PRINTED: 1/16/2015
FORM APPROVED

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC57000975	A. BUILDING _____ B. WING _____	R-C 1/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palm Shores Behavioral Health Center	1324 37th AVE E. Bradenton, FL 34208

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C 000	INITIAL COMMENTS RESIDENTIAL TREATMENT CENTER COMPLAINT INVESTIGATION # 2014000121 January 8, 2014 Palm Shores Behavioral Health Center had deficiencies at the time of the visit.	C 000	**Preparation and submission of this Plan of Correction does not constitute an admission of or agreement by the hospital with the facts alleged and the conclusions as set out in this Statement of Deficiencies. This hospital provides this plan of correction in accordance with the regulations, and the plan of correction documents actions taken by the hospital to address the cited deficiencies.** Residential Treatment Center Complaint # 2014000121	
C 100	Program Standards - Quality Assurance Quality assurance program. The provider shall develop and follow a written procedure for a systematic approach to assessing, monitoring and evaluating its quality of care and treatment, improving its performance, ensuring compliance with standards, and disseminating results. The quality assurance program shall address and include: (a) Appropriateness of service assignment, intensity and duration, appropriateness of resources utilized, and adequacy and clinical soundness of care and treatment given; (b) Utilization review; (c) Identification of current and potential problems in service delivery and strategies for addressing the problems; (d) A written system for quality improvement, approved by the provider's governing board that includes: 1. A written delineation of responsibilities for key staff; 2. A policy for peer reviews; 3. A confidentiality policy complying with all statutory confidentiality requirements, state and	C 100	C 100 Program Standards – Quality Assurance 1. Palm Shores Behavioral Health Center's Policy and Procedure for Medication Administration NS 018 was reviewed by all nurses with the Director of Performance Improvement and the Director of Nursing. **Person(s) Responsible;** Director of Nursing, Director of Performance Improvement, Nurses 2. All nurses completed competency checks for "mouth sweeps" to verify their individual competency to prevent cheeking with the Director of Performance Improvement and the Director of Nursing. **Person(s) Responsible;** Director of Performance Improvement, Director of Nursing, Nurses	1/30/15 1/30/15

AHCA Form 3020-0001

LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: CEO | (X6) DATE: 1/22/15

STATE FORM 11 | HW2011 | If continuation sheet 1 of 1-4

Susan Proctor 1/29/15

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C 100	Continued From page 1 federal; and 4. Written, measurable criteria and norms assessing, evaluating, and monitoring quality of care and treatment; (e) A description of the methods used for identifying and analyzing problems, determining priorities for investigation, resolving problems, and monitoring to assure desired results are achieved and sustained; (f) A systematic process to collect and analyze data from reports, including, but not limited to, incident reports, grievance reports, department and agency monitoring or inspection reports and self-inspection reports; (g) A systematic process to collect and analyze data on process outcomes, client outcomes, priority issues chosen for improvement, and satisfaction of clients; (h) A process to establish the level of performance, priorities for improvement, and actions to improve performance; (i) A process to incorporate quality assurance activities in existing programs, processes and procedures; (j) A process for collecting and analyzing data on the use of restraint and seclusion to monitor and improve performance in preventing situations that involve risks to children and staff. The provider shall: 1. Collect and regularly analyze, at least quarterly, restraint and seclusion data to ascertain that restraint and seclusion are used only as emergency interventions, to identify opportunities	C 100	3. Evidence of the competency checks for "mouth sweeps" is documented in the staff training record in human resources. **Person(s) Responsible;** COO, Director of Nursing, Director of Performance Improvement 4. "Heads Up" alerts for patients deemed high risk for cheeking are placed in the SBAR for the alerts to be communicated to on coming shift via shift report. Risk Management Alerts for cheeking are posted in the Nurses' Medication Room, in the SBARs, and on the Risk Management board to spread awareness and share tips to increase safety and security during medication administration. **Person(s) Responsible;** Director of Nursing, Director of Risk Management, Program Managers, Lead Mental Health Technicians 5. Director of Nursing developed a primary method for mouth sweeps to be used facility wide by all nurses to ensure that the same standards for safety and security are being implemented. Director of Nursing will train all nurses present at the monthly nursing meeting and will train the remainder of nurses as they are scheduled to work. **Person(s) Responsible;** Director of Nursing, Nurses	2/2/15 1/16/15 1/21/15

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C 100	Continued From page 2 for reducing the rate and improving the safety of restraint and seclusion use, and to identify any need to redesign procedures; 2. Aggregate quarterly restraint and seclusion data by all settings, units or locations, including: a. Shift; b. Staff who initiated the procedure; c. Details of the interactions prior to the event; d. Details of the interactions during the event; e. The duration of each episode; f. Details of the interactions immediately following the event; g. Date and time each episode was initiated and concluded; h. Day of the week each episode was initiated; i. The type of restraint used; j. Whether injuries were sustained by the child or staff; and k. Age and gender of each child for which emergency safety interventions had been found necessary. 3. Prepare and submit a report quarterly to the district/region mental health program office, including the aggregate data and: a. Number and duration of each instance of restraint or seclusion experienced by a child within a 12 hour timeframe; b. The number of instances of restraint or seclusion experienced by each child; and c. Use of psychoactive medications as an alternative for or to enable discontinuation of restraint or seclusion. (k) Analysis of the use of time-out shall be conducted quarterly by the treatment team and shall include: 1. Patterns and trends, for example, by shift, staff present, or day of the week; 2. Multiple instances of time-out within a 12 hour	C 100	6. Medication Administration Competency test administered during nurse's meeting and to be carried out with all nurses prior to working their next scheduled shift. **Person(s) Responsible;** Director of Nursing, Chief Operating Officer, Nurses 7. To ensure that Medication Administration safety and security measures are being followed the Director of Nursing, Director of Risk Management, and the Chief Operating Officer provide random in person fidelity checks during Medication Administration and document the on the National Patient Safety Goal work sheet titled "Medication Competency; Direct Observation of Medication Administration to the Patient". **Person(s) Responsible;** Director of Nursing, Director of Risk Management, Chief Operating Officer, Nurses 8. Evidence of the completion of the National Patient Safety Goal work sheet titled "Medication Competency; Direct Observation of Medication Administration to the Patient" is documented, reviewed at the PI meeting monthly and maintained in the PI Indicators and Monitoring binder. **Person(s) Responsible;** Director of Nursing, Director of Performance Improvement, Nurses	1/28/15 2/2/15 2/2/15

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C 100	Continued From page 3 timeframe; 3. Number of episodes per child; and 4. Instances of extending time-out beyond 30 minutes. Chapter 65E-9.006(13)(a), (b), (c), (d), (e), (f), (g), (h), (i), (j), and (k), F.A.C. This STANDARD is not met as evidenced by: Based on client record review, review of facility policy and procedures and training documentation and staff interview, it was determined that the facility failed to utilize quality assessment performance improvement principles to identify, investigate and address factors that resulted in ongoing and repetitive issues for patient safety related to medications for five of seven clients (#1, #3, # 4, # 6, # 7) and as a result, failed to develop and implement an effective plan to help prevent future incidents. Findings include: 1. Two events involving clients, purportedly possessing and taking contraband medications outside of the facility medication Administration protocol, were documented in October 2014 and December 2014. The facility provided documentation of actions taken to prevent further incidents. Additional occurrences of clients taking medications outside of the prescribed medication administration protocol occurred in January 2015. In addition, another purported event of contraband medications in possession of a client was documented as occurring in November 2014. Review of the facility's policy entitled " Medication	C 100	**How Monitored** 1. The Director of Risk Management reviews all incidents involving patient's cheeking medications in Flash the morning Leadership meeting. In order to promote facility wide safety and prevent future occurrences, incidents of medication cheeking are aggregated, tracked, trended and used for performance improvement activities. Data is brought forth to the PI Committee, Medical Executive Committee and the Governing Board. As the need is identified, results are used for one-on-one education.	

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C 100	Continued From page 4 Administration" with a last revision date of 8/13. revealed: "Policy Statement: It is the policy of Palm Shores Behavioral Health Center to ensure that medications are administered and documented by nurses safely and accurately. Palm Shores Behavioral Health Center will strive to reduce and prevent errors.... Procedure: I. Each patient is observed taking and swallowing medications. 1. Only one (1) patient, at a time, is allowed to receive medication. 2. An assigned MHT will assist the nurse with medication pass. 3. The nurse will maintain direct eye contact with patient during medication pass. 4. The patient, facing nurse, will open mouth to demonstrate that the medication has been swallowed. 5. Medication education to be provided during medication pass as needed. 6. The patient will return to the milieu when the nurse is certain the medication has been ingested; "Additional Special Precautions may be needed by nurse for patients suspected of cheeking and/or not taking medications. Write on MAR in red- 'Watch for cheeking' or 'Medication Alert'. Mark medication tray with different colored sticker for that suspected patient. These include, but are not limited to: a. No long sleeves to be worn during medication pass time. b. Cup of water to follow administration of medication c. Alternate route/form of administration may be necessary such as crushing tablets, liquid, IM, etc. d. Crackers, bread, spoonful of peanut	C 100		

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C 100	Continued From page 5 butter, etc. can be given post medication administration. e. Pen light search of entire mouth post medication administration may be utilized f. Ask patient to place tongue to roof of mouth post medication administration g. Ask patient to speak and/or spell name post medication administration h. Ask patient to forcefully cough post medication administration i. Avoid use of restroom 30 minutes post medication administration j. Contraband search with physician's order to be done if warranted." 2. During a review of the record for Client #6, on 12/29/14, the following event was noted to have occurred on 10/17/14: Progress Record 10/17/14 2250 Nursing: "At 1930 per MHT (Mental Health Technician) patient was observed to put a hand full of pills in his mouth. Patient states he took pills but wouldn't say what they were or where he got them. (Physician) notified and orders for vital signs every 15 minutes and to place patient on close observation..... At 2025 per MHT patient was observed putting pill in mouth and patient brought to nurse's station . (Physician) notified and orders to send patient to ER via ambulance." Progress Record: 1018/14 0230 Nursing" "Patient returned from ER at this time. ... Labs from hospital show Valproic Acid Level 49.7 at 2158 and 46.6 at 00023. Patient does not take Depakote." Interviews were conducted on 12/29/14 and 12/30/14 with the two mental health technicians involved in the event. Both MHT's reported that they saw, on two separate occasions, the client take what appeared to be pills .	C 100		

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C 100	Continued From page 6 An interview was conducted with the Director of Risk Management, on 12/30/14 at 7:15 p.m. He stated the facility took the following actions based on the event of 10/17/14: A contraband search of the unit was completed on 10/17/14 On 10/18/14 a second search of the unit was conducted Random contraband searches were conducted one time per week per shift. Environmental safety rounds are conducted daily to reduce the risk of contraband on facility grounds. Staff received refresher training regarding conducting searches of clients when admitted and when they return from a pass.. Nurses received refresher training on the facility protocol related to preventing client's cheeking their medication. The nurse and the supervisor involved in the event were both given written corrective action. 3. During a review of the record for Client # 7, on 12/29/14, the following event was noted to have occurred on 12/5/14.: Progress Record Nursing: "1630 Pills found under the mat by the water fountain by MHT. Brought to nurse. Nurse confirmed this patient takes these particular pills. Nurse confronted patient who admitted to hiding these medications." An interview was conducted, on 12/30/14 at 7: 14 p.m , with the Director of Risk Management. He stated that the two pills belonged to Client #7 and she said that she had cheeked them the night before. He stated that the Director of Nursing spoke to the nurse from the night before and coached her on how to check more thoroughly to prevent cheeking of medications.	C 100		

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C 100	Continued From page 7 4. Review of the record for Client #4 revealed the following event documented on 1/3/15: Progress Record: Nursing 1/3/15 1300 "Upon room clean up, staff found contraband of two pills in patient's pants pocket. Patient was out of facility on pass when pills were discovered." An interview was conducted with the Director of Risk Manager, on 1/8/15 at 2:10 p.m. revealed that it was two halves of a pill, her "GI pill" and that the client had stated she had purged the pills into towels in her room, found them and placed them in her pocket. He stated that the client's medications were ordered by the physician to be crushed in the future and a cheeking alert was placed on the staff's daily report." 5. Review of the record for Client #1 revealed the following event documentation for 11/20/14: Progress Record 11/20/14 2100 Nursing: Patient stated earlier today patient was in possession of Triple C tablets (Coricidin Cough and Cold) earlier in the week that a peer had brought back from pass. Patient states she threw them away and did not ingest any. Drug screen for Dextromethorphan obtained." An interview was conducted with the Director of Risk Management and the Acting Administrator,, on 1/8/15 at 2:30 p.m. The Director of Risk Management stated there was no evidence that the client had these medications , no medications were found and the drug screen was negative. He stated that a search of her unit and client rooms was conducted. The Acting Administrator stated that it was another client who "supposedly gave them to her." She stated "it was all hearsay, we never found anything." She stated, "that the other client	C 100		

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told them that she had taped pills into the padding of a feminine hygiene product." She stated, "that the correct search protocol was followed when the other client came back from pass as the search does not involve removal of undergarments unless there is a suspicion and there was no suspicion." She stated, "we don't even know that it happened, just (client #1) stating it happened."

Additional review of the record for Client #1 revealed the following event documentation for 1/4/15:

Progress Record: 1/4/15 2140 Nursing "Patient admits to accepting pill from peer before breakfast on 1/4/15. Unwitnessed by staff. Patient reported feeling intimidated by peer to take pill. Physician notified, to keep close eye on patient, continue to monitor. At this time pupils slightly dilated, Pulse 108, B/P 131/94, T- 99.4 F, talking at increased speed. Fluids encouraged. ADC, guardian aware. Continue patient on current plan of care at this time."

6. Review of the record for Client #3 revealed: Progress Record 1/4/15 2140 Nursing: "Patient states that she gave peer a blue pill and admits to encouraging peer to take the pill."

An interview was conducted with the Director of Risk Management and the Acting Administrator, on 1/8/15 at 2: 57 p.m regarding the event. The Acting Administrator stated that "allegedly," Client #3 cheeked medication at breakfast and gave it to Client #1. Another client reported it to staff that evening. Both the Director of Risk Management and Acting Administrator stated that, since no one saw the pill, no one could identify the pill. They stated that Client #1's description of the pill matched a Vyvanase pill

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C 100	Continued From page 9 (Lisdexamfetamine, a central nervous system stimulant) prescribed for Client #3. The Acting Administrator stated, "but we have nothing to support that, we don't know that is what it was, there is no concrete evidence. We don't even know that it actually occurred." She stated Client #1 "may have said it happened because she thought she could get discharged." The Director of Risk Management stated that he attempted to watch the medication pass on camera review, but, the camera does not capture the angle where medications are given. He stated that a camera review was done for the time the event may have occurred and they could see the two clients but could not see any medication. He stated that supervision and staffing were reviewed and there were no issues and "we don't even know that it actually occurred." He stated they spoke with the nurse and she was able to describe the correct mouth sweep that she did. He stated she was "able to say safety and security protocol for med pass was followed." The Acting Administrator and Director of Risk Management provided information on the actions taken as a result of this event. They stated the following: A checking alert was placed on the daily report to notify the nurses and staff to be extra vigilant during medication pass. The medication policy was reviewed with all nurses. The Director of Nursing will complete competency verifications checks with the nurses to verify competency for administering medication. Program Managers were checking MHT practices during medication passes. The Chief Operating Officer and Risk Manager were conducting random checks during medication passes to ensure the policy for	C 100		

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administering medication was followed, and a Risk Management alert with safety tips was given to all nurses coming on shift and posted at nurses station.

7. On 1/8/15 at 4:16 p.m., the Acting Administrator provided documentation of a Training Sign in Sheet, entitled "Medication Administration" and dated 1/6/15. The instructor was listed as the Director of of Nursing. Attached to the sign in sheet was the facility's policy entitled "Medication Administration" with a last revision date of 08/13."

A review of the sign in sheet and the list of nurses employed by the facility revealed that only 7 of 19 nurses were documented as having been trained.

The Acting Administrator stated, on 1/8/15 at 4:24 p.m., that the Director of Nursing reviewed the Medication Administration policy and the Risk Alert with the nurses. She stated, "she will be having a nursing meeting for the competency and a test to go with it" but she has not done it.

Review of a document posted in the medication rooms and provided by the Director of Risk Management entitled, "Nursing Risk Alert" revealed, "This alert is being placed due to the increased amount of recent incidents that occurred while administering medication."

An interview with the Director of Risk Management, was conducted on 1/8/15 at 4:30 p.m. He stated that "one of the things we are going to tackle is the structure of our medication pass."

An interview with the Acting Administrator, on 1/8/14 at 4:35 p.m., revealed that the facility is going to be reviewing the medication administration process. She stated " because of

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the frequency we are really starting to take a look at it, systems are in place but looking at a better system."

An interview was conducted with RN #A on 1/8/15 at approximately 12:10 p.m., immediately following the observation of medication administration. RN #A indicated she had worked at the facility approximately 6 months. She indicated she was aware there had been a recent incident with a patient tucking medication into her cheeks and not swallowing the pill ("cheeking"). The techniques she used to prevent "cheeking" of medications were discussed. When asked if she had received any sort of special training related to medication administration at this facility, Nurse #A stated the techniques she used were "what I've always done." She indicated she did not know of any "cheeking" incidents on her unit. When asked if she was doing anything differently now than she was doing prior to the incident, she indicated she was taking a little more time and being more thorough in her examination of the patient following administration of pills.

An interview was conducted with RN #B on 1/8/15 at approximately 1:20 p.m., immediately following the observation of medication administration. RN #B indicated she had worked at the facility approximately 4 years. She indicated she had been off over the weekend when the incident occurred, but was informed of the incident first thing Monday morning when she returned to work. The techniques she used to prevent "cheeking" of medications were discussed. When asked if she was doing anything differently now than she was doing prior to the incident, she indicated she was taking a little more time and being more thorough in her examination of the patient following administration of pills.

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C 100	Continued From page 12 An interview was conducted with RN #3 on 1/8/15 at approximately 2:10 p.m. She indicated she was a new RN and had worked at the facility as an RN since she passed her Boards in June 2014. She indicated she was fully aware of the details of the incident involving patients "cheeking" their medications. She indicated the Risk Manager had reviewed the " Medication Protocol " with her and the DON had met with the nurses on the unit on 1/7/15 to discuss Medication Administration and review the techniques to prevent "cheeking" of medications. When asked if she was doing anything differently now than she was doing prior to the incident, she indicated she was taking more time administering with medication administration. An interview was conducted with the Administrator and the Director of Risk Management on 1/8/15 at approximately 2:15 p.m. They were asked if they had identified any commonalities in their investigations of the multiple events involving patient medications in recent months. They responded with comments regarding patient behaviors and therapies addressing those behaviors. The surveyor presented the results of the interviews with the Staff RNs, in which each nurse indicated they were "taking more time" with medication administration now than they were in the past. The Administrator and the Risk Manager both indicated they were unaware of how pressures of time during medication administration might be creating an increased incidence of non-compliance with existing policies, and thereby increasing the risk of patients cheeking medications without being noticed.	C 100		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	RC57000075	A. BUILDING _____ B. WING _____	1/08/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Palm Shores Behavioral Health Center	1324 37TH AVE E, Bradenton, FL 34208

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C 100	Continued From page 13 Review of the facility's policy, entitled "Quality Management Program Performance Improvement Plan," with a last review date of 9/2014, revealed Policy Statement: "Palm Shores Behavioral Health Center is dedicated to providing quality care and services for all patients in a safe, clean and therapeutic environment. The facility fulfils its responsibilities to patients, professionals, support staff and the community through continuous and systemic measurement, assessment and improvement of its systems and processes. The leadership of the organization shall promote the organizational functions to ensure that processes are designed well and systematic mechanisms are in place to monitor and analyze and improve overall performance. Leadership will empower and assign individuals to make necessary improvements." Objectives are: 3.6 "To promote facility- wide safety of the patient and staff and prevent untoward occurrences through systematic monitoring of the treatment environment, continual evaluation of processes, outcomes measurement, continuing education for all staff including competency measurement, and through leadership in order to reduce facility and medical liability, including a reduction of sentinel events, near misses, hazardous conditions and errors."	C 100		

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 16, 2015

Administrator
Palm Shores Behavioral Health Center
1324 37th Ave East
Bradenton, FL 34208

RE: CCR #2015000121

Dear Administrator:

This letter reports the findings of a state complaint survey that was conducted on **January 8, 2015** by representative(s) of this office.

Attached is the provider's copy of the State (3020) Form, which indicates the deficiencies that were identified on the day of the visit.

Please provide a plan of correction to this Field Office, in accordance with enclosed instructions, for the identified deficiencies **within ten calendar days of receipt of this faxed report**. You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than February 8, 2015.**

The plan of correction must include the following:

1. Identify how corrective action will be accomplished for those residents found to have been affected by the deficient practice.
2. Describe how the facility will identify other residents having the potential to be affected by the same deficient practice.
3. Explain measures to be put into place or systemic changes made to ensure that the deficient practice will not recur.
4. Identify how the facility will monitor its corrective action to ensure the deficient practice is being corrected and will not recur; i.e., what program will be put into place to monitor the continued effectiveness of the systemic change.
5. Ensure that no protected or other confidential information (i.e., resident or staff names) are included in the plan.
6. State the completed date; the date that the facility identifies compliance can be achieved, which must be after the exit date.
7. You must sign the bottom of page 1 of the statement of deficiencies; include your title and date.

St. Petersburg Field Office
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The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor(s). Should you have any questions please call Patricia Reid Caufman at (727) 552-2000.

Sincerely,

Patricia Reid Caufman
Field Office Manager

PRC/dw
Enclosure(s)