

Association of Health Care Journalists

IMPROVING PUBLIC UNDERSTANDING OF HEALTH AND HEALTH CARE

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The information below comes from the statement of deficiencies compiled by health inspectors and provided to AHCJ by the Centers for Medicare and Medicaid Services. It does not include the steps the hospital plans to take to fix the problem, known as a plan of correction. For that information, you should contact the hospital, your state health department or CMS. Accessing the document may require you to file a Freedom of Information Request. Information on doing so is available [here](#).

RIVERVIEW BEHAVIORAL HEALTH	701 ARKANSAS BOULEVARD SUITE 300 TEXARKANA, AR	March 7, 2014
VIOLATION: PATIENT RIGHTS: GRIEVANCES		Tag No: A0118
<p>Based on review of policies and procedures, review of the Patient Advocate Log, review of the Patient/Family Grievance Resolution form and interview, it was determined facility failed to promptly address each allegation in one of one (#1) grievance verbally filed via telephone after the patient was discharged . The failed practice did not assure each allegation in the grievance was investigated and resolved to the complainants satisfaction. The failed practice had the potential to affect all 33 patients on census on 03/06/14. The findings were:</p> <p>A. Review of the Patient Advocate Log for February 2014 revealed there were five (#1-#5) grievances/complaints filed. Under the column for Complaint Information for Grievance #1, the complainant (grandmother) stated the patient urinated in the bed daily and nightly and the staff did not do anything about it; the patient told her the staff made him sleep in his street clothes because his pajamas were too little; the patient had been out of the hospital a week and he has not seen a therapist. Under the column Findings, it was written the complainant was asked if the patient had put on medication for bedwetting to which she said he had but the medicine did not work plus he had a urinalysis with no abnormalities. As part of the investigation the patient's outpatient therapist was called and he was seen by the case manager on 02/05/14 and the therapist on 02/06/14; the cameras were viewed and determined the patient wore different clothing during the day; the DON spoke with complainant and it was resolved.</p> <p>B. A request was made for any detailed report of the complaint on 03/07/14 at which time the DON presented the Patient/Family Grievance Resolution form dated as received on 02/06/14. The following was noted:</p> <ol style="list-style-type: none">1) Nature of the grievance:<ol style="list-style-type: none">a) The patient had urinated in the bed every day and every night; the staff did not do anything about it.		

Grandmother stated the patient wet himself between Texarkana and Ashdown and again between Ashdown and Nashville.

b) The patient told the grandmother that staff made him sleep in his clothes at night because his pajamas were too little.

c) Upset that physician would not call her.

d) Upset that the therapist did not tell her patient was being discharged . Grandmother stated pressure was put on her to make a quick decision about placement sub-acute. Told patient could go home.

e) Patient had a medication change the day before he was discharged and she thought it was inappropriate to discharge him. Therapist told grandmother that medication was changed because he was too drugged up at night.

f) Upset that staff let patient get away with "fake crying"; staff should have given patient consequences and not let him get away without participating in activities because he uses " fake crying to get out of doing work. "

C. There was no evidence an investigation was conducted regarding discharge planning, the change in medication, the physician not calling the grandmother, or the staff letting the patient get away with "fake crying" and not participating in activities. The DON at 1439 on 03/07/14 confirmed there was no evidence of an investigation for discharge planning, the change in medication, the physician not calling the grandmother, or letting the patient get away with "fake crying" and not participating in activities.

D. Review of the policy and procedure, Policy # 1262, Patient/Family Grievance revealed:

1) Step 6-"The staff person (Charge Nurse, Supervisor, or Patient Advocate) responding to the grievance should tell the patient the time frame within which he/she should expect a follow-up. Patient/Family Grievances are rate as to level of risk as low, moderate, or high."

"Low Risk Grievances: Includes verbal or written input from patients/families containing feedback/comments/recommendations/vague complaints/unsubstantiated complaints which pose no or minimal jeopardy to patient safety/care."

"Moderate Risk Grievances: Include verbal or written input from patients/families containing substantiated complaints/reports regarding patient care and violation of patient rights which pose potential risk to patient's care/safety if not addressed. This category of grievance requires investigation and written response to the patient/guardian within 7 days unless there are extenuating circumstance, at which point the patient/family will be notified of the need for an extended time frame and an agreement made as to when follow-up will occur."

"High Risk Grievances: Include verbal or written input from patients/families containing substantiated complaints/reports regarding patient care and violation of patient rights which pose immediate and serious risk to patient care/safety if not prevented. This category of grievance requires investigation and written response t the patient/family within 7 days unless there are extenuating circumstance, at which point the patient/family will be notified of the need for an extended time frame and an agreement made as to when follow-up will occur."

E. Review of the Patient Advocate Log for February 2014 and the Patient/Family Grievance Resolution form dated as received on 02/06/14 revealed the complaint was not rated as to low, moderate, or high risk.