

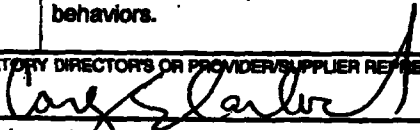
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 10/17/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 144008	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/04/2008
NAME OF PROVIDER OR SUPPLIER RIVEREDGE HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 6311 WEST ROOSEVELT ROAD FOREST PARK, IL 60130	
(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 115	<p>482.13 PATIENT RIGHTS</p> <p>A hospital must protect and promote each patient's rights.</p> <p>This CONDITION is not met as evidenced by: Surveyor: 15166</p> <p>A. Based on Hospital policy review, a review of occurrence reports, a review of the Hospital's internal investigation, clinical record review, and staff interview, it was determined that the Hospital failed to provide care in a safe setting. Hence, the Hospital failed to comply with the Condition of Patient Rights.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The Hospital failed to ensure patient safety. (Refer to citation at A-144A) 2. The Hospital failed to ensure that the patients were adequately monitored, and that patient observations were documented accurately. (Refer to citation at A-144B) 3. The Hospital failed to reassess the patient's safety needs and respond with interventions. (Refer to citation at A-144C) 4. The Hospital failed to ensure patients were monitored in accordance with the physician's orders. (Refer to citation at A-144D) 5. The Hospital failed to ensure documentation of observation and precautions included patient behaviors. 	A 115	<p>482.13 PATIENT RIGHTS</p> <p>Riveredge Hospital now ensures that all patients are provided care in a safe setting by taking the following comprehensive steps:</p> <ul style="list-style-type: none"> Revised policy for patient room assignments to require a physician order to give approval for child and adolescent patients to have a roommate. Reviewed and revised patient safety policies as indicated to ensure that there are appropriate and comprehensive procedures for monitoring patients and documenting patient observation rounds. Trained and re-educated staff regarding expectations for completing and documenting patient observation rounds, recognizing the signs/symptoms of sexual reactive and acting out behaviors for children, adolescents and adults and reassessing patient's behaviors/conditions to ensure the appropriate level of observation is assigned. Review implemented by hospital leadership to ensure that the staff are capable of providing safe care at all times to all patients; staff not complying fully with policies and procedures related to patient safety were disciplined/terminated. Implemented auditing process for patient observation rounds during real time to identify any areas of non-compliance and provided re-education and disciplinary action as indicated and implemented reviews of video surveillance system to monitor staff compliance with hospital policy. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



CEO

10/30/08

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 115	Continued From page 1 (Refer to citation at A-144E)	A 115	Implemented a meeting every Friday morning of interdisciplinary staff that provide weekend coverage in order to strategize for patients identified as high risk.		
A 144	6. The Hospital failed to ensure that medical evaluation were conducted for all patients alleging sexual contact. (Refer to citation at A-144F) 482.13(c)(2) PATIENT RIGHTS: CARE IN SAFE SETTING The patient has the right to receive care in a safe setting. This STANDARD is not met as evidenced by: Surveyor: 15166 A. Based on a review of Hospital occurrence reports, clinical record review, a review of the police report, and staff interview, it was determined for 4 of 5 patients, (Pt. #1, #2, #4 and #5) that the Hospital failed to ensure patient safety. Findings include: 1. Hospital occurrence report reviewed on 9/3/08 dated 8/30/08 indicated "time of incident AM, middle of night, last evening,... reported by lab person that possible sexual activity was occurring in room 284 between (Pt. #1) and his roommate... We questioned both (Pt. #1) and his roommate and it was reported that sexual activity may have occurred... Patients immediately separated... (Pt. #1) placed on 1:1 precautions... Incident reported to ... Police..." Hospital occurrence report reviewed 9/3/08 dated 8/30/08 indicated, "time of incident AM, at night, last evening," included, "... It was reported by lab personnel, possible sexual activity was occurring	A 144	Ordered a bar scanner (Morse Watchman Tour Guard) to be installed in every patient room in order to ensure that timely and accurate 10 minute rounds are being conducted by staff. 482.13(c)(2) PATIENT RIGHTS: CARE IN SAFE SETTING (Deficiency A) Riveredge Hospital now ensures patients are safe from sexual contact. The Policy "Room Assignment/Registered Nurse Responsibility" (No: 703.405) was revised requiring a physician order to give approval for child and adolescent patients to have a roommate. The policy was submitted to the Medical Executive Committee and approved. The Policy and Procedure for Precautions and Observations (No: 706.08) was revised clearly delineating the need for visual monitoring of patients a minimum of every 10 minutes. The policy requires patient observation rounds documentation to include both patient location and activity codes. For patients sleeping in their room at the time of rounds, the policy requires staff to visually watch for chest rising and falling to ensure patient is breathing as well as to verify the patient is in the correct assigned bed. the policy also states: "Any cognitively delayed patients (i.e. Autism, MR, PDD) admitted will be placed in a blocked room for safety, recognizing their increased vulnerabilities." The policy was submitted to the Medical Executive Committee and approved.	9/8/08 9/24/08 9/8/08 9/24/08	

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A 144	<p>Continued From page 2</p> <p>in room 284 involving Pt. (#2) and his roommate... We questioned both patients, Pt. (#2) and his roommate. It was reported that sexual activity may have occurred..."</p> <p>2. The clinical record of Pt. #1 reviewed 9/3/08 included that this was a -year-old male admitted 8/22/08 to the 2 South Boys Adolescent Unit with a diagnosis of . The record included documentation of a history of agitation and physical aggression. The patient was placed on assault and elopement precautions on admission, which required every ten minute observation. The nursing progress note dated 8/30/08 at 1:02 P.M. included, "... in the middle of the night... roommate came over to (Pt. #1's) bed, forced his clothes off, and put (Pt. #1's) penis in his mouth..."</p> <p>3. The clinical record of Pt. #2 reviewed 9/3/08 included that this was a -year-old male admitted 8/23/08 to the 2 South Boys Adolescent Unit with a diagnosis of . The admission record screening indicated that Pt. #2 was "out of control, aggressive, and violent". The record also included a history of Autism. The patient was placed on assault and elopement precautions on admission, which required every ten minute monitoring. On 8/30/08 at 10:00 A.M. Pt. #2 was placed on sexual acting out and 1:1 precautions. The nursing progress note dated 8/30/08 at 3:20 P.M. indicated that (at 7:15 AM), "... Pt. (#2) said roommate was on top of him from the back for about 5 min. Writer asked if he penetrated, Pt. (#2) said I think so..."</p> <p>4. The Forest Park Police Report reviewed 9/3/08 dated 8/30/08 at 12:21 P.M. included, (Pt. #1)"Criminal Sexual Assault... Suspect... (Pt.</p>	A 144	<p>Staff were reeducated regarding expectations for completing and documenting patient observation rounds by the nurse managers at their unit meetings. Additional Patient Rounds Training was done for MHA's and Nurses by the nurse managers, behavioral management coordinator and staff development director. The Rounds Training included a handout on Patient Rounds Expectations that was signed by each MHA/Nurse.</p> <p>The signs/symptoms of sexual reactive and acting out behaviors for children/adolescents and adults was reviewed with the MHA's/ Nurses by the nurse managers, behavioral management coordinator and staff development director. At this time a handout was provided for staff reference and a post test was given related to the specific age population.</p> <p>The expectations for patient rounds and information on sexually reactive/acting out behaviors have been added to the clinical component of orientation for new employees and the annual compliance fair.</p> <p>The Supervisor Report/Audit on Patient Rounds, which is completed by the Nursing Supervisors, was revised by the CNO to include checks for safety rounds being assigned on the patient assignment sheet, observation codes being accurate for activity and location and observation status being current with physician orders. Also, the shift change check was revised to include the supervisor reviewing with staff the need to check that patient is in his/her assigned bed during each 10 minute rounds, as applicable. The revised Patient Rounds Report/Audit form was implemented.</p>	<p>9/10/08</p> <p>10/29/08</p> <p>10/29/08</p> <p>10/28/08 Ongoing</p> <p>9/4/08 Ongoing</p> <p>9/5/08</p>	

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A 144	<p>Continued From page 3</p> <p>#2)... Complainant... (Pt. #2) was able to pull his pants down and inserted his (Pt. #1's) penis into his (Pt. #2's) butt for about 5 minutes... (Pt. #2) admitted putting (Pt. #1's) penis in his (Pt. #2's) mouth for about a minute."</p> <p>5. The clinical record of Pt. #4 reviewed 9/3/08 included that this was a 40-year-old female admitted 7/26/08 to the 2 North Unit and later transferred to 2 West Unit with multiple diagnoses including [REDACTED]. The record included documentation, dated 7/26/08 in the Initial Psychiatric Evaluation, "insight-poor... Intelligence-low average... Judgement-poor... Severity of Illness Criteria... Inability to provide for personal safety/protection". The record also included documentation that Pt. #4 had a history of sexual acting out, and that the patient was placed on suicide, fall, seizure, and sexual acting out precautions, upon admission. In the psychologist's progress note, dated 8/3/08 at 10:00 A.M., the record further included, "Staff reports Pt. was found having sex with a male peer. Due to her MR status she needs a high level of structure and supervision."</p> <p>6. The clinical record of Pt. #5 reviewed 9/3/08 included that this was a 40-year-old male initially admitted to the Intensive Treatment Unit 8/2/08 at 7:20 A.M. then transferred to 2 West Unit with a diagnosis of [REDACTED]. The record included documentation that the patient had a previous history of "sexually inappropriate behavior" including "masturbating in public" and "enroute" to the Hospital and that on admission the patient was placed on the following precautions: suicide, assault, elopement, and sexual acting out. In a progress note, dated 8/3/08 at 7:30 A.M. the record included, "Pt. was</p>	A 144	<p>Monitoring Plan: A random audit of patient observation rounds is completed twice per shift by the Nursing Supervisors to assess that staff are conducting 10 minute rounds and are in compliance with the following: 1) Rounds are assigned on the assignment sheet; 2) Observation codes are accurate and include activity and location and 3) Observation status reflects current physician orders. With any non-compliant staff member, the nursing supervisor provides coaching, re-education and/or disciplinary action, as needed. The form is then given to the CNO for review and trending. The results will be reported to the Performance Improvement Committee. After four months continued reporting will be reevaluated by the PI Committee.</p> <p>Responsible Individuals: Shiraz Butt, Medical Director; Carol Carlson, PI Director; LeeAnn Hawkins, Staff Development Director; Brent Longtin, CNO</p>		

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A 144	<p>Continued From page 4</p> <p>found in Day Room having sexual intercourse with a mentally retarded female (Pt #4)."</p> <p>7. The above findings were conveyed to the CEO, COO, and Director of Risk Management during an interview on 9/3/08 at approximately 11:15 AM and 3:45 P.M.</p> <p>B. Based on Hospital policy review, a review of the Hospital's Patient Observation/Precaution Form, clinical record review, a review of the Hospital's internal investigation, and staff interview, it was determined for 4 of 5 patients, (Pt.#1, #2 #4 and #5) that the Hospital failed to ensure the patients were adequately monitored, and that patient observations were documented accurately.</p> <p>Findings include:</p> <p>1. Hospital policy #POC-TX 115 (359) entitled, "Precautions and Observations, was reviewed on 9/4/08 at 11:30 A.M. The policy requires, "All levels of precaution require visual monitoring at a minimum of every 10 minutes."</p> <p>2. The Hospital's "Patient Observation/Precaution Form," was reviewed on 9/4/08 at 11:30 A. M. The form requires documentation of "Observation Codes and Behavior Codes".</p> <p>3. The clinical record of Pt. #1 reviewed on 9/3/08 included that this was a 19-year-old male admitted 8/22/08 to the 2 South Boys Adolescent Unit with a diagnosis of 296200 Schizophrenia. The record included documentation of a history of agitation and physical aggression.</p>	A 144	<p>482.13(c)(2) PATIENT RIGHTS: CARE IN SAFE SETTING (Deficiency B)</p> <p>Riveredge Hospital ensures that patients are adequately monitored and that patient observations are documented accurately.</p> <p>Staff were reeducated regarding expectations for completing and documenting patient observation rounds by the nurse managers at their unit meetings. Additional Patient Rounds Training was done for MHA's and Nurses by the nurse managers, behavioral management coordinator and staff development director. The Rounds Training included a handout on Patient Rounds Expectations that was signed by each MHA/Nurse.</p> <p>The Supervisor Report/Audit on Patient Rounds, which is completed by the Nursing Supervisors, was revised by the CNO to include checks for safety rounds being assigned on the patient assignment sheet, observation codes being accurate for activity and location and observation status being current with physician orders. Also, the shift change check was revised to include the supervisor reviewing with staff the need to check that patient is in his/her assigned bed during each 10 minute rounds, as applicable. The revised Patient Rounds Report/Audit form was implemented.</p>	<p>9/10/08</p> <p>10/29/08</p> <p>9/4/08 Ongoing</p> <p>9/5/08 Ongoing</p>	

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A 144	<p>Continued From page 5</p> <p>The patient was placed on assault and elopement precautions on admission. The Patient Observation/Precaution Form dated 8/30/08 included documentation that from 7:10 A.M. through 7:30 A.M., Pt. #1 was "In bed, asleep".</p> <p>4. The clinical record of Pt. #2 reviewed 9/3/08, included that this was a 14-year-old male admitted 8/23/08 to the 2 South Boys Adolescent Unit with a diagnosis of [REDACTED]. The record included documentation in the admission screening that Pt. #2 was "out of control, aggressive, and violent". The record also included a history of Autism. The patient was placed on assault and elopement precautions on admission. The Patient Observation/Precaution Form dated 8/30/08 included documentation that from 7:10 A.M. through 7:30 A.M., Pt. #2 was "In bed, asleep".</p> <p>5. The Hospital's internal investigation reviewed 9/3/08, included a written statement reviewed on 9/3/08, dated 8/30/08, from E#10 (lab technician-phlebotomist). The statement indicated that E#10 (lab technician) witnessed inappropriate sexual behavior involving Pt #1 and Pt #2 at 7:15 AM. The report indicated that E #10 informed hospital staff immediately of observed activity. However on a statement written by E #10, the employee indicated that she proceeded to draw labs on four patients prior to informing the nurse E #2 of incident. The patients, P#1 and Pt#2 were not separated until E#2 intervened and separated the patients.</p> <p>6. The clinical record of Pt. #4 reviewed 9/3/08, included that this was a 14-year-old female admitted 7/26/08 to the 2 North Unit and later transferred to the 2 West Unit with [REDACTED].</p>	A 144	<p>Any developmentally delayed patients (i.e. Autism, MR, PDO) and/or patients on Sexually Acting Out Precautions will be placed in a blocked room for safety upon admission, recognizing their increased vulnerabilities.</p> <p>The Risk Management Director initiated random reviews of video surveillance system five days a week to monitor staff compliance with the policy for completing 10 minute patient observation checks at night. The Risk Management Director notifies the CNO/COO immediately upon finding any staff member not complying with the policy for appropriate disciplinary action. The Risk Management Director/ Human Resources terminated three MHA's and one nurse for not complying with the patient rounds policy.</p> <p>Monitoring Plan: A random audit of patient observation rounds will be completed twice per shift by the Nursing Supervisors to assess that staff are conducting 10 minute rounds and are in compliance with the following: 1) Rounds are assigned on the assignment sheet; 2) Observation codes are accurate and include activity and location and 3) Observation status reflects current physician orders. With any non-compliant staff member, the nursing supervisor provides coaching, re-education and disciplinary action, as needed. The form is then given to the CNO for review and trending and reported in the monthly Performance Improvement Committee meeting.</p> <p>Responsible Individuals: Brent Longtin, CNO; Gabe Nunez, Risk Management Director; Mike Gara, COO.</p>	<p>9/8/08 Ongoing</p> <p>8/30/08 Ongoing</p> <p>9/24/08</p>	

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A 144	<p>Continued From page 6</p> <p>_____ _____. Physician's orders dated 7/26/08 required sexual acting out, suicide, fall and seizure precautions, which required every 10 minute monitoring. The progress notes dated 8/3/08 at 12:00P.M. by E.#2 included information that at 7:30A.M., Pt.#4 and Pt.#5 were found having sexual intercourse.. The patient observation/precaution form dated 8/3/08 failed to include the required behavior code from 6:40A.M. to 7:40A.M. The behavior code verifies the activity of the patients.</p> <p>The same clinical record contained a physician's order dated 8/11/08 at 11:A.M. which required a change in observation monitoring of Pt.#4 "D/C 1:1 24 hour monitoring (which requires that the patient is within arms reach at all times), place pt LOS (line of sight) (which requires that the patient is within eyesight and close enough for immediate intervention in addition every ten minute monitoring). LOS is a decrease level of monitoring from 1:1 monitoring. The patient observation/precaution form failed to include evidence that this order was carried out by staff from 8/11 to 8/12/08.</p> <p>7. The clinical record of Pt. #5 reviewed on 9/3/08, included that this was a _____-year-old male initially admitted to the Intensive Treatment Unit on 8/2/08 at 7:20 A.M and later transferred to 2 West, with a diagnosis of _____. Physician's orders dated 8/2/08 required sexual acting out, suicide, assault, and elopement precautions. The patient observation/precaution form dated 8/3/08 failed to include the required behavior code from 6:40A.M. to 7:30A.M. The behavior code verifies the activity of the patients.</p>	A 144	<p>The CEO provided the expectations for communication by phlebotomists to the LabCorp Vice President of Operations in a meeting. The CNO educated the phlebotomists regarding the reporting of any suspicious, unusual or inappropriate behaviors immediately to the unit charge nurse.</p> <p>The Pharmacy and Environmental Services staff also were educated by their respective departmental directors regarding the reporting of any suspicious, unusual, or inappropriate behaviors to the unit charge nurse.</p> <p>General Orientation now includes education of the contractual staff regarding the immediate reporting of all suspicious, unusual and inappropriate patient behaviors to the unit charge unit.</p> <p>Monitoring Plan: All incident reports in which the phlebotomists, pharmacists, and environmental staff are involved will be reviewed for appropriate and timely communication.</p> <p>Responsible Individuals: Carey Carlock, CEO; LeeAnn Hawkins, Staff Development Director; Brent Longtin, CNO; Gebe Nunez, Risk Management Director</p>	10/30/08 10/29/08 10/29/08 10/29/08 Ongoing	

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A 144	Continued From page 7 8. The above findings were conveyed to the CEO, COO, and Director of Risk Management during an interview on 9/4/08 at approximately at 11:15 AM and 3:00 P.M. C. Based on policy review, clinical record review, and staff interview, it was determined that the hospital failed to reassess patients safety needs. This was found in 1 of 5 clinical records reviewed (Pt.#4). Findings include: 1. Policy number 115(359) titled "Precautions and Observations" was reviewed on 9/2/08 at 1:00P.M. The policy included a statement, "the RN, as part of the assessment/reassessment process, may increase any level of patient observation or add a new level of precaution to ensure individual patient and milieu safety." 2. The clinical record of Pt. #4 reviewed 9/2/08, included that this was a year-old female admitted 7/26/08 to the 2 North Unit and later transferred to 2 West Unit with multiple diagnoses including Report of sexual abuse sexual abuse The E.#1 (psychologist) progress note, dated 8/3/08 at 10:00 A.M., included, "Staff reports Pt. was found having sex with a male peer. Due to her MFR status she needs a high level of structure and supervision." Pt.#4 had the following observations documented by various staff members prior to the above incident: 7/26/08 "touching peers and staff" by E.#4 7/28/08 "flirting with male intake specialist" by E.#9	A 144	482.13(c)(2) PATIENT RIGHTS: CARE IN SAFE SETTING (Deficiency C) Riverege Hospital now reassesses patients' safety needs. The Policy and Procedure for Precautions and Observations (No: 708.08) states that any change in the patient's condition mandates reassessment of the observation level by the RN and review with the attending physician. Nurses were reeducated regarding the reassessment of observation levels with the Patient Rounds Training conducted by the nurse managers, behavioral management director and the staff development director. The signs/symptoms of sexual reactive and acting out behaviors for children/adolescents and adults was reviewed with the MHA's/ Nurses by the nurse managers, behavioral management coordinator and staff development director. At this time a handout was provided for staff reference and a post test was given related to the specific age population. The information on sexually reactive/acting out behaviors is now added to the clinical component of orientation for new employees. When patients exhibit grooming behaviors, staff are required to reassess these patients with the attending physician for a change in observation/precaution level, as needed. This new physician order is then documented on the patients' rounds form and patient treatment plan by the RN.	10/29/08 10/29/08 9/5/08 Ongoing

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 144009	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/04/2008
NAME OF PROVIDER OR SUPPLIER RIVEREDGE HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 8311 WEST ROOSEVELT ROAD FOREST PARK, IL 60130		
(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 144	<p>Continued From page 8</p> <p>7/31/08 "inappropriate boundaries with male peer" by E.#4.</p> <p>The clinical record lacked evidence of a change in the level of Pt.#4's observation to ensure patients safety and or due to sexually inappropriate behavior identified on the aforementioned dates. Pt #4 observation level was not changed until 8/7/08 to 1:1 monitoring.</p> <p>3. The above findings were conveyed to the CEO, COO, and Director of Risk Management during an interview on 9/3/08 at approximately 11:15 A.M.</p> <p>D. Based on clinical record review and staff interview, it was determined for 1 of 3 clinical records reviewed on the 2 South Boys Adolescent Unit, (Pt. #3) that the Hospital failed to ensure the patient was monitored in accordance with the physician's orders.</p> <p>Findings include:</p> <p>1. On 9/3/08 the clinical record of Pt. #3 was reviewed. This is a year-old year-old male admitted on 5/8/08 with a diagnosis of schizophrenia. The record included documentation of a physician's order dated 8/3/08 at 11:30 A.M., "Place on LOS (line of sight)". The record lacked documentation to evidence that the patient was maintained on LOS from 8/28/08 through 9/1/08, although there was no order to discontinue the LOS.</p> <p>2. The above finding was conveyed to the Unit Manager of 2 South during an interview, on 9/3/08 at approximately 3:30 P.M.</p>	A 144	<p>Monitoring Plan: In the weekly treatment staffings, any significant changes in patient behaviors/condition are reassessed to ensure appropriate level of observation has been assigned or the necessary change in the level of observation will be made at this time. The level of observation at time of staffing and any changes made during staffing will be documented on the Weekly Staffing Review form and on Patients' Rounds form.</p> <p>Nursing Supervisors audit the Patient Observation sheets twice each shift and complete the Rounds/Audit Reports which include ensuring 100% compliance for documentation on the Patients' Rounds form for MD Orders related to change in precautions/ observations.</p> <p>Responsible Individuals: Shiraz Butt, Medical Director; Brent Longtin, CNO; Carey Overbey, Director of Social Services</p> <p>482.13(c)(2) PATIENT RIGHTS: CARE IN SAFE SETTING (Deficiency D)</p> <p>Riveredge Hospital now ensures all patients are monitored in accordance with physician's orders.</p> <p>The Supervisor Report/Audit on Patient Rounds completed twice a shift by the Nurse Supervisors was revised by the CNO to include observation status being current with physician orders. This component of the audit is done on each unit with two patient charts chosen randomly. The revised Rounds/Audit Report was implemented.</p> <p>Nurse Managers now review Patient Observation Records for accuracy five times a week and then initial the form.</p>	9/4/08 Ongoing 9/5/08 9/5/08 Ongoing	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER RIVEREDGE HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 8311 WEST ROOSEVELT ROAD FOREST PARK, IL 60130		
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A 144	<p>Continued From page 9 Surveyor: 19840</p> <p>E. Based on review of Hospital policy, clinical record review and staff interview it was determined that in 3 of 5 (Pts. #1, 2 & 5) clinical records reviewed, the Hospital failed to ensure documentation of patient observation and precautions included patient behaviors.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The Hospital policy reviewed on 9/3/08 at 3:00 PM, titled, "Precaution and Observations" required, "...conduct routine patient observation (walking rounds) and visually observes and records the whereabouts and behavior of the patient using the coding system provided" 2. The clinical record of Pt. #1 was reviewed on 9/3/08. Pt. #1 was a [redacted] year old male admitted on 8/22/08 with diagnosis of [redacted]. The clinical record contained the observation and precaution forms documenting Pt. #1's behaviors. However on 8/30/08 from 10:40 AM to 11:00AM, the forms lacked every 10 minute documentation of the behavior of Pt. #1. 3. The clinical record of Pt. #2 was reviewed on 9/3/08. Pt. #2 was a [redacted] year old male admitted on 8/23/08 with diagnosis of [redacted]. The clinical record contained the observation and precaution forms documenting Pt. #2's behaviors. However on 8/28/08 from 8:40 AM to 11:40 AM and 12:50PM to 2:50PM, the forms lacked consistent every 10 minute documentation of the behavior of Pt. #2. 4. The clinical record of Pt. #5 was reviewed on 9/3/08. Pt. #5 admitted with diagnosis of [redacted] 	A 144	<p>Monitoring Plan: Nursing Supervisors audit the Patient Observation sheets twice each shift and complete the Rounds/Audit Reports which include ensuring 100% compliance for documentation on the Patients' Rounds form for MD Orders related to change in precautions/observations. With a non-compliant staff member, the nursing supervisor provides coaching, re-education and/or disciplinary action, as needed. The form is then given to the CNO for review and trending. The results are reported to the Performance Improvement Committee.</p> <p>Responsible Individuals: Shiraz Butt, Medical Director; Brent Longtin, CNO</p> <p>482.13(c)(2) PATIENT RIGHTS: CARE IN SAFE SETTING (Deficiency E)</p> <p>The Policy and Procedure for Precautions and Observations (No: 706.06) was revised clearly delineating the need for visual monitoring of patients a minimum of every 10 minutes. The policy requires patient observation rounds documentation to include both patient location and activity codes. The policy was submitted to the Medical Executive Committee and approved.</p> <p>Staff were re-educated regarding expectations for fully and accurately completing and documenting patient observation rounds. This was done by the nurse managers at their respective unit meetings. Additional Patient Rounds Training was done for MHA's and Nurses by the nurse managers, behavioral management coordinator and staff development director. The Rounds Training included a handout on Patient Rounds Expectations that was signed by each MHA/ Nurse.</p>	<p>9/8/08</p> <p>10/24/08 Ongoing</p> <p>9/10/08</p> <p>10/29/08</p>	

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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 242T11

Facility ID: LZ7ED

If continuation sheet Page 11 of 12

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A 144	Continued From page 11 3. The above findings were conveyed to the Director of Risk during interview at approximately 10:40 AM on 9/4/08.	A 144	The policy for sexual contact between patients, including medical evaluation procedures, is reviewed with staff following any allegation. Monitoring Plan: Risk Management is notified of any allegation of sexual contact. In addition, an incident report is completed for any allegation of sexual contact involving a patient and another patient, staff member or other perpetrator while on the premises of the facility. The Risk Management Director reviews all incidents of alleged sexual contact to ensure policy requirements are followed. All investigative findings from Critical Events Analyses and Root Cause Analyses are reviewed by the Executive Leadership Team and presented to the Performance Improvement Committee and Medical Executive Committee for approval of any recommendations made to prevent future occurrences and to ensure that staff are complying with the policy for medical evaluation of all patients involved. Responsible Individuals: Brent Longtin, CNO; Gabe Nunez, Risk Management Director; Shiraz Butt, Medical Director	10/28/08 Ongoing	