

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

PRINTED: 02/14/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 454012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/27/2011
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NAME OF PROVIDER OR SUPPLIER MILLWOOD HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1011 NORTH COOPER STREET ARLINGTON, TX 76011
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A 000	<p>INITIAL COMMENTS</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 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 validation survey was conducted on site. An entrance conference was held with the Chief Executive Officer and the Chief Nursing Officer on 01/25/11 to explain the purpose and process of the survey. The hospital representatives were informed that the survey would be conducted under the authority of Section 3240 of the State Operations Manual 42CFR482 - Hospital Conditions of Participation.</p> <p>Survey findings were presented at an exit conference on 01/27/11 with the facility representatives. They were informed that deficiencies would be cited. The facility was given the opportunity to provide evidence of compliance where non-compliance was found. There was no evidence given to the surveyor to review.</p>	A 000	<p>By submitting this Plan of Correction, the Facility does not admit that it violated the regulations. The Hospital submits this Plan of Correction to document the actions it has taken to address the citations.</p>	
A 395	<p>482.23(b)(3) RN SUPERVISION OF NURSING CARE</p> <p>A registered nurse must supervise and evaluate the nursing care for each patient.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, it was</p>	A 395		

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 395	<p>Continued From page 1</p> <p>determined the hospital failed to ensure the Registered Nurse evaluated 2 of 20 patients [Patient #4 and #6]. The RN failed to evaluate an elevated blood pressure for [Patient #4] and for an upper respiratory infection for [Patient #6].</p> <p>Findings Included:</p> <p>1) Patient #4's History and Physical dated 01/19/11 reflected, "43 year old male who has been having homicidal ideations...wants to kill manager of his apartments...had recent back surgery...has chronic back pain, hypertension..."</p> <p>The admission physician orders dated 01/19/11 timed at 01:00 AM reflected, "Catapres 0.2 mg [milligram] po [by mouth] bid [twice daily]..."</p> <p>The nursing assessment dated 01/19/11 timed at 02:15 AM reflected, "43 year old male admitted...patient's blood pressure was elevated on admission catapres 0.2 milligrams given...blood pressure on admission 178/120...B/P rechecked after HS [hour of sleep] medications 160/102..." No further nursing documentation was found which addressed Patient #4's elevated blood pressure.</p> <p>The patient activity record dated 01/19/11 reflected, "02:15 AM B/P [blood pressure] 178/120...at 03:00 AM blood pressure 160/102...at 06:00 blood pressure 114/101..." Patient #4's diastolic blood pressure remained elevated.</p> <p>The daily nursing assessment/observation dated 01/19/11 reflected no nursing documentation indicating the nursing staff were monitoring Patient #4's elevated blood pressure.</p>	A 395	<p>The Chief Nursing Officer provided training with all RNs and LVNs, in small focus groups on required nursing documentation related to medical problems. Emphasis is placed on documenting medical follow-up interventions and patient responses in daily nursing chart entries.</p> <p>The Chief Nursing Officer revised daily nursing assignment sheet for each program. Patients with medical conditions are identified and listed on a daily basis. The charge nurse is responsible for updating the list each shift, flagging the patient Kardex, and ensuring medical follow-up care is provided and documented</p> <p>The Chief Nursing Officer also revised the nursing supervisor's change of shift report to include identification of patients with medical issues on each unit. . It is the responsibility of the Nursing Supervisor to round on these identified patients, to ensure that nursing is addressing the medical needs and documenting follow-up nursing interventions with patients, on a shift by shift basis.</p> <p>The Chief Nursing Officer provided training to all charge nurses and the Nursing Supervisors on the revised assignment sheets and Nurse Supervisor Change of Shift reports, and their responsibilities related to to identification of patients with medical problems and ensuring that appropriate nursing scare has been provided</p>	<p>2/28/11</p> <p>2/23/11</p> <p>2/23/11</p>

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A 395	<p>Continued From page 2</p> <p>On 01/25/11 at approximately 1:00 PM Staff #4 reviewed Patient #4's medical record. Staff #4 stated the nurse should have documented in the nurses notes Patient #4's status after his blood pressure was taken at 03:00 AM and it remained elevated.</p> <p>2) Patient #6's history and physical dated 01/18/11 reflected, "asthma...chronic pain, depression, left knee surgery and legally blind..."</p> <p>The physician's order sheet dated 01/21/11 reflected, "Z-Pak, albuterol two puffs every six hours prn [as needed]..."</p> <p>The daily nursing assessment/observation records for 01/21/11 to 01/23/11 reflected no documentation indicating Patient #6's respiratory status and/or medical treatment for an upper respiratory infection was documented.</p> <p>On 01/25/11 at approximately 3:30 PM Staff #4 was interviewed. Staff #4 reviewed the nursing documentation and verified no documentation was found by the nursing staff indicating monitoring of Patient #6's upper respiratory infection.</p> <p>The policy and procedure entitled, "Charting in the Medical Record" with a review date of 05/10 reflected, "The clinical notes should describe each patient's behavior, attitude, symptoms, nursing intervention used, and reactions of the patients...daily flow sheets shall be completed each shift by designated staff member. Narrative charting is by exception only. These cases shall be: admission of patient, if there is a change in medical status, mental status, unusual</p>	A 395	<p>Chief Nursing Officer and Nursing Supervisors will initiate monthly audits of a minimum of 50 concurrent medical records with patients having identified medical problems, to monitor for appropriateness of care and documentation compliance.</p> <p>Results of the audits are presented monthly to the Quality Council and Medical Executive committee and quarterly to the Governing Body. Nurses not in compliance with documentation of appropriate nursing care will receive additional training and/or disciplinary action as appropriate</p>	<p>3/1/11 and ongoing</p> <p>4/21/11 and ongoing</p>

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A 395	Continued From page 3 occurrence..."	A 395		
A 396	<p>482.23(b)(4) NURSING CARE PLAN</p> <p>The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, it was determined the hospital failed to develop and keep current a care plan for 1 of 20 patients [Patient #4] treated for chronic back pain.</p> <p>Findings Included:</p> <p>Patient #4's History and Physical dated 01/19/11 reflected, "43 year old male who has been having homicidal ideations...wants to kill manager of his apartments...had recent back surgery...has chronic back pain, hypertension..."</p> <p>The physician order sheet dated 01/19/11 timed at 9:00 AM reflected, "norco 10/325 po [by mouth] every six hours prn [as needed] for pain..."</p> <p>The MAR [Medication Administration Record] reflected Patient #4 was medicated with Norco 10/325 po on 01/19/11 at 12:45 PM and 20:45 PM. On 01/20/11 at 09:30 AM and 21:00 PM. On 01/22/11 at 11:50 AM and at 21:10 PM. On 01/23/11 at 14:00 PM and 21:30 PM.</p> <p>The Interdisciplinary Treatment Plan for chronic back pain problem #6 reflected no date initiated and no documentation for short/long goals, nor responsible staff and discipline responsible. The document was blank.</p> <p>On 01/25/11 at approximately 1:00 PM Staff #4</p>	A 396	<p>The Chief Nursing Officer provided training to all RNs, in small focus group settings, on treatment planning, and need to address medical problems on treatment plans with appropriate goals and interventions.</p> <p>The DON is monitoring records of patients assessed with medical problems for the inclusion of appropriate goals and interventions for these medical problems in the treatment plan. 30 records are being monitored weekly for 2 months followed by random monitoring of 10% of records for a period of 6 months. Results of monitoring are reported to the Quality Council and Medical Executive Committee on a monthly basis and quarterly to the Governing Body.</p>	<p>2/28/11 and ongoing</p> <p>3/1/11 and ongoing</p> <p>4/15/11 and ongoing</p>

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A 396	Continued From page 4 was asked to review Patient #4's interdisciplinary treatment plan. Staff #4 stated the above document was incomplete and did not address Patient #4's chronic back pain and the treatment provided for the patient. The policy and procedure entitled, "Master Treatment Plan" with a review date of 05/10 reflected, "The treatment team will in collaboration with the patient and identified family members, develop a individualized master treatment plan that addresses the problems identified...the initial treatment plan will be initiated by the admitting nurse in collaboration with the attending physician...initial problem list both psychiatric and medical...admitting nurse will complete appropriate nursing interventions for all problems that have been identified at admission..."	A 396			