

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

Redacted

PHC accepted 10/12/11

PRINTED: 08/25/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 054053	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2011
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NAME OF PROVIDER OR SUPPLIER DEL AMO HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 23700 CAMINO DEL SOL TORRANCE, CA 90505
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A 000	INITIAL COMMENTS The following reflects the findings of The Department of Public Health during a VALIDATION SURVEY. Representing the Department: Gynthja Nieto, RN, HFEN Irma Orozco, RN, HFEN Elizabeth Aerenas, REHS, HFE1 Sylvia Villaflores, REHS, HFE1	A 000	By submitting this Plan of Correction, the Facility does not admit that it violated the regulations. The Facility also reserves the right to amend the Plan Correction as necessary to contest the deficiencies, findings, conclusions, and actions of the agency.	HEALTH FACILITIES INSPECTION DIVISION ADMINISTRATION 2011 OCT -3 AM 11:24
A 049	482.12(a)(5) MEDICAL STAFF - ACCOUNTABILITY [The governing body must] ensure that the medical staff is accountable to the governing body for the quality of care provided to patients. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure that the medical staff provide quality of care to patients. There was no documentation of proctoring for six (6) physicians appointed to the medical staff. Findings: A review of 6 physician files appointed to the medical staff revealed no documentation of proctoring as stipulated in the medical staff by-laws. At the same time during an interview, the medical staff coordinator stated there was no documentation on file of any proctoring completed for the 6 physicians appointed. A review of the medical staff by-laws revealed, "except as otherwise recommended by the	A 049	A049 Medical Staff Coordinator and CEO met on 6/3/11 to review proctoring guidelines as stated in the By-laws. Determined that process did not include monitoring of compliance and time frames. Recommendations for revision of By-laws presented to senior medical staff leadership by medical staff coordinator. Recommended revisions presented to the Medical Executive Committee on 8/19/11 and were approved.	6/11 7/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Rene P. ...</i>	TITLE CEO	(X6) DATE 9/29/11
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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 049	Continued From page 1 Medical Executive Committee and approved by the Governing Board, all new appointments to the Medical Staff or Affiliate Staff shall be provisional for a minimum of twelve (12) months, during which the submission of proctor reports as defined below on not less than three (3) patients treated by the provisional staff member is provided."	A 049	Revisions include proctoring to be assigned and completed within 1st 90 days of Initial Appointment. Results of Proctoring to be presented at next scheduled peer review.		
A 396	482.23(b)(4) NURSING CARE PLAN The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient. This STANDARD is not met as evidenced by: Based on interviews and review of records, the facility failed to ensure treatment plans were complete and included all required disciplines for [REDACTED] out of five records reviewed. The facility failed to ensure that concerns identified upon admission were addressed and care planned for. The facility failed to modify the [REDACTED] treatment plans when improvements, failures to improve, and other changes in the patients' conditions were identified. The facility further failed to document assessments and interventions to formulate a chronological picture of [REDACTED] progress, or absence of progress, towards goals established in their treatment plans. Findings: A review of clinical records for [REDACTED] revealed incomplete "Multidisciplinary Treatment Plan" (MDTP).	A 396	Acknowledgment of completion is to be forwarded to the credentialing file. Process oversight by the Medical Dir. and Medical Staff Coordinator.		
		A396	Clinical leadership including CEO, Director of Nurses, Clinical Director, and Director of Quality P.I met on 8/9, 8/19 & 9/22 to establish a Performance Improvement Team on MDTP to address the following; Physician & Nursing documentation, updating of plans and patient progress, identification of medical problems, and team documentation of overall progress.		

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A 396	<p>Continued From page 2</p> <p>"Treatment Team Interventions," section on the MDTP, contained sections for individual disciplines to document their plans for treating the patient's identified problem, and the specific behaviors and/or symptoms their plan targets. Under, "physician," of the "Discipline" section, the pre-printed intervention provided the option to "order or titrate the dosage" [of a medication], followed by a section that asked to identify the targeted symptoms or behaviors.</p> <p>In all cases [REDACTED] the physicians failed to complete their portion of the treatment plans, which called for the specific medication(s) the physicians planned as their interventions, and the behaviors or symptoms those medications were expected to treat.</p> <p>For example:</p> <p>1. [REDACTED] was admitted with [REDACTED]. The Multidisciplinary Treatment Plans (MDTP) were initiated for: [REDACTED]. None of the physician's sections on those forms, though dated and signed, included the medication interventions or the intended symptoms or behaviors the medication(s) were to target.</p> <p>2. Review of [REDACTED] clinical record produced documents that contained plans for the patient's treatment while in the facility.</p> <p>The MDTP entitled, [REDACTED] was opened 4/8/11. On [REDACTED] the physician signed and dated on his designated section of the</p>	A 396	<p>Treatment Planning process was reviewed including times, schedules, and locations. Forms were reviewed and revisions were recommended.</p> <p>The Director of Nurses revised the medical problem section and presented to the Hospital Quality Council on 9/27.</p> <p>The CEO and Director of Nursing met with the Chief of Staff to review the responsibilities for physician participation in the MDTP.</p>	7/11
			<p>With his input, a training module for physicians was developed by the Director of Nurses and presented to the physicians at the mandatory Physician Education Program on 9/21-9/22. Module detailed the role of the physicians and documentation of progress in the MDTP. 99% of all physicians attended the training. CEO and DON scheduled individual meetings with final 2 physicians week of 10/3.</p>	9/21 -9/22

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A 396	<p>Continued From page 3 form, but the planned intervention of medication was not identified, and the symptoms/behaviors to be targeted were not addressed.</p> <p>_____ comprised of the same format, was opened 4/13/11. The physician section on the form was signed and dated, but the medication interventions and targeted behaviors were not completed.</p> <p>_____ the physician signed and dated _____ plan, but the medication interventions and targeted behaviors were not filled out.</p> <p>2. Various documentation in the clinical record, including RN Shift Progress Notes, described _____ on other _____ and _____ the same behaviors the patient presented upon admission.</p> <p>Review of the clinical record revealed the initial plans of care on the MDTP were not re-evaluated or modified for alternative interventions to address _____ progress, or failure to progress, between 4/7/11 and 4/25/11.</p> <p>3. Additional entries in _____ clinical record noted _____ as non-compliant with medications and diet. There was no documentation a plan had been developed to address either issue.</p> <p>4. During an observation on the Inter Treatment</p>	A 396	<p>Utilization Review Team began daily audits of the MDTP on 9/12.</p> <p>Deficiencies are presented at the daily clinical meeting. Nursing Supervisor and Clinical Directors are responsible for correcting plans and providing staff education. .</p> <p>The Clinical Director follows up on physician deficiencies with each physician.</p> <p>The process will be in place for 90 days. At the completion the audits will be reviewed in the Performance Improvement Team.</p> <p>Nursing Supervisor presented a staff training on assessment of pain in the All Staff Forum on 9/15. Will be presented in Medical Executive Committee on 10/28</p>	9/12
				9/15

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A 396	<p>Continued From page 4 Unit (ITU), April 20, 2011, at 10:55 a.m. [REDACTED] came to the nurses' station [REDACTED] as wearing a button up sweater and her left arm [REDACTED] was poked from between two buttons. [REDACTED] made a sling using her sweater. She had on dirty jeans with the hem torn, her feet were dirty and black, and her hair was dirty uncombed. Staff G went to the door to inquire what [REDACTED] needed. [REDACTED] stated that she required her [REDACTED]. Staff G asked [REDACTED] why she was not in group. [REDACTED] stated she was doing what she was supposed to do: "rest." [REDACTED] stated that her arm hurts.</p> <p>The clinical record was reviewed on April 20, 2011. According to the Application to [REDACTED] if, dated March 14, 2011 [REDACTED]</p> <p>A review of several plans of care entitled, [REDACTED] dated March 14, 2011, revealed [REDACTED] goal was to make no statement regarding casting parts of body. The interventions included to attend "process group" seven times per week, to explore feelings/behaviors related to [REDACTED] and increase positive coping skills.</p> <p>A plan of care entitled, [REDACTED] dated March 14, 2011, indicated the patient's goal was to refrain from [REDACTED]. The interventions included to attend [REDACTED] group for seven days per week to decrease impulsivity and increase coping skills. The plan of care did not specify the impulsivity behavior.</p> <p>The Treatment Plan Review/Weekly Summary</p>	A 396	<p>The P.I. Team will trend deficiencies and determine the scope of the audit in the Hospital Quality Council. Results of physician monitoring will be presented by the DON in the Medical Executive Committee.</p> <p>Training module for all staff who participate in MDTP was developed by the Director of Nurses. The training will be held 10/11 - 10/15. A post test will be administered with no less than 3 questions addressing medical problems and interventions. Staff scoring less than 100% will receive individual education by their department leader.</p> <p>Clinical Director provided education on the "Active Treatment Manual" at the quarterly staff meeting for social works and therapists.</p>	12/11 9/14

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A 396	Continued From page 5 Progress Report notes, dated March 23 through March 30, 2011, did not give a chronological picture of how [REDACTED] towards her treatment plans. A review of the Daily Group Progress Notes dated March 17 through March 20, 2011 indicated the [REDACTED] did not attend the group. Due to this [REDACTED] inability to attend treatment groups today, staff met with them and discusses the Active Treatment Handou [REDACTED] [REDACTED]. There was no documentation that [REDACTED] was able to process the information. The progress notes did not give a chronological picture of how the patient was progressing toward the accomplishment of her individualized goals in the treatment plan.	A 396	Clinical Director and Assistant Dir. will monitor 5 charts each per week for compliance with manual. Audits will be conducted for 60 days. Results will be reported to Hospital Quality Council on 12/27. Clinical Director developed a Performance Improvement Team for the management of group notes and documentation.	10/1 12/27	
	5. A review of the Inpatient Admission Nursing Assessment, dated March 14, 2011, at 8 p.m., indicated [REDACTED] was wearing a sling on her left arm and wore a left leg brace. During the admission assessment, nursing documented [REDACTED] several times that she had a left shoulder fracture. Further review revealed no evidence an assessment of the left arm had been conducted. During an interview with the director of nurses (DON), on April 21, 2011, at 10:20 a.m., she reviewed the clinical record and stated the Progress Record notes by the physician (undated) indicated "shoulder in sling allows very limited examination." The physician did not specify which shoulder was in the sling. She further stated [REDACTED] was seen at an acute care hospital and [REDACTED]. She did not expand on the correlation between the patient's		Senior social workers met with the Clinical Director to develop the Charter. The audit tool was developed and presented with the Charter to the Hospital Quality Council on 9/27. It was approved. Data collection will resume for 90 days and will be reported to the Hospital Quality Council on 1/24/12	9/9 9/27 1/24	

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A 396	<p>Continued From page 6</p> <p>medical clearance and assessments of the patient's left arm and leg. She also stated "No, order for X ray."</p> <p>During an interview with Staff H, on April 22, 2011, at 9:30 a.m., he reviewed the clinical record and was unable to find documentation of an assessment for April 20, 2011. Staff H stated there was no assessment for the April 17, 2011 shoulder pain. Staff H further stated [REDACTED] physician had ordered an x ray of the shoulder, and there was no assessment of the shoulder.</p> <p>During an interview with Staff I, on April 22, 2011, at 10:15 a.m., she stated [REDACTED] me with the sling and should have been cleared.</p> <p>A review of a medication treatment record dated April 15, 2011, at 4:30 p.m., indicated [REDACTED] for left shoulder pain. A review of the Medication Administration Record start date April 13, 2011 indicated [REDACTED] hours as needed [REDACTED] here was no order for the left shoulder pain.</p> <p>A review of a Progress Record, not dated, indicated patient had her shoulder in a sling.</p> <p>A review of a RN Shift Progress Note dated April 17, 2011, at 8:30 p.m., indicated "arm remains in sling and does complain of shoulder pain." There was no assessment wh [REDACTED] was in the sling.</p> <p>A review of an acute care emergency room form dated March 14, 2011 indicated [REDACTED] as given medical clearance prior to being sent to the</p>	A 396		

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A 396	<p>Continued From page 7</p> <p>psychiatric facility. According to the review systems [REDACTED] had full range of motion. There was no mention of a sling.</p> <p>A review of a facility's policy and procedure titled Nursing Assessment and Reassessment of Patients dated January 1, 2001 indicated an effective and comprehensive nursing assessment of each patient's needs is made in order to determine and provide an optimal level of nursing care. Furthermore, each patient is re-assessed by a registered nurse daily (Q 24 hrs), as needed (prn), and as the patient's condition/needs warrant. The purpose of the Treatment Planning Meetings was to assess and reassess the patient's condition, treatment plan, and progress goals. There was no documentation of re-assessments of [REDACTED] shoulder. There were no reassessments of [REDACTED] shoulder or revisions to the plan of care to include the sling.</p> <p>A review of a policy and procedure entitled, "Pain Assessment and Management," dated January 1, 2001, stipulated the licensed nursing staff will assess and periodically reassess the patient for pain.</p> <p>6. The clinical record of [REDACTED] was reviewed on April 21, 2011. The Application for 72 Hour Detention for Evaluation and Treatment indicated [REDACTED] was admitted to the facility on March 19, 2011 on a [REDACTED]</p> <p>A plan of care titled [REDACTED] dated March 19, 2011 indicated the patient had a [REDACTED] at the board and care where the patient resided. The goal for the</p>	A 396		

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A 396	<p>Continued From page 8</p> <p>_____ The staff's interventions included to monitor for _____ to attend group to decrease _____ however, there was no specific description of the inappropriate behavior or the _____</p> <p>The physician's interventions were blank. A review of the admitting physician's order dated March 19, 2011 indicated _____ with _____ The plan of care did not _____</p> <p>A plan of care titled _____ with _____ times," dated March 19, 2011, indicated the patient will identify three activities that will ensure safety in the event of a crisis. The staff's interventions included; "to monitor changes in _____ and _____ ups to _____ and increase his _____ interventions for _____ cautions were left blank. The plan of care did not described the triggers to monitor for changes in the _____</p> <p>A plan of care titled _____ March 28, 2011 indicated the patient will verbalize benefits of medications and show ability to accomplish self care activities without staff prompts. The staff's interventions included; to _____ patient to attend groups to allow patient to explore his _____</p>	A 396		

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A 396	<p>Continued From page 9 related [REDACTED]</p> <p>However, there were no specifics regarding what [REDACTED]</p> <p>A review of a facility's policy and procedure titled Interdisciplinary Treatment Plan dated January 1, 2001 indicated all patients are to have an individualized comprehensive interdisciplinary treatment plan which included long and short term goals, the methods and strategies utilized, staff and patient responsibilities for reaching the goals. The treatment plan is formally evaluated at the Weekly (or more frequently as required) Treatment Planning Meetings. Each problem is reviewed and documented daily. Changes in the treatment plan are made accordingly based on the treatment planning process and needs of the patient and response to interventions.</p>	A 396		