

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

PRINTED: 09/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 454026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/13/2011
--	---	--	---

NAME OF PROVIDER OR SUPPLIER WEST OAKS HOSPITAL INC	STREET ADDRESS, CITY, STATE, ZIP CODE 6500 HORNWOOD HOUSTON, TX 77074
---	---

(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>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. If information is inadvertently changed by the provider, you should notify the State Survey Agency. If the State Agency notices any discrepancy in the information related to scope and severity assigned or the deficiency citation(s), the State Agency will report this occurrence to the Dallas Regional Office. The Dallas Regional office will make a referral of possible fraud to the Office of the Inspector General (OIG).</p> <p>Complaint #TX00145104 *****</p> <p>An unannounced visit was made to conduct a complaint per State Operations Manual (SOM)</p> <p>Appendix A- Survey Protocol Regulations and Interpretive Guidelines for Hospitals was utilized to determine hospital's compliance with 42 CFR 489.20 and 42 CFR 489.24 of the Emergency Medical Treatment and Active Labor Act (EMTALA) regarding Screening, ER Log, Policies and Procedures and Patient Transfers.</p> <p>An entrance conference was held on the afternoon of 5/9/2011 with hospital CEO. The purpose, scope and process of the complaint investigation was explained and an opportunity for questions and discussions was provided.</p> <p>An exit conference was held on the afternoon of 5/13/2011 with hospital CEO and CNO. Without addressing the validity of the complaint, the survey was discussed and an opportunity for</p>	A 000		
-------	--	-------	--	--

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.

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

PRINTED: 09/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 454026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/13/2011
NAME OF PROVIDER OR SUPPLIER WEST OAKS HOSPITAL INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6500 HORNWOOD HOUSTON, TX 77074		
(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	Continued From page 1 question and discussion was provided.. Administrative personnel were informed the validity of the complaint would be addressed by the Center for medicare and aMedicaid Services (CMS) No CMS 2567 was given or discussed.	A 000			
A2400	489.20(l) COMPLIANCE WITH 489.24 [The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24. This STANDARD is not met as evidenced by: Based on interview and review of documents it was determined there was a failure to ensure compliance with the requirements at 42 CFR 489.24 in violation of providers agreement with the Center for medicare and Medicaid Services (CMS). Findings:	A2400			
A2406	Cross Refer to A 2406 489.24(r) and 489.24(c) MEDICAL SCREENING EXAM Applicability of provisions of this section. (1) In the case of a hospital that has an emergency department, if an individual (whether or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must (i) provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and	A2406			

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

PRINTED: 09/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 454026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/13/2011
NAME OF PROVIDER OR SUPPLIER WEST OAKS HOSPITAL INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6500 HORNWOOD HOUSTON, TX 77074		
(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	
A2406	<p>Continued From page 2</p> <p>regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction; and</p> <p>(b) If an emergency medical condition is determined to exist, provide any necessary stabilizing treatment, as defined in paragraph (d) of this section, or an appropriate transfer as defined in paragraph (e) of this section. If the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under this section ends, as specified in paragraph (d)(2) of this section.</p> <p>(2) Nonapplicability of provisions of this section. Sanctions under this section for inappropriate transfer during a national emergency or for the direction or relocation of an individual to receive medical screening at an alternate location do not apply to a hospital with a dedicated emergency department located in an emergency area, as specified in section 1135(g)(1) of the Act. A waiver of these sanctions is limited to a 72-hour period beginning upon the implementation of a hospital disaster protocol, except that, if a public health emergency involves a pandemic infectious disease (such as pandemic influenza), the waiver will continue in effect until the termination of the applicable declaration of a public health emergency, as provided for by section 1135(e)(1) (B) of the Act.</p> <p>(c) Use of Dedicated Emergency Department for Nonemergency Services If an individual comes to a hospital's dedicated emergency department and a request is made on his or her behalf for examination or treatment for a medical condition, but the nature of the request</p>	A2406			

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

PRINTED: 09/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 454026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/13/2011
NAME OF PROVIDER OR SUPPLIER WEST OAKS HOSPITAL INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6500 HORNWOOD HOUSTON, TX 77074		
(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
A2406	<p>Continued From page 3</p> <p>makes it clear that the medical condition is not of an emergency nature, the hospital is required only to perform such screening as would be appropriate for any individual presenting in that manner, to determine that the individual does not have an emergency medical condition.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and review of 1 of 20 emergency department records the facility failed to conduct a medical screening exam to determine if an emergency medical condition existed for a patient presenting in a van in the facility parking lot.</p> <p>Findings:</p> <p>1. A brief medical screening was conducted by personnel #21(RN) which reflected patient #1, a 61 year old male presented to the facility in an SUV in the parking lot on 4/27/2011 at 9:15 am. The patient remained in the SUV and patient's caretaker got out to request admission for the patient. " Per caretaker, the patient was unable to move his left leg since 0300, had overdosed on Xanax, fell and hit his head. He started foaming from the mouth at 0430 ." Pulse: 71 B/P 128/75 Resp:18 Disposition of the patient: Personnel #25 called doctor for directions considering the patient's situation from the parking lot. Doctor said to call 911."</p> <p>2. Per interview with personnel #21 at 3:30 pm on 5/9/2011, the security guard came into the intake office saying a man was in an SUV in the parking lot who had overdosed. Personnel #21 stated the patient's caretaker was in the hospital lobby as she and personnel #25(RN) were going out to the SUV to assess the patient. Personnel</p>	A2406		

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

PRINTED: 09/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 454026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/13/2011
NAME OF PROVIDER OR SUPPLIER WEST OAKS HOSPITAL INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6500 HORNWOOD HOUSTON, TX 77074		
(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
A2406	<p>Continued From page 4</p> <p>#21 stated the caretaker told her the patient had left sided weakness and could not move his left leg. Personnel #21 stated that even though the patient's vital signs were normal, she thought the patient may have had a cardiovascular incident (CVA). Personnel #21 stated the other RN(#25) called 911. Personnel #21 stated she stayed out by the SUV until 911 arrived.</p> <p>3. Personnel #25, RN,(Intake Department Supervisor) was interviewed on 5/16/2011 at 9:20 am. Per personnel #25, the patient had overdosed on Xanax and although the vital signs were normal, his speech was slurred and unintelligible and he almost fell getting out of the SUV. Personnel #25 stated he called the doctor on his cell phone who ordered to call 911. He stated that after he called 911 he went back into the hospital. He did not stay with the patient.</p> <p>4. The patient's caretaker was interviewed at 10:20 am on 5/23/2011. Per caretaker, although she told hospital staff the patient could walk but needed assistance, no one helped the patient into the hospital. Per caretaker, she was not told 911 had been called until they arrived. Caretaker then told the RN she wanted the patient to stay there but the RN said the patient couldn't because he has fallen and we can't take him.</p> <p>5.. After interviews and review of the clinical record the patient did not receive a medical screening exam that was appropriate for the patients condition. Personnel #21 and 25 stated they thought the patient may have had a CVA. However, both RN's did not stay with the patient There was no attempt to escort the patient inside the hospital for a medical exam nor was there any</p>	A2406		

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

PRINTED: 09/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 454026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/13/2011
NAME OF PROVIDER OR SUPPLIER WEST OAKS HOSPITAL INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6500 HORNWOOD HOUSTON, TX 77074		
(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	
A2406	Continued From page 5 attempt to get a physician to come out to the SUV to assess the patient. Instead, they depended on 911.	A2406			
A2409	489.24(e)(1)-(2) APPROPRIATE TRANSFER (1) General If an individual at a hospital has an emergency medical condition that has not been stabilized (as defined in paragraph (b) of this section), the hospital may not transfer the individual unless - (i) The transfer is an appropriate transfer (within the meaning of paragraph (e)(2) of this section); and (ii)(A) The individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations under this section and of the risk of transfer. The request must be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer. (B) A physician (within the meaning of section 1861(r)(1) of the Act) has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits upon which it is based; or (C) If a physician is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as	A2409			

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

PRINTED: 09/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 454026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/13/2011
NAME OF PROVIDER OR SUPPLIER WEST OAKS HOSPITAL INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6500 HORNWOOD HOUSTON, TX 77074		
(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	
A2409	<p>Continued From page 6</p> <p>determined by the hospital in its bylaws or rules and regulations) has signed a certification described in paragraph (e)(1)(ii)(B) of this section after a physician (as defined in section 1861(r)(1) of the Act) in consultation with the qualified medical person, agrees with the certification and subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is based.</p> <p>(2) A transfer to another medical facility will be appropriate only in those cases in which -</p> <p>(i) The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child;</p> <p>(ii) The receiving facility</p> <p>(A) Has available space and qualified personnel for the treatment of the individual; and</p> <p>(B) Has agreed to accept transfer of the individual and to provide appropriate medical treatment.</p> <p>(iii) The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) required under paragraph (e)(1)(ii) of this section, and the name and address of any on-call physician (described in paragraph (g) of this section) who has refused or failed to appear within a reasonable time to provide</p>	A2409			

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

PRINTED: 09/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 454026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/13/2011
NAME OF PROVIDER OR SUPPLIER WEST OAKS HOSPITAL INC		STREET ADDRESS, CITY, STATE, ZIP CODE 6500 HORNWOOD HOUSTON, TX 77074		
(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
A2409	<p>Continued From page 7</p> <p>necessary stabilizing treatment. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer; and</p> <p>(iv) The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.</p> <p>This STANDARD is not met as evidenced by: Based on interviews and review of 1 of 20 emergency department records West Oaks Hospital failed to provide an appropriate transfer for a patient in an emergent medical condition by failing to certify risks and benefits of transfer and failing to secure acceptance from the receiving hospital</p> <p>Findings:</p> <p>1. Record review reflected the patient, a 61 year old male, presented to West Oaks Hospital in an SUV in the parking lot on 4/27/2011 at 9:15 am. The patient remained in the SUV and patient's caretaker got out to request admission for the patient. " Per caretaker, the patient was unable to move his left leg since 0300, had overdosed on Xanax, fell and hit his head. He started foaming from the mouth at 0430 ." A brief medical screening was conducted by RN #21 Pulse: 71 B/P 128/75 Resp:18 Disposition of the patient: RN #25 called doctor for directions considering the patient's situation from the parking lot. Doctor said to call 911."</p> <p>2. Per interview with RN #21 at 3:30 PM on</p>	A2409		

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

PRINTED: 09/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 454026	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 05/13/2011
NAME OF PROVIDER OR SUPPLIER WEST OAKS HOSPITAL INC			STREET ADDRESS, CITY, STATE, ZIP CODE 6500 HORNWOOD HOUSTON, TX 77074		
(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	
A2409	<p>Continued From page 8</p> <p>5/9/2011, the security guard came into the intake office saying a man was in an SUV in the parking lot who had overdosed. RN #21 stated the patient's caretaker was in the hospital lobby as she and personnel RN#25 were going out to the SUV to assess the patient. RN #21 stated the caretaker told her the patient had left sided weakness and could not move his left leg. RN #21 stated that even though the patient's vital signs were normal, she thought the patient may have had a cardiovascular incident (CVA). RN #21 stated the other RN(#25) called 911. RN #21 stated she stayed out by the SUV until 911 arrived.</p> <p>3. RN #25, ,(Intake Department Supervisor) was interviewed on 5/16/2011 at 9:20 am. Per RN#25, the patient had overdosed on Xanax and although the vital signs were normal, his speech was slurred and unintelligible and he almost fell getting out of the SUV. RN#25 stated he called the doctor on his cell phone who ordered to call 911. He stated that after he called 911 he went back into the hospital. He did not stay with the patient.</p> <p>4. The patient's caretaker was interviewed at 10:20 am on 5/23/2011. Per caretaker, although she told hospital staff the patient could walk but needed assistance, no one helped the patient into the hospital. Per caretaker, she was not told 911 had been called until they arrived .Caretaker then told the RN she wanted the patient to stay there but the RN said the patient couldn't because he has fallen and we can't take him.</p>	A2409			