IDAHO DEPARTMENT OF
HEALTH & WELFARE

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

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

December 8, 2014

Coty Freeman, Administrator
Safe Haven Hospital Of Treasure Valley
8050 Northview Street
Boise, ID 83704

Provider #134009

Dear Mr. Freeman:

On **November 24, 2014**, a complaint survey was conducted at Safe Haven Hospital Of Treasure Valley. The complaint allegations, findings, and conclusions are as follows:

Complaint #ID00006350

Allegation #1: A staff member was smoking marijuana on her lunch break, which was witnessed by another staff member.

Findings #1: An unannounced, on-site complaint survey was conducted on 11/24/14. Personnel records and facility policies were reviewed. Staff were interviewed.

A Drug and Alcohol policy, in the employee handbook, stated "The Company prohibits the use, sale, distribution or possession of alcohol, drugs or said paraphernalia on Company time or property and/or work sites. This policy forbids reporting to work or working while under the influence of alcohol or drugs. " It further stated, "Where the law permits, the Company reserves the right to conduct the following alcohol and drug testing: random testing, pre-employment screening, specific incidents, reasonable cause, fitness for duty and post - accident. This list is intended to limit the events which would require a drug test and the company reserves the right to test for alcohol and drug abuse for other lawful reasons."

Personnel files were reviewed and no verbal or written corrective actions were found for any employees.

During an interview on 11/24/14 beginning at 1:15 PM, the Chief Administrative Officer (CAO) denied any corrective action or investigations of employees for suspected use of alcohol or drugs while at work. She stated that there have also been no complaints received about the suspected use of illicit drugs or alcohol since she became an administrator in July 2013. When asked about pre-employment drug testing the CAO stated it is not required when hiring an employee.

There was no documentation in personnel records that were reviewed to indicate any employees had been under investigation for use of illicit drugs while on the job. The CAO, who was the Director of Nursing at the time of the allegation, denied any drug related incidents with employees since she began in an administrative position. It could not be verified an employee was using marijuana while at work.

Conclusion #1: Unsubstantiated. Lack of sufficient evidence.

Allegation #2: The facility policy for a drug free workplace is not being followed.

Findings #2: An unannounced, on-site complaint survey was conducted on 11/24/14. Facility policies and personnel filed were reviewed. Staff were interviewed.

A Drug and Alcohol policy, in the employee handbook, stated "The Company prohibits the use, sale, distribution or possession of alcohol, drugs or said paraphernalia on Company time or property and/or work sites. This policy forbids reporting to work or working while under the influence of alcohol or drugs. " It further stated, "Where the law permits, the Company reserves the right to conduct the following alcohol and drug testing: random testing, pre-employment screening, specific incidents, reasonable cause, fitness for duty and post - accident. This list is intended to limit the events which would require a drug test and the company reserves the right to test for alcohol and drug abuse for other lawful reasons."

During an interview on 11/24/14 beginning at 1:15 PM, the CAO confirmed the facility policy on drugs and alcohol in the workplace. She stated there is a procedure to follow for employees suspected of being under the influence while at work. The CAO stated if an employee is suspected of being under the influence, the CAO or a designated representative, will accompany the employee to a specified clinical laboratory to do an immediate drug test.

It could not be verified that facility policy was not being adhered to or followed for a drug free workplace.

Conclusion #2: Unsubstantiated. Lack of sufficient evidence.

Allegation #3: Grievances are not investigated.

Findings #3: An unannounced, on-site complaint survey was conducted on 11/24/14. Facility policies, personnel files, and grievance/complaint logs were reviewed. Staff were interviewed.

A "GRIEVANCE/COMPLAINTS" policy dated 4/2013, stated "The patient, or person filing the grievance complaint on behalf of the patient, will be informed of the investigation and the actions that will be taken to correct any identified problems. Such reports may be making orally by the Administrator or designee, within three working days of the filing of the grievance or complaint with the facility. A written summary of the report will also be provided to the patient, and a copy will be secured in the office of the Administrator."

Grievance/complaint logs were reviewed and no documentation of a grievance or complaint of drug use by employees was found. Personnel files were reviewed and no documentation was found regarding investigation or corrective actions toward any employees.

During an interview on 11/24/14 beginning at 1:15 PM, the CAO stated she is unaware of any complaints regarding drug use by employees and had not had to investigate an employee since she began her position. She confirmed the facility policy and stated all grievances/complaints are investigated when they are received and a response is either given verbally or in writing to the complainant once it is completed. The CAO stated the previous administrator did keep private files of his own, but she was unaware of any incidents during his tenure.

There was no documentation in the grievance/complaint log or personnel files that were reviewed of a complaint or investigation about employee drug use. The administrator the incident was reported to is no longer employed by the facility. It could not be verified that grievances are not investigated.

Conclusion #3: Unsubstantiated. Lack of sufficient evidence.

As none of the allegations were substantiated, no response is necessary. Thank you for the courtesies and assistance extended to us during our visit.

Sincerely,

DON SYLVESTER
Health Facility Surveyor
Non-Long Term Care

SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

DS/pmt

IDAHO DEPARTMENT OF
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December 8, 2014

Coty Freeman, Administrator
Safe Haven Hospital Of Treasure Valley
8050 Northview Street
Boise, ID 83704

RE: Safe Haven Hospital Of Treasure Valley, Provider #134009

Dear ~~Mr.~~ MS. Freeman:

On November 24, 2014, a follow-up visit of your facility, Safe Haven Hospital Of Treasure Valley, was conducted to verify corrections of deficiencies noted during the survey of October 17, 2014.

We were able to determine that the Conditions of Participation of **Governing Body (42 CFR 482.12), Nursing Services (42 CFR 482.23) and Infection Control (42 CFR 482.42)** are now met.

Your copy of a Post-Certification Revisit Report, Form CMS-2567B, listing deficiencies that have been corrected is enclosed.

Also enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction.

<u>An acceptable plan of correction (PoC) contains the following elements</u>:

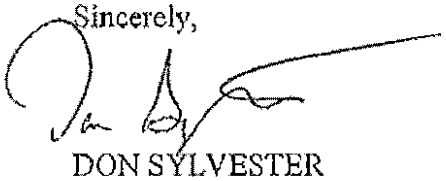
- Action that will be taken to correct each specific deficiency cited;
- Description of how the actions will improve the processes that led to the deficiency cited;
- The plan must include the procedure for implementing the acceptable plan of correction for each deficiency cited;
- A completion date for correction of each deficiency cited must be included;

- Monitoring and tracking procedures to ensure the PoC is effective in bringing the 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 the Form CMS-2567 and State Form 2567.

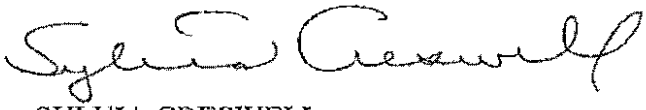
After you have completed your Plan of Correction, return the original to this office by **December 21, 2014**, and keep a copy for your records.

Thank you for the courtesies extended to the surveyors during their visit. If we can be of any help to you, please call us at (208) 334-6626, option 4.

Sincerely,



DON SYLVESTER
Health Facility Surveyor
Non-Long Term Care



SYLVIA CRESWELL
Co-Supervisor
Non-Long Term Care

DS/pmt
Enclosures
ee: Kate Mitchell, CMS Region X Office

December 21, 2014

RECEIVED
JAN 29 2015
FACILITY STANDARDS

Don Sylvester
Health Facility Surveyor
Non-Long Term Care
Bureau of Facility Standards
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0009

Dear Mr. Sylvester,

Enclosed please find our Plan of Correction for the survey conducted on November 24, 2014. The Bureau of Facility Standard form and Plan of Correction response form is attached and identifies the standard, deficiency, action plan, education and monitoring process for each deficiency.

If you have any questions regarding this Plan of Correction, please do not hesitate to contact me.

Sincerely,

CFreeman

Coty Freeman

RN, Chief Administrative Officer

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

PRINTED: 12/05/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	134009		R-C 11/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HAVEN HOSPITAL OF TREASURE VALLEY	8060 WEST NORTHVIEW STREET BOISE, ID 83704

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{A 000}	INITIAL COMMENTS	{A 000}	A000 Preparation and execution of this Plan of Correction is not an admission of denial or 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 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. 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 were necessary.	
	The following deficiencies were cited during the follow up and complaint investigation of your Psychiatric Hospital on 11/24/14 . The surveyors conducting the survey were: Don Sylvester, RN, HFS, Team Leader Laura Thompson, RN, HFS The following acronyms were used in this report: CAO- Chief Administrative Officer hrs - hours HS - at bedtime I & O - Intake and Output oz - ounce PO - by mouth PRN - as needed PR - Per Rectum Q - every QD - every day mg - milligram RN - Registered Nurse UA - Urine Sample			
A 450	482.24(c)(1) MEDICAL RECORD SERVICES All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures. This STANDARD is not met as evidenced by: Based on medical record review, policy review, and staff interview it was determined the facility failed to ensure that medical records were	A 450	A450 Safe Haven Hospital of Treasure Valley does ensure that medical records are complete, accurate, and/or authenticated with date and time. Patient Specific: 3 of 4 patients (#1, #2, and #4) were affected by this citation. These patients have been discharged. Other Patients: All new admissions to Safe Haven Hospital of Treasure Valley will ensure our current Medical Staff Bylaws are followed which specifically states "All orders shall be in writing. If the physician is absent from the Hospital, an order shall be considered to be in writing if desired over the telephone by the physician to a licensed nurse.	

RECEIVED
JAN 30 2015
FACILITY STANDARDS

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: C Freeman RN, CAO — TITLE: — (X6) DATE: 12/21/14

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	134009	A. BUILDING _____ B. WING _____	R-C 11/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HAVEN HOSPITAL OF TREASURE VALLEY	8050 WEST NORTHVIEW STREET BOISE, ID 83704

(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 450	Continued From page 1 complete, accurate, and/or authenticated with date and time, for 3 of 4 (#1, #2 and #4) patients whose records were reviewed. This had the potential to result in insufficient information to identify the patient, document the course of care, and promote continuity of care. Findings include: The hospital's Medical Staff By-laws stated "All orders shall be in writing. If the physician is absent from the Hospital, an order shall be considered to be in writing if desired over the telephone by the physician to a licensed nurse. Orders dictated over the phone shall be signed by the person to whom dictated, including the name of the physician, date, and time." The By-laws also included "Physician's orders are required for admission..." These By-laws were not followed. Examples include: 1. Patient #1 was a 23 year old male admitted to the facility on 11/23/14, for self harm. Patient #1's record was reviewed and contained a form titled Admission Physician Orders and Medication Reconciliation. The form was dated 11/23/14 with an admission time of 5:10 PM and signed by an RN at 3:00 PM, on the same date. The form contained a section titled Standing Orders Medications. Under this section several medications were listed with doses, route to be taken, frequency they may be given, indication for the medication, and an area to circle yes or no, if ordered by the physician. There were also orders under the same section, to substitute an injection of medication for a pill if necessary, catheterize a patient to obtain urine as necessary, and crush medications. All of the standing orders had "yes" circled.	A 450	Orders dictated over the phone shall be signed by the person to whom dictated, including the name of the physician, date, and time." Hospital Systems: Safe Haven Hospital will continue to utilize and abide by the Medical Staff Bylaws that are currently in place. Education was provided to all nursing staff regarding the expectations of all admission orders, telephone orders and the Medical Staff Bylaws regarding telephone orders. The nursing staff was also educated on the expectations of the daily audits of the admission orders, physician orders, medication profile and the MAR for each patient until that patient is discharged. Education was also provided to the nurses specifically reiterating that orders received over the telephone by the physician to a licensed nurse shall be signed to whom dictated, including the name of the physician, date and time. The CNO was educated on her expectations to complete an audit of the nursing staff completing the 24 hour check correctly and efficiently. Monitoring: All admission charts will be audited on a daily basis by the nurse on the unit. This daily audit will continue on a daily basis until the patient is discharged from the hospital. This daily audit is to ensure that orders are correct and accurate. The CNO will also complete an audit to ensure the 24 hour check is completed correctly and efficiently by the nurse on the unit. Also, all admission charts will be audited at 24 hours, 48 hours, 72 hours and weekly to ensure that admission orders are accurate according to the Medical Staff Bylaws by the Administrative Nursing Team and Medical Records. This will be an ongoing auditing process as part of QAPI.	12/19/14 Per discussion with administrator 1/20/15 SC

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	134009		R-C 11/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 450	Continued From page 2	A 450		

Near the bottom of the same form was a section, with instructions to check a box next to the name of the physician listed, who would be admitting the patient. Next to each name was a signature line and an area for the date and time. This area was blank with no physician name marked, and there was no signature or date and time.

At the bottom of the form, in large capital letters, was a statement which read "CHECK HERE WHEN TELEPHONE ORDERS ARE READ BACK"." The box was not marked.

The admission and order form had no documentation that a physician was called or the patient was admitted under the care of a physician.

During an interview on 11/24/14 at 9:55 AM, the CAO reviewed the record. She confirmed the admission order form was not signed by the physician and the box was not checked to indicate these were telephone orders. The CAO confirmed there was no documentation in Patient #1's record that the physician had been called.

During an interview on 11/24/14 at 3:15 PM, the RN confirmed he filled out the admission and medication reconciliation form. He confirmed there were no marks next to a physician's name, as an admitting physician, and there was not a check in the box that these were telephone orders. The RN stated he did speak with the physician to obtain the orders and admit Patient #1 but did not document it in the record.

Patient #1's record was not complete and did not have documentation the physician was contacted

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	134009		R-C 11/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE HAVEN HOSPITAL OF TREASURE VALLEY	8060 WEST NORTHVIEW STREET BOISE, ID 83704

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A 450 Continued From page 3

A 450

by the RN for admission and medication orders.

2. Patient #2 was a 27 year old male admitted to the facility on 11/24/14 at 2:40 AM.

Patient #2's record included telephone admission orders, dated 11/24/14 at 1:30 AM, documented by an RN. The admission standing orders included numerous items, such as:

-Tylenol 650 mg, PO, Q 4 hrs PRN, for mild pain
-Trazodone 50 mg, PO, HS, PRN for insomnia
- May substitute Zydis as necessary for all Zyprexa orders
- May straight catheter as necessary if unable to obtain a clean catch UA by day three of admission

The admission order form included "CHECK HERE WHEN TELEPHONE ORDERS ARE READ BACK", in large font at the bottom. The box was not checked. The admission order form did not include verification the RN spoke with the physician at the time of admission.

During an interview on 11/24/14 at 3:30 PM, the admitting physician for Patient #2 reviewed Patient #2's record. He confirmed that the RN called him for admitting orders, although the contact was not document.

The CAO was interviewed on on 11/24/14 at 3:40 PM. She confirmed the RN should have checked the box when documenting the admission telephone orders.

Patient #2's telephone admission orders did not include verification of contact with the admitting physician.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED
	134009		R-C 11/24/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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A 450 Continued From page 4 A 450

3. Patient #4 was a 50 year old admitted to the facility on 11/23/14 at 12:30 PM.

Patient #4's record included admission telephone orders dated 11/23/14 at 12:35 PM, five minutes after admission. The admission standing orders included numerous items, such as:

-Tylenol 650 mg, PO, Q 4 hrs PRN, for mild pain
- May substitute Zydis as necessary for all Zyprexa orders
- May straight catheter as necessary if unable to obtain a clean catch UA by day three of admission

The admission order form included "CHECK HERE WHEN TELEPHONE ORDERS ARE READ BACK", in large font at the bottom. The box was not checked. The admission order form did not include verification the RN spoke with the physician at the time of admission.

The RN who documented telephone orders was interviewed on 11/24/14 at 3:25 PM. He confirmed he should have checked the box when documenting the admission telephone orders.

Patient #2's telephone admission orders did not include verification of contact with the admitting physician.

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{B 000}	16.03.14 Initial Comments The following deficiencies were cited during the follow up complaint investigation of your Psychiatric Hospital on 11/24/14 . The surveyors conducting the survey were: Don Sylvester, RN, HFS, Team Leader Laura Thompson, RN, HFS The following acronyms were used in this report: CAO- Chief Administrative Officer hrs - hours HS - hours sleep I & O - Intake and Output oz - ounce PO - by mouth PRN - as needed PR - Per Rectum Q - every QD - every day mg - milligram RN - Registered Nurse UA - Urine sample	{B 000}	RECEIVED JAN 30 2015 FACILITY STANDARDS	
BB152	16.03.14.250.09 Medical Orders 09. Medical Orders. Written, verbal and telephone orders from persons authorized to give medical orders under Idaho law shall be accepted by those health care practitioners empowered to do so under Idaho law and written hospital policies and procedures. Verbal and telephone orders shall contain the name of the person giving the order, the first initial and last name and professional designation of the health care practitioners receiving the order. The order(s) shall be promptly signed or otherwise authenticated by the prescribing practitioner in a	BB152	Refer to A450	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
CF Reema RN, CAO		12/21/14

Bureau of Facility Standards

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	ID5ENT		R-C 11/24/2014

NAME OF PROVIDER OR SUPPLIER: SAFE HAVEN HOSPITAL OF TREASURE VALLI

STREET ADDRESS, CITY, STATE, ZIP CODE: 8050 WEST NORTHVIEW STREET BOISE, ID 83704

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BB152	Continued From page 1 timely manner in accordance with the hospital¿s policy. (5-3-03) This Rule is not met as evidenced by: Refer to A 450.	BB152		