

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

PRINTED: 03/30/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>154057</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/05/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>OPTIONS BEHAVIORAL HEALTH SYSTEM</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5602 CAITO DRIVE</b> <b>INDIANAPOLIS, IN 46226</b>		
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A 000	<p>INITIAL COMMENTS</p> <p>This visit was for investigation of two CMS requested Federal complaints at a psychiatric hospital.</p> <p>Facility Number: 012773</p> <p>Date: 3/3/15 to 3/5/15</p> <p>Complaint Numbers: IN00159230: Substantiated; deficiency cited related to the allegations. IN00166140: Substantiated; deficiency cited related to the allegations.</p> <p>Surveyor: Linda Plummer, R.N., Public Health Nurse Surveyor</p>	A 000			
A 386	<p>QA: clauglin 03/09/15</p> <p>482.23(a) ORGANIZATION OF NURSING SERVICES</p> <p>The hospital must have a well-organized service with a plan of administrative authority and delineation of responsibilities for patient care. The director of the nursing service must be a licensed registered nurse. He or she is responsible for the operation of the service, including determining the types and numbers of nursing personnel and staff necessary to provide nursing care for all areas of the hospital.</p> <p>This STANDARD is not met as evidenced by: Based on document review, and interview, the director of nursing service failed to ensure the fall</p>	A 386			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 386	<p>Continued From page 1</p> <p>policy was implemented for 2 of 2 patients with a fall episode (patients #3 and #6); failed to ensure that nursing personnel implemented physician orders for lab work, or delayed in the implementation of lab orders, for 3 of 4 closed patient records (patients #1, #2, and #4); and failed to monitor the receipt of lab results for physician review for 2 of 6 open records (Patients #7 and #8).</p> <p>Findings:</p> <ol style="list-style-type: none"> <li>1. Review of the policy "Fall Assessment &amp; Precautions", policy number CTS-226, last reviewed on 2/2014, indicated: <ol style="list-style-type: none"> <li>a. On page one under "Policy", it reads: "...In the event of a fall occurrence,...the patient will be re-assessed every day until the patient scores below 6 on the fall assessment...".</li> <li>b. On page one under "Procedure", it reads in item 2.: "2. Patients will be scored as follows: 0-5 = low risk 6-12 = moderate risk 13-35 = high risk".</li> <li>c. On page two under "Procedure", item #5., it reads: "5. Re-Assessment After a Fall - Charge RN (registered nurse)/Primary RN - Fall Precautions for Moderate-High Risk:...Fall risk identified on treatment plan...".</li> <li>d. On page two under "Procedure", item #6., it reads: "6. Re-Assessment after a Fall - Charge RN/Primary RN: Re-assess fall risk every day...".</li> </ol> </li> <li>2. Review of medical records indicated: <ol style="list-style-type: none"> <li>a. Patient #3: <ol style="list-style-type: none"> <li>A. Was a 71 year old admitted on 9/15/14 with an admission fall risk score of 13 (per policy, a high risk).</li> <li>B. Fell on 9/16/14 at 8:30 AM.</li> <li>C. Lacked documentation of being care planned for falls, either before, or after the fall.</li> </ol> </li> </ol> </li> </ol>	A 386			

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A 386	<p>Continued From page 2</p> <p>D. Lacked documentation of re assessment of a fall risk every day after the fall.</p> <p>b. Patient #6:</p> <p>A. Was a 54 year old admitted on 2/24/15 with an admission fall risk score of 11 (moderate fall risk).</p> <p>B. Fell on 2/26/15 at 8:35 AM.</p> <p>C. Lacked documentation of re assessment of a fall risk every day after the fall.</p> <p>3. At 11:30 AM on 3/5/15, interview with staff member # 53, a unit RN (registered nurse), indicated:</p> <p>a. There have not been daily fall risk assessments completed for pt. #6 since their fall of 2/26/15.</p> <p>b. It is currently not a process to complete daily fall risk assessments on patients after a fall.</p> <p>4. Review of medical records indicated:</p> <p>A. Pt. #1 was a 63 year old admitted on Tuesday, 6/17/14, with admission labs ordered for: CBC, CMP, albumin, protein, B12, TSH, Folate, and a urinalysis - dip, that weren't submitted by nursing to the contracted lab until 6/29/14, with results on 6/30/14 only for: Albumin, Folate/Folic Acid, Vitamin B12, Ammonia, and valproic acid. (These labs were not present in the chart upon medical record review and had to be retrieved from the contracted lab on 3/3/15.)</p> <p>B. Pt. #2 was a 64 year old admitted on Saturday, 6/21/14, with admission labs ordered that weren't drawn and sent by nursing to the contracted lab until Tuesday, 6/24/14, with results to the facility the morning of 6/25/14.</p> <p>C. Pt. #4 was an 82 year old patient admitted on Thursday, 9/18/14 with admission orders for labs that included a VDRL and ammonia level. Blood was drawn and sent on Monday, 9/22/14,</p>	A 386			

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A 386	<p>Continued From page 3</p> <p>but the VDRL and ammonia were not checked on the lab requisition form and results for those two tests were lacking in the medical record.</p> <p>D. Pts. #7 and #8 were admitted to the facility on 2/27/15 (Friday) with admission labs ordered and lab requisitions indicating specimens were drawn on 2/28/15. There were no lab results in either medical record by 1:00 PM on 3/4/15 (Wednesday).</p> <p>5. At 3:15 PM on 3/3/15, interview with staff member #50, the CEO (chief executive officer), indicated:</p> <p>a. Labs for patient #1 were not present on this closed record, and had to be requested from the contracted lab company today, 3/03/15, indicating they were not available for physician review, and treatment, before the patient's discharge on 7/1/14.</p> <p>b. There was "no explanation" for 6/17/14 ordered labs, for pt. #1, not being drawn until 6/29/15.</p> <p>c. It is not clear in a policy, or in the lab contract, what the expectation for receipt of lab reports is for the contracted lab company. There is no facility policy.</p> <p>d. When patients are admitted on Friday afternoon, Saturday, or Sunday, admission labs not picked up until a Monday delays physician care and treatment of the elderly, frail patients admitted to the gero psych unit.</p> <p>e. Pt. #2 was admitted on Saturday and should have had labs drawn on Monday, 6/23/14, not Tuesday, 6/24/14.</p> <p>f. Pt. #4 was admitted on a Thursday, 9/18/14 and should have had labs drawn on Friday, 9/19/14.</p> <p>6. At 1:05 PM on 3/4/15, interview with staff</p>	A 386			

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A 386	Continued From page 4 member #53, a unit RN, indicated this staff member had called the contracted lab company on 3/3/15 for results of labs sent for patients #7 and #8, with labs not yet received. (A second call the AM of 3/4/15 resulted in the receipt of lab reports for pts. #7 and #8.)  7. At 4:10 PM on 3/4/15, interview with staff member #55, the medical physician for the facility, indicated: a. The medical records, and labs, of patients #1, 2, and 4 were reviewed and it was agreed that labs were delayed, or not sent by nursing staff, as listed in 4. above. b. There have been previous conversations with the contracted lab company regarding weekend lab pick up needs and receipt of lab reports. It was thought that the process had improved. c. Lab results are available on line, but it is unknown if nursing personnel have the password to be able to access these for a more timely placement in patient medical records.	A 386			

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A 000	INITIAL COMMENTS  This visit was for investigation of one Federal Psychiatric Hospital complaint.  Complaint Number: IN00169783 Substantiated; Federal deficiency related to allegations is cited.  Facility Number: 012773  Date: 3/31/15 and 4/1/15  QA: JL 04/07/15	A 000			
A 395	482.23(b)(3) RN SUPERVISION OF NURSING CARE  A registered nurse must supervise and evaluate the nursing care for each patient.  This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure that policies related to the reassessment of skin conditions occurred for 2 of 2 patients with a "rash" noted at the time of admission (patients #1 and #3), and failed to follow facility protocol for the checking of personal belongings/effects at the time of discharge for 3 of 3 discharged patients (patients #1, #2, and #3).  Findings: 1. Review of the policy "Reassessment & Change is (sic) Condition", no policy number, last revision date of 3/6/14, indicated: a. Under "Policy", it reads: It is the policy of Options Behavioral Health System to assess the patient at time of admission, when transitioning to another level of care, at time of discharge, and if	A 395		4/22/15	

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A 395	<p>Continued From page 1</p> <p>there is an observed change or deterioration in the patient's condition. Additionally, reassessment occurs on an ongoing basis via daily assessment by a Registered Nurse and Psychiatrist for inpatient treatment...".</p> <p>b. Under "Procedure", it reads: 1. Reassessment is conducted by a Registered Nurse every 24 hours at a minimum for inpatient treatment and as needed for outpatient services...".</p> <p>2. Review of patient medical records indicated:</p> <p>a. Pt. #1 was admitted on 2/11/15, discharged on 2/19/15, and had:</p> <p>A. A nursing skin assessment by a RN (registered nurse) that indicated "redness" under the right breast and a "rash" on the back of the buttocks and upper thighs (bilaterally).</p> <p>B. No documentation by the APN (advanced practice nurse) of skin irregularities, as noted by the nurse at the time of admission. In the "Pelvic/genitalia" area, the APN documented "deferred" and in the Breast area, they noted NI (not indicated).</p> <p>C. Documentation on the "personal effects" form that "antifungal cream" was brought in by the patient on admission. (This cream was never ordered by practitioners.)</p> <p>D. No further documentation, by nursing staff, of reassessment of the redness and rash noted at the time of admission.</p> <p>E. No skin reassessment documented at the time of discharge.</p> <p>b. Pt. #3 was admitted on 2/11/15, discharged on 2/18/15, and had:</p> <p>A. A nursing skin assessment by a RN that indicated a rash on the back that covered from the left shoulder blade across all of the back to</p>	A 395			

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A 395	<p>Continued From page 2</p> <p>the right shoulder blade.</p> <p>B. No documentation by the APN of skin irregularities, as noted by the nurse at the time of admission.</p> <p>C. No further documentation, by nursing staff, of reassessment of the redness and rash noted at the time of admission.</p> <p>D. No skin reassessment documented at the time of discharge.</p> <p>3. At 2:10 PM on 3/31/15, interview with staff member #57, a LPN (licensed practical nurse) and nurse manager, indicated:</p> <p>a. The APNs review the nursing assessment, including the body picture page with notations by nursing staff, prior to conducting their history and physical exams.</p> <p>b. It is unknown why the APN(s) did not address the redness and rash documented on pt. #1 and the rash documented for pt. #3 in their assessments.</p> <p>c. There is no documentation in either medical record, pt. #1 and pt. #3, regarding reassessment and follow up, by nursing staff, to the areas noted as red, or rash, present for the adolescents at the time of admission.</p> <p>4. Review of the policy "Intake Screening and Admissions Process", policy number CTS-009, last revised 3/11, indicated:</p> <p>a. Under "Procedure", it reads in item 7. on page 6, "...MHT will completes (sic) a "valuables checklist" form listing valuable clothing, keys, purses, eyeglasses, jewelry, money, credit cards, etc..." The policy does not address checking this form at the time of discharge.</p> <p>5. Review of the form titled "Options Behavioral Health System-Personal Effects" was:</p>	A 395			



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A 395	Continued From page 3 a. Found in the medical records for patients #1, #2, and #3. b. Completed indicating various personal items and clothing brought to the facility by the patients. c. Signed by the legal guardian for pt. #1 on a second form (addition of tennis shoes) on 2/14/15, but only with staff signature on the day of admission, 2/11/15 on the first form. d. Signed by neither parent, patient, or staff for patient #2. e. Signed only by facility staff for pt. #3. f. Not completed, for any of the three patients (#1, #2, and #3) in the area at the bottom of the page that reads: "UPON DISCHARGE OR TRANSFER: All of the above items, kept by Options Behavioral Health System until the date below, have been returned to me. I have initialed each item above to indicate the receipt of the items by me and hereby release Options Behavioral Health System from any claim, current or future, of damage, loss or other." g. Not completed in the boxes for parents, legal guardians, or patients to note a "Date returned", "Pt. initial", and "Staff initial" for each item listed on the form, for any of the three patients, #1, #2, and #3.	A 395			

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{K 000}	<p><b>INITIAL COMMENTS</b></p> <p>A Post Survey Revisit (PSR) to the Life Safety Code Recertification Survey conducted on 02/05/15 was conducted by the Indiana State Department of Health in accordance with 42 CFR 482.41(b).</p> <p>Survey Date: 06/04/15</p> <p>Facility Number: 012773 Provider Number: 154057 AIM Number: NA</p> <p>At this PSR survey, Options Behavioral Health System was found in compliance with Requirements for Participation in Medicare, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2000 Edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 18, New Health Care Occupancies.</p> <p>This facility, located on the first floor of a two story building, was determined to be of Type II (222) construction and was fully sprinklered. The facility has a fire alarm system with smoke detectors in the corridor and in all areas open to the corridor. The facility has smoke detectors hard wired to the fire alarm system in all patient sleeping rooms. The facility has a capacity of 40 and had a census of 25 at the time of this survey.</p> <p>All areas where patients have customary access were sprinklered and all areas providing facility services were sprinklered.</p> <p>The facility has elected to utilize a Categorical Waiver pertaining to door locking arrangements where the clinical needs of the patients require</p>	{K 000}			

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