

PRINTED: 01/03/2012  
FORM APPROVED  
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  454065	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  C 12/14/2011
NAME OF PROVIDER OR SUPPLIER  HICKORY TRAIL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 N OLD HICKORY TRAIL DESOTO, TX 75115	

(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>Note: 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 unannounced investigation of complaints TX00151862, TX00152088, TX00152347, and TX00152350 was conducted on site. An entrance conference was held with the CEO and Performance Improvement Director on 12/13/11 to explain the purpose and process of the survey. The facility representatives were informed that this investigation would be conducted according to the survey protocol in the State Operations Manual, Chapter 5, section 5100, Appendix A, and according to 42CFR482 the Conditions of Participation for Hospitals.</p> <p>Survey findings were presented at an exit conference on 12/14/11 with the facility representatives. The facility representatives were given an opportunity to provide evidence of compliance with those requirements of which non-compliance had been found.</p> <p>TX00151862 Unsubstantiated TX00152088 Substantiated TX00152347 Unsubstantiated TX00152350 Unsubstantiated</p>	A 000	<p>By submitting this Plan of Correction, the Facility does not admit that it violated the regulations. The Facility also reserves the right to amend the Plan of Correction as necessary and to contest the deficiencies, findings, conclusions, and actions of the agency.</p> <p><b>Corrective Action:</b> All Nurses and Mental Health Technicians (MHTs) were re-educated by House Supervisors on policy #800.12 (Fall Risk Prevention). Nurses were re-educated by House Supervisors on Policy #800.14 (Level of Observation). Fall Risk assessments are done at admission and reassessments are completed when the patient's condition changes, including when a new medication known to increase the risk of falls is given. MHT observation sheets are checked by House Supervisors for presence of Fall Precautions to verify that hand-off communication to MHTs has occurred and patients are being monitored for fall risk. Treatment plans include fall risk as a problem within eight hours of admission and appropriate, individualized interventions are formulated to prevent falls. Treatment plans are updated by the Unit RN when a patient's condition changes or new interventions are implemented. Fall risk is also reviewed during weekly treatment team meetings. Patients on Fall Precautions are monitored every shift for presence of a yellow arm band and the placement of a yellow leaf on their bedroom doors. Patients at high risk for falls are placed on one-to-one precautions.</p> <p><b>Monitoring:</b> Audits of treatment plans to be done daily by Unit RN to make sure fall risk is identified as a problem with interventions included in the treatment plan. Monitoring observation sheets to make sure precaution levels are on the sheets to be done daily by Unit RN. All falls are tracked, trended and analyzed by Risk Management with results forwarded to Performance Improvement for corrective action.</p> <p><b>Responsible Person:</b> Director of Nursing</p>	<p>1/14/2012</p> <p>1/14/2012</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

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ACTIVE'S SIGNATURE TITLE (X6) DATE  
*Interim Director Risk Mgmt* 1/10/11

Any deficiency statement containing 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 144	<p><b>482.13(c)(2) PATIENT RIGHTS: CARE IN SAFE SETTING</b></p> <p>The patient has the right to receive care in a safe setting.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, one of one patient (patient #2) did not receive care in a safe setting. Patient #2 was found to have a unexplained bruise on her chin that she did not have on admission.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>1) The nursing assessment for patient #2 included a skin assessment. There was no documentation of a bruise on the patient's chin.</li> <li>2) The medical record for patient #2 included that on day 2 of her stay (09/22/11) the patient was found on one knee in her room. She had a bruise on her chin.</li> <li>3) In an interview with the surveyor on 12/13/11 at 1230 employee #3 stated that the patient did not have the bruise on her chin when she was taken to her room and placed in her bed.</li> <li>4) In an interview with the surveyor at 1500 on 12/14/11 employees #1 and #2 confirmed that on day 2 of her admission the patient had an unexplained bruise to her chin that was not there on admission.</li> </ol> <p>Facility Policy Patient's Rights, NS500.15, Reviewed 06/10 " ...III. Basic Rights for all Patients ... 3. You have the right to a clean and humane environment in which you are protected from harm ... "</p>	A 144	<p>By submitting this Plan of Correction, the Facility does not admit that it violated the regulations. The Facility also reserves the right to amend the Plan of Correction as necessary and to contest the deficiencies, findings, conclusions, and actions of the agency.</p> <p><b>Corrective Action:</b> All Nurses and Mental Health Technicians (MHTs) were re-educated by House Supervisors on policy #800.12 (Fall Risk Prevention). Nurses were re-educated by House Supervisors on Policy #800.14 (Level of Observation). Fall Risk assessments are done at admission and reassessments are completed when the patient's condition changes, including when a new medication known to increase the risk of falls is given. MHT observation sheets are checked by House Supervisors for presence of Fall Precautions to verify that hand-off communication to MHTs has occurred and patients are being monitored for fall risk. Treatment plans include fall risk as a problem within eight hours of admission and appropriate, individualized interventions are formulated to prevent falls. Treatment plans are updated by the Unit RN when a patient's condition changes or new interventions are implemented. Fall risk is also reviewed during weekly treatment team meetings. Patients on Fall Precautions are monitored every shift for presence of a yellow arm band and the placement of a yellow leaf on their bedroom doors. Patients at high risk for falls are placed on one-to-one precautions.</p> <p><b>Monitoring:</b> Audits of treatment plans to be done daily by Unit RN to make sure fall risk is identified as a problem with interventions included in the treatment plan. Monitoring observation sheets to make sure precaution levels are on the sheets to be done daily by Unit RN. All falls are tracked, trended and analyzed by Risk Management with results forwarded to Performance Improvement for corrective action.</p> <p><b>Responsible Person:</b> Director of Nursing</p>	1/14/2012 1/14/2012 Ongoing Ongoing Ongoing Ongoing