

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 534004 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C PP 08/26/2013 |
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| NAME OF PROVIDER OR SUPPLIER WYOMING BEHAVIORAL INSTITUTE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2521 EAST 15TH STREET CASPER, WY 82609 | | |
| (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 | INITIAL COMMENTS | A 000 | INITIAL COMMENTS: Preparation and/or execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. | | |
| A2400 | 489.20(I) 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 review of medical records and the facility's Inquiry Call Form, and family and staff interviews, the hospital failed to comply with the provider agreement for recipient hospitals as defined in 489.24 (f) for expediting the transfer of 3 of 24 sample patients (#7, #11, #17) who had an emergency condition that required specialized psychiatric care. Specifically, the hospital unreasonably delayed the transfer and subsequent treatment based on the patients' ability to pay. Refer to A2411. | A2400 | A2400 PLAN OF CORRECTION A 2400 As detailed throughout this Plan of Correction, WBI and its Governing Board have taken significant, meaningful and targeted action to address all alleged deficiencies cited by the Wyoming Department of Health in their exit interview on July 25, 2013 and more specifically in the Statement Of Deficiencies form CMS-2567 dated 8/26/2013. | | |
| A2411 | 489.24(f) RECIPIENT HOSPITAL RESPONSIBILITIES A participating hospital that has specialized capabilities or facilities (including, but not limited to, facilities such as burn units, shock-trauma units, neonatal intensive care units, or (with respect to rural areas) regional referral centers, which, for purposes of this subpart, means hospitals meeting the requirements of referral | A2411 | A2411 Detailed Response found beginning on page 5 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *X [Signature]* TITLE *X CEO* (X6) DATE *X 2/10/14*

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.
4/25/14 poc acceptable, P. Brown

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| A2411 | <p>Continued From page 1</p> <p>centers found at §412.96 of this chapter) may not refuse to accept from a referring hospital within the boundaries of the United States an appropriate transfer of an individual who requires such specialized capabilities or facilities if the receiving hospital has the capacity to treat the individual. This requirement applies to any participating hospital with specialized capabilities, regardless of whether the hospital has a dedicated emergency department.</p> <p>This STANDARD is not met as evidenced by: Based on review of medical records and the facility's Inquiry Call Form, and family and staff interviews, the hospital failed to comply with the requirements for appropriate transfer for 3 of 24 sample patients (#7, #11, #17) who required this hospital's special capabilities. The findings were:</p> <p>1. Review of the referring hospital emergency department (ED) medical record for patient #7 showed s/he arrived at the ED on 8/15/13 at 9:51 AM and was examined by the ED physician at 9:54 AM. Review of the ED physician's documentation showed the patient had altered mental status and disorganized mentation. Further review of the documentation showed the ED physician recommended the patient be admitted as an inpatient for treatment for disorganized thoughts and behaviors that had a significant negative impact on the patient's life and for medication stabilization. Review of the medical record showed a psychiatric consult was completed and the consultant agreed with the ED physician's recommendations. This review also showed social worker #1 was consulted to find placement at a hospital with specialized psychiatric capabilities because the referring hospital did not have an available bed on the</p> | A2411 | <p>CORRECTIVE ACTION</p> <p>The following corrective action was taken between July 25, 2013 and the receipt of the Statement Of Deficiencies form CMS-2567 dated 8/26/2013.</p> <ol style="list-style-type: none"> 1. The Intake/Admissions Director provided EMTALA training to all Intake and Business Office Staff. Specific emphasis on not asking for insurance information and/or ability to pay information until after the patient was accepted for admission and/or in transit to WBI in the case of an emergency room referral was included in the training 2. WBI Inquiry Form was changed to eliminate language that stated "must ask" in reference to insurance information. 3. The Intake/Admissions Director began conducting random audits of Intake forms to ensure that Intake staff were not seeking insurance information from a facility emergency room presenting an "appropriate transfer" prior to admission acceptance of the patient. Intake staff were re-educated as needed on this process. 4. The Intake/Admissions Director alerted all Intake/Admissions staff via a Memorandum dated July 31, 2013 that only clinical information should be obtained during the admission assessment process and that admission decisions were to be based solely on clinical presentation and not on ability to pay and/or insurance verification. | 8/15/13 | 8/15/13 |
| | | | | 8/15/13 | 7/31/13 |

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| A2411 | Continued From page 2 psychiatric unit. The following concerns were identified: a. Review of the social worker's documentation showed she made a referral to Wyoming Behavioral Institute (WBI) on 6/15/13 at 6:31 PM. Review of the documentation also showed the WBI staff assigned to implement the admission process (intake staff) told the social worker the patient would be required to pay five thousand dollars at the time of admission; otherwise the hospital would not accept the transfer. During an interview on 7/12/13 at 3 PM, social worker #1 confirmed the 6/15/13 communication was as documented. b. On 7/26/13 at 10 AM, intake staff #1 who talked with the patient on 6/15/13 was interviewed. During the interview, she stated she told the patient "we ask that they [patients] put forth five thousand dollar, but it is not a requirement." Intake staff #1 stated she called the WBI chief financial officer after she talked with the patient because the patient did not have a certified check and the chief financial officer's approval was needed to accept a personal check. Intake staff #1 also stated patient #7's family "had to go home to get a check" and return to the ED before the patient was transferred. c. Review of the WBI admission assessment form, dated 6/15/13, showed the chief financial officer was contacted at her home to obtain approval to accept a personal check. This review showed the communication with the chief financial officer was conducted prior to the patient's transfer from the ED. d. Interview on 8/22/13 at 12:35 PM with a family member who was present with patient #7 at the ED on 6/15/13 revealed the WBI staff communicated by telephone with the patient while s/he was at the ED. The family member stated | A2411 | CORRECTIVE ACTION IMPLEMENTATION PROCEDURE A 2400 Immediately after the exit conference with the Wyoming Department of Health on July 25, 2013 an emergency meeting was called by the hospital CEO. In attendance were the Assistant Hospital Administrator, Medical Director, Chief Nursing Officer, Director of Intake, Chief Financial Officer and Business Office Manager (the "team"). The CEO instructed the "team" to review the requirements and obligations codified in the EMTALA regulations with specific focus on "Recipient Hospital Responsibilities" to ensure WBI was in full compliance with the regulations and to take appropriate corrective action as necessary. A plan of correction was developed which included but was not limited to review and revision of Intake Form, BMTALA education for Intake and Business Office Staff, and random audits of the intake process to ensure no financial information was being sought as part of the intake process. EFFORTS TO ADDRESS IMPROVING THE PROCESSES/SYSTEMATIC PROBLEMS LEADING TO THE DEFICIENCY CITED A 2400 Immediate action was taken via the forming of a "team" of hospital administrative staff to review and revise as necessary all hospital policies and procedures related to BMTALA, to provide staff education on BMTAL and to implement auditing processes. | | |

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| A2411 | <p>Continued From page 3</p> <p>the patient was told s/he would not be accepted for admission unless s/he paid five thousand dollars at the time of admission. The family member stated it took time to "work out" issues regarding a personal check, but after these issues were resolved the patient was transferred to WBI by ambulance. The family member also stated WBI was paid the required amount at the time of admission.</p> <p>e. Review of the ED report showed patient #7 was transferred from the ED to WBI on 6/15/13 at 11:59 PM.</p> <p>f. Review of WBI financial records showed patient #7 paid five thousand dollars on 6/16/13 on the day of admission.</p> <p>2. Review of the 3/5/13 referring hospital ED medical record for patient #11 showed s/he was admitted to the ED and received medical treatment for suicide attempt, aggression, acute delirium, psychotic break, drug withdrawal, and homicidal ideation. Review of the 3/6/13 physician documentation showed the patient needed specialized inpatient psychiatric treatment following medical stabilization. This review also showed the patient was placed on an observation unit until social worker #1 could find appropriate placement. The following concerns were identified:</p> <p>a. Review of the social worker's 3/6/13 documentation showed WBI had an available bed, but the transfer could not be done because the patient/family did not have five thousand dollars which was due at the time of admission.</p> <p>b. Review of the social worker's 3/7/13 documentation showed WBI accepted the admission on 3/7/13 after it was determined the patient qualified for Medicaid assistance.</p> <p>c. A family member who was present with</p> | A2411 | <p>CORRECTIVE ACTION</p> <p>MONITORING, TRACKING AND INCORPORATION IN QUALITY PROGRAM A2400</p> <ul style="list-style-type: none"> The Intake/Admissions Director or designee will audit 100% of patient transfer records from emergency to verify compliance with timely acceptance for admission referrals from emergency rooms; regardless of ability to pay. Audit findings will be reviewed with the CEO or Assistant Hospital Administrator weekly. Audits will be performed until 95% of compliance has been achieved for three months. Thereafter, 20 (twenty) medical records will be audited monthly A summary of audit findings will be reported monthly by the Intake/Admissions Director to the Safety Committee/PI Committee up through the Medical Executive Committee and Governing Body quarterly <p>TITLE OF PERSON RESPONSIBLE Intake/Admissions Director; Assistant Hospital Administrator</p> | <p>2/24/14</p> <p>2/24/14</p> <p>2/24/14</p> <p>2/24/14</p> |

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| A2411 | Continued From page 4 patient #11 on 3/6/13 at the ED was interviewed on 8/23/13 at 12:30 PM. During the interview the family member stated s/he had a telephone conversation with WBI intake staff on 3/6/13 and was told the patient and family had to pay five thousand dollars at the time of admission. The family member stated the family was unable to pay that amount, the social worker then assisted with inquiries into funding sources, and the patient was accepted for admission to WBI on 3/7/13. d. On 7/25/13 at 5 PM intake staff #2 was interviewed. During the interview he stated he remembered patient #11 and "waiting for the family to get back to us regarding resources." Intake staff #2 stated patient #11 "was pretty sick". 3. Review of the referring hospital ED medical record for patient #17 showed an ambulance transported the patient to the ED on 2/6/13 and the diagnosis was bipolar disorder manic. According to social worker #2's 2/6/13 documentation, the physician examined the patient and ordered a social worker consult to find specialized inpatient psychiatric placement for the patient. The following concerns were identified: a. Review of the 2/6/13 social worker's documentation revealed a telephone conference call between the patient's family and WBI intake/admissions staff was conducted on 2/6/13 at 9:45 AM. This review showed after the telephone call, the family member told the social worker they could not afford the payment that WBI required at the time of admission. b. Interview on 8/22/13 at 12:50 PM with the patient's family member who was present with the patient at the ED confirmed the patient and family were told by WBI staff that the admission would | A2411 | CORRECTIVE ACTION A2411 #1a-f. PLAN OF CORRECTION #1 a-f. Immediate Corrective Action: 1. The Intake/Admissions Director and Business Office Manager provided EMTALA training to all Intake and Business Office Staff. Specific emphasis on not asking for insurance information and/or ability to pay information until after the patient was accepted for admission and/or in transit to WBI in the case of an emergency room referral was included in the training. 2. WBI Inquiry Form was changed to eliminate language that stated "must ask" in reference to insurance information. 3. The Intake/Admissions Director began conducting random audits of Intake forms to ensure that Intake staff were not seeking insurance information from a facility emergency room presenting an "appropriate transfer" prior to admission acceptance of the patient. 4. The Intake/Admissions Director alerted all Intake/Admissions staff via a Memorandum dated July 31, 2013 that only clinical information should be obtained during the admission assessment process and that admission decisions were to be based solely on clinical presentation and not on ability to pay and/or insurance verification. | 8/15/13 8/15/13 8/15/13 7/31/13 | |

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| A2411 | Continued From page 5 not be accepted unless WBI received payment at the time of admission. The family member stated the transfer was delayed while the social worker contacted other facilities to find one that had an available bed because the patient's family did not have the requrad payment. c. According to the ED medical record, the social worker continued to contact other facilities, found an appropriate placement on 2/6/13 at 3 PM, and the ambulance departed from the ED at 3:49 PM. 4. In an interview on 7/25/13 at 3:40 PM the director of admissons gave the following information: The referring hospital was responsible for ensuring patients were medically stable prior to transfer to WBI. The patients were mentally unstable when admitted. The admission process for a referral to WBI started with the intake staff who completed a screening and assessment for clinical appropriateness. The screening information was documented on the Inquiry Call Form, and the decision to accept a transfer was made by a team of professionals including the physician. The business office was responsible for addressing all financial issues. 5. In an interview on 7/25/13 at 5 PM, Intake staff #2 stated during the admission process he asked questions regarding finances or sometimes the referring hospital had the information; it didn't matter whether the patient was in the ED or not. 6. Interviews with the business office manager on 7/25/13 at 4:30 PM, the chief executive officer on 7/26/13 at 10:20 AM, and intake staff #3 on 7/26/13 at 11:15 AM, revealed they were not aware of any time when patients were refused admission due to inability to pay. All stated the | A2411 | CORRECTIVE ACTION Current Corrective Action: 1. Policies and Procedures: WBI Policies and Procedures relating to EMTALA compliance including but not limited to all clinical policies related to admissions and admission criteria, business office and intake department policies were reviewed by the Intake Department Director and Assistant Hospital Administrator. It was determined that three Policies required revisions. The Policies listed below were revised to delete any reference to insurance and payment information. a. Admissions 903.1 b. Care of Patient 901.6 c. Payment & Collections Guidelines 2300.1 2. Forms: WBI Inquiry Form was revised by the Intake/Admission Director to delete any and all references to insurance coverage and/or finances/ability to pay for services. 3. Education: All Intake/Admissions staff, Medical Staff (Physicians, Nurse Practitioners, Physician Assistants), Registered Nurses, Business Office Staff and Receptionists were: a. Re-trained on EMTALA regulations. Training will include all of the elements included in the initial training conducted by the Intake/Admissions Director completed 8/15/13. Training emphasized ensuring no delay in treatment occurs for appropriate transfers and that no information regarding insurance coverage or ability to pay is obtained from patients or guardians in referring facilities emergency rooms until | 2/12/14 2/12/14 3/1/14 | |

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| A2411 | Continued From page 6 business office was responsible for addressing all financial issues. However, review of the Inquiry Call Form showed the intake staff "must" ask questions regarding finances during the intake/admission process. Further review revealed the form did not differentiate between an emergency referral and other types of referrals. | A2411 | <p>after the patient arrives on site at WBI. This training will be provided annually on an ongoing basis.</p> <p>b. Educated on the revisions made to the WBI Inquiry Form.</p> <p>c. Educated on all revisions made to the Policies and Procedures.</p> <p>IMPLEMENTATION PROCEDURES #1 a-f.</p> <p>1. The Intake/Admissions Director, Assistant Hospital Director, Chief Nursing Officer, Business Office Manager, and Nursing Supervisors provided updated EMTALA training to all designated staff.</p> <p>2. All designated staff completed the EMTALA training. Compliance will be verified by completed and signed post test sheet; which are maintained in the Human Resources department. Any designated staff person who has not attended by March 1, 2014 will not be allowed to work at WBI until such time that they complete the training. Policy and Procedure Revisions and Inquiry Form revisions will be reviewed in the EMTALA training.</p> <p>3. An ad hoc meeting of the Medical Executive Committee was held on February 12, 2014 to obtain approval of the revised Policies and Procedures, Inquiry Form changes and EMTALA training.</p> <p>4. The Governing Body approved the policy revisions and action plan.</p> | <p>3/1/14</p> <p>3/1/14</p> <p>3/1/14</p> <p>3/1/14</p> <p>3/1/14</p> <p>03/1/14</p> <p>3/01/14</p> |

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| A2411 | | A2411 | <p>EFFORTS TO ADDRESS IMPROVING THE PROCESSES/SYSTEMATIC PROBLEMS LEADING TO THE DEFICIENCY CITED #1 a.-f.</p> <p>a. A new WBI administrative Policy and Procedure "Requests for Transfer to Wyoming Behavioral Institute" was developed by the Intake/Admission Director. This policy places the sole burden and authority to deny a patient transfer from another facility on the accepting and/or on-call physician. All Psychiatrists and Allied Medical Staff were educated on this Policy by the Assistant Hospital Administrator, CBO and Medical Director.</p> <p>b. A Memorandum from the Medical Director to each member of the medical staff was issued which outlines a summary of the EMTALA training provided and the Transfer policy. Each member of the medical staff signed the Memorandum attesting that they have read and understand its content. A copy of the Memorandum will be placed in each medical staff members employee file.</p> <p>c. The Chief Financial Officer (CFO) and Business Office staff will no longer take administrative call responsibilities. Only Clinical staff will be designated as Administrators on Call. This will eliminate any potential role conflict/confusion for the CFO and Business Office staff.</p> | <p>2/12/14</p> <p>03/1/14</p> <p>02/10/14</p> |

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| A2411 | | A2411 | <p>MONITORING, TRACKING AND INCORPORATION IN QUALITY PROGRAM #1 a.-f.</p> <ul style="list-style-type: none"> The Intake/Admissions Director or designee will audit 100% of patient transfer records from emergency to verify compliance with timely acceptance for admission referrals from emergency rooms; regardless of ability to pay. Audit findings will be reviewed with the CEO or Assistant Hospital Administrator weekly. Audits will be performed until 95% of compliance has been achieved for three months. Thereafter, 20 (twenty) medical records will be audited monthly A summary of audit findings will be reported monthly by the Intake/Admissions Director to the Safety Committee/PI Committee up through the Medical Executive Committee and Governing Body quarterly. <p>TITLE OF PERSON RESPONSIBLE #1a.-f. Intake/Admissions Director; Assistant Hospital Administrator</p> | <p>2/24/14</p> <p>2/24/14</p> <p>2/24/14</p> <p>2/24/14</p> |
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| A2411 | | A2411 | <p>A2411 #2a.-d. PLAN OF CORRECTION#2a.-d. Immediate Corrective Action:</p> <ol style="list-style-type: none"> 1. The Intake/Admissions Director and Business Office Manager provided EMTALA training to all Intake and Business Office Staff. Specific emphasis on not asking for insurance information and/or ability to pay information until after the patient was accepted for admission and/or in transit to WBI in the case of an emergency room referral was included in the training. 2. WBI Inquiry Form was changed to eliminate language that stated "must ask" in reference to insurance information. 3. The Intake/Admissions Director began conducting random audits of Intake forms to ensure that Intake staff were not seeking insurance information from a facility emergency room presenting an "appropriate transfer" prior to admission acceptance of the patient. 4. The Intake/Admissions Director alerted all Intake/Admissions staff via a Memorandum dated July 31, 2013 that only clinical information should be obtained during the admission assessment process and that admission decisions were to be based solely on clinical presentation and not on ability to pay and/or insurance verification. | <p>8/15/13 8/15/13 8/15/13 7/31/13</p> |
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
 -CENTERS FOR MEDICARE & MEDICAID SERVICES

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 534004 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C P P 08/26/2013 |
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| A2411 | | A2411 | <p>Current Corrective Action:</p> <p>1. Policies and Procedures: WBI Policies and Procedures relating to EMTALA compliance including but not limited to all clinical policies related to admissions and admission criteria, business office and intake department policies were reviewed by the Intake Department Director and Assistant Hospital Administrator. It was determined that three Policies required revisions. The Policies listed below were revised to delete any reference to insurance and payment information.</p> <ul style="list-style-type: none"> a. Admissions 903.1 b. Care of Patient 901.6 c. Payment & Collections Guidelines 2300.1 <p>2. Forms: WBI Inquiry Form was revised by the Intake/Admission Director to delete any and all references to insurance coverage and/or finances/ability to pay for services.</p> <p>3. Education: All Intake/Admissions staff, Medical Staff (Physicians, Nurse Practitioners, Physician Assistants), Registered Nurses, Business Office Staff and Receptionists were:</p> <ul style="list-style-type: none"> a. Re-trained on EMTALA regulations. Training will include all of the elements included in the initial training conducted by the Intake/Admissions Director completed 8/15/13. Training emphasized ensuring no delay in treatment occurs for appropriate transfers and that no information regarding insurance coverage or ability to pay is obtained from patients or guardians in referring facilities emergency rooms until after the patient arrives on site at WBI. This training will be | <p>2/12/14</p> <p>2/12/14</p> <p>3/1/14</p> |

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

FORM APPROVED
OMB NO. 0938-0391

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 534004 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C P P 08/26/2013 |
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| NAME OF PROVIDER OR SUPPLIER WYOMING BEHAVIORAL INSTITUTE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2521 EAST 15TH STREET CASPER, WY 82609 | | |
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| A2411 | | A2411 | <p>provided annually on an ongoing basis.</p> <p>b. Educated on the revisions made to the WBI Inquiry Form.</p> <p>c. Educated on all revisions made to the Policies and Procedures.</p> <p>IMPLEMENTATION PROCEDURES #2 a.-d.</p> <p>1. The Intake/Admissions Director, Assistant Hospital Director, Chief Nursing Officer, Business Office Manager, and Nursing Supervisors provided updated EMTALA training to all designated staff.</p> <p>2. All designated staff completed the EMTALA training. Compliance will be verified by completed and signed post test sheet; which are maintained in the Human Resources department. Any designated staff person who has not attended by March 1, 2014 will not be allowed to work at WBI until such time that they complete the training. Policy and Procedure Revisions and Inquiry Form revisions will be reviewed in the EMTALA training.</p> <p>3. An ad hoc meeting of the Medical Executive Committee was held on February 12, 2014</p> | <p>3/1/14</p> <p>3/1/14</p> <p>3/1/14</p> <p>3/1/14</p> <p>03/1/14</p> | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 634004 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C PP 08/26/2013 |
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| NAME OF PROVIDER OR SUPPLIER WYOMING BEHAVIORAL INSTITUTE | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2821 EAST 15TH STREET CASPER, WY 82609 | | |
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| A2411 | | A2411 | <p>to obtain approval of the revised Policies and Procedures, Inquiry Form changes and EMTALA training.</p> <p>4. The Governing Body approved the policy revisions and action plan.</p> <p>EFFORTS TO ADDRESS IMPROVING THE PROCESSES/SYSTEMATIC PROBLEMS LEADING TO THE DEFICIENCY CITED #2 a.-d.</p> <p>1. A new WBI administrative Policy and Procedure "Requests for Transfer to Wyoming Behavioral Institute" was developed by the Intake/Admission Director. This policy places the sole burden and authority to deny a patient transfer from another facility on the accepting and/or on-call physician. All Psychiatrists and Allied Medical Staff were educated on this Policy by the Assistant Hospital Administrator, CEO and Medical Director.</p> <p>2. A Memorandum from the Medical Director to each member of the medical staff was issued which outlines a summary of the EMTALA training provided and the Transfer policy. Each member of the medical staff signed the Memorandum attesting that they have read and understand its content. A copy of the</p> | <p>3/01/14</p> <p>2/12/14</p> <p>03/1/14</p> | |

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| A2411 | | A2411 | <p>Memorandum will be placed in each medical staff members employee file.</p> <p>3. The Chief Financial Officer (CFO) and Business Office staff will no longer take administrative call responsibilities. Only Clinical staff will be designated as Administrators on Call. This will eliminate any potential role conflict/confusion for the CFO and Business Office staff.</p> <p>MONITORING, TRACKING AND INCORPORATION IN QUALITY PROGRAM #2 a.-d.</p> <ul style="list-style-type: none"> The Intake/Admissions Director or designee will audit 100% of patient transfer records from emergency to verify compliance with timely acceptance for admission referrals from emergency rooms; regardless of ability to pay. 2/24/14 Audit findings will be reviewed with the CEO or Assistant Hospital Administrator weekly. 2/24/14 Audits will be performed until 95% of compliance has been achieved for three months. Thereafter, 20 (twenty) medical records will be audited monthly. 2/24/14 A summary of audit findings will be reported monthly by the Intake/Admissions Director. 2/24/14 | 02/10/14 | |

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| A2411 | | A2411 | to the Safety Committee/PI Committee up through the Medical Executive Committee and Governing Body quarterly. TITLE OF PERSON RESPONSIBLE #2a.-d. Intake/Admissions Director; Assistant Hospital Administrator | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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| A2411 | | A2411 | <p>A2411 #3a.-c. PLAN OF CORRECTION#3a.-c. Immediate Corrective Action:</p> <ol style="list-style-type: none"> 1. The Intake/Admissions Director and Business Office Manager provided BMTALA training to all Intake and Business Office Staff. Specific emphasis on not asking for insurance information and/or ability to pay information until after the patient was accepted for admission and/or in transit to WBI in the case of an emergency room referral was included in the training. 2. WBI Inquiry Form was changed to eliminate language that stated "must ask" in reference to insurance information. 3. The Intake/Admissions Director began conducting random audits of Intake forms to ensure that Intake staff were not seeking insurance information from a facility emergency room presenting an "appropriate transfer" prior to admission acceptance of the patient. 4. The Intake/Admissions Director alerted all Intake/Admissions staff via a Memorandum dated July 31, 2013 that only clinical information should be obtained during the admission assessment process and that admission decisions were to be based solely on clinical presentation and not on ability to pay and/or insurance verification. | 8/15/13 8/15/13 8/15/13 7/31/13 | |

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| A2411 | | A2411 | <p>provided annually on an ongoing basis.</p> <p>b. Educated on the revisions made to the WBI Inquiry Form.</p> <p>c. Educated on all revisions made to the Policies and Procedures.</p> <p>IMPLEMENTATION PROCEDURES #3 a.-c.</p> <ol style="list-style-type: none"> The Intake/Admissions Director, Assistant Hospital Director, Chief Nursing Officer, Business Office Manager, and Nursing Supervisors provided updated BMTALA training to all designated staff. All designated staff completed the EMTALA training. Compliance will be verified by completed and signed post test sheet; which are maintained in the Human Resources department. Any designated staff person who has not attended by March 1, 2014 will not be allowed to work at WBI until such time that they complete the training. Policy and Procedure Revisions and Inquiry Form revisions will be reviewed in the EMTALA training. An ad hoc meeting of the Medical Executive Committee was held on February 12, 2014 | <p>3/1/14</p> <p>3/1/14</p> <p>3/1/14</p> <p>3/1/14</p> <p>03/1/14</p> | |

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| A2411 | | A2411 | <p>to obtain approval of the revised Policies and Procedures, Inquiry Form changes and EMTALA training.</p> <p>4. The Governing Body approved the policy revisions and action plan.</p> <p>EFFORTS TO ADDRESS IMPROVING THE PROCESSES/SYSTEMATIC PROBLEMS LEADING TO THE DEFICIENCY CITED #3 a.-c.</p> <p>1. A new WBI administrative Policy and Procedure "Requests for Transfer to Wyoming Behavioral Institute" was developed by the Intake/Admission Director. This policy places the sole burden and authority to deny a patient transfer from another facility on the accepting and/or on-call physician. All Psychiatrists and Allied Medical Staff were educated on this Policy by the Assistant Hospital Administrator, CEO and Medical Director.</p> <p>2. A Memorandum from the Medical Director to each member of the medical staff was issued which outlines a summary of the EMTALA training provided and the Transfer policy. Each member of the medical staff signed the Memorandum attesting that they have read and understand its content. A copy of the</p> | <p>3/01/14</p> <p>2/12/14</p> <p>03/1/14</p> | |

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| A2411 | | A2411 | to the Safety Committee/PI Committee up through the Medical Executive Committee and Governing Body quarterly. TITLE OF PERSON RESPONSIBLE #3a.-c. Intake/Admissions Director; Assistant Hospital Administrator | | |