILLES
Health Facility Surveyor
Non-Long Term Care



SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

GG/nw