

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

PRINTED: 09/09/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>454069</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>01/04/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUSTIN LAKES HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1025 EAST 32ND STREET</b> <b>AUSTIN, TX 78765</b>		
(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><b>INITIAL COMMENTS</b></p> <p>The CMS-2567 (Statement of Deficiencies) is an official, legal document. All information must remain unchanged except for entering the plan of correction, correction dates, and the signature space. Any discrepancy in the original deficiency citation(s) will be reported to the Dallas Regional Office (RO) for referral to the Office of the Inspector General (OIG) for possible fraud. If information is inadvertently changed by the provider/supplier, the State Survey Agency (SA) should be notified immediately.</p> <p>An entrance conference was held with the facility Chief Executive Officer and other administrative staff on the morning of 3/19/12. The purpose and process of the B-visit were discussed, and an opportunity given for questions.</p> <p>The facility was found to be in compliance during the B-visit follow up.</p> <p>An exit conference was held with the facility Director of Nursing and other administrative staff the afternoon of 1/4/12. Preliminary findings of the survey were discussed, and an opportunity given for questions.</p> <p>The facility is on compliance with COP CFR 482.13 as surveyed.</p>	A 000			
A 115	<p><b>482.13 PATIENT RIGHTS</b></p> <p>A hospital must protect and promote each patient's rights.</p> <p>This <b>CONDITION</b> is not met as evidenced by: Based on review of medical records, personnel records, hospital policies and procedures, and</p>	A 115			

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 115	Continued From page 1 staff interview, the hospital failed to protect and promote each patient ' s rights related to the right to be free from all forms of abuse and harassment. Findings were: Staff #1 verbally harassed and abused Patient #1 by yelling and not allowing Patient #1 to request discharge when under a voluntary status. Cross refer: CFR 482.24(c)(1)	A 115			
A 145	482.13(c)(3) PATIENT RIGHTS: FREE FROM ABUSE/HARASSMENT  The patient has the right to be free from all forms of abuse or harassment.  This STANDARD is not met as evidenced by: Based on review of medical records, hospital policies and procedures, and staff interview, the facility failed to ensure the right for patients to be free from all forms of abuse and harassment.  Findings were:  A review of the facility based internal investigation regarding the complaint filed by Patient # 1 revealed, 3 witnesses (Staff # 2, 3, and 4) that confirmed observing Staff # 1 yell at Patient # 1. Staff member # 1 confirmed that he was frustrated and lost his composure during this encounter with Patient #1.  Facility policy & procedure titled Abuse, Neglect, and Exploitation states, in part, " Mental abuse-Includes cursing a patient, telling a patient to " shut up " , threatening a patient with physical or emotional harm, yelling at a patient, verbally tormenting a patient. "	A 145			

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A 145	<p>Continued From page 2</p> <p>A review of the facility based internal investigation related to a complaint by Patient # 1, also revealed that on the evening of 11/23/2011 Staff # 2 observed Patient # 1 tell Staff # 1 that she wanted to leave the facility due to her voluntary status. Staff # 2 observed Staff # 1 telling Patient # 1 who was voluntary, that she could not leave until she was assessed by the police. The same evening staff # 3 observed Staff #1 stating on the phone that Patient #1 " was going to elope " . There was no documentation present in the clinical record for Patient # 1 to indicate any request for discharge.</p> <p>Facility policy &amp; procedure titled Voluntary Patient Requesting Discharge states, in part, " A. Persons voluntarily admitted to inpatient services for treatment of a psychiatric disorder have the right to request release from the hospital at any time. B. A person requesting release shall be given by nursing staff on the person ' s unit an explanation of the process for requesting release and shall be afforded the opportunity to request release in writing. "</p> <p>Facility policy &amp; procedure titled Patient ' s Bill of Rights states, in part, " Voluntary Patients -Special Rights 1. You have the right to request discharge from the hospital. If you want to leave, you need to say so in writing or tell a staff person you want to leave, the staff person must write it down for you ... 3. You have the right not to have an application for court ordered services filed while you are receiving voluntary services at the hospital unless you physician determines that you meet the criteria for court-ordered services as outlined in</p>	A 145		

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A 145	Continued From page 3 §573.022 of the Texas Health and Safety Code ... "	A 145			
A 386	482.23(a) ORGANIZATION OF NURSING SERVICES  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.  This STANDARD is not met as evidenced by: Based on review of 1 of 1 patient records and staff interview, the director of nursing service failed to ensure that nursing staff documented or communicated a change in patient dietary information.  Findings were:  Review of the medical record for Patient #2 revealed that a registered nurse (RN) documented on 11/17/11 at 1805 that " Pt refused breakfast. Stated it has meat on tray and that he was vegetarian. Pt was offered cereal or breakfast bar. Pt refused. " There was no	A 386			

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A 386	Continued From page 4 documentation in the record to indicate that the RN addressed the information that the patient stated he was a vegetarian. There was no documentation in the medical record that the RN notified the physician that the patient stated he was vegetarian, and no documentation of a referral by the nurse for a nutrition assessment. Review of facility policy, " Diet Order Communication " Policy number DT-105 stated " 6. The RD will be notified of any special diets (i.e., gluten-free or renal) to assure the diet is ordered by the MD. " Review of facility policy, " Nutrition Risk Assessment " Policy number DT-123 stated, " i. Nursing assesses weight changes, intake prior to admission, special diet needs, altered nutrition-related labs ...food allergies/intolerances, and cultural/religious diet needs ...ii. The nurse makes a referral for RD services ... "	A 386			
A 438	The above was confirmed in interview on 1/4/12 with the Director of Nursing and Risk Manager. <b>482.24(b) FORM AND RETENTION OF RECORDS</b>  The hospital must maintain a medical record for each inpatient and outpatient. Medical records must be accurately written, promptly completed, properly filed and retained, and accessible. The hospital must use a system of author identification and record maintenance that ensures the integrity of the authentication and protects the security of all record entries.  This STANDARD is not met as evidenced by: Based on review of 1 of 1 patient records and staff interview, the director of nursing service failed to ensure the medical record for Patient #2	A 438			

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A 438	<p>Continued From page 5 was promptly completed..</p> <p>Findings were:</p> <p>Review of the medical record for Patient #2 revealed that 13 out of 19 entries by the Mental Health Techs on the " Vital Signs Flow Sheet " were incomplete in the columns for percent of meals/diet intake. The " Vital Signs Flow Sheet " checklist graphic to document percent of meals/diet intake was incomplete for 11/5/11, 11/7/11, 11/8/11, 11/9/11, 11/10/11, 11/11/11, 11/12/11, 11/13/11, 11/14/11, 11/15/11, 11/17/11, 11/18/11, and 11/19/11. The entire column and patient information/results for 11/15/11 was missing from the medical record.</p> <p>Review of the medical record for Patient #2 revealed that the nursing " 24-Hour Nursing Assessment and Patient Education " note was incomplete as 9 out of 19 entries for " % of Meal Eaten " were incomplete, including 11/4/11, two undated notes filed between 11/5/11 and 11/7/11, 11/8/11, 11/13/11, 11/18/11, 11/19/11, 11/20/11, and 11/22/11.</p> <p>Review of facility policy, " Recording Meal Intake in Medical Records " Policy number DT-125 stated " Staff will document the percentage of meal consumed for each resident on a meal by meal basis ...1. MHT ' s or nursing staff covering the dining room will record the percentage eaten for each meal by each patient on the graphics page for that meal. "</p> <p>The above was confirmed in interview on 1/4/12 with the Director of Nursing and Risk Manager.</p>	A 438			