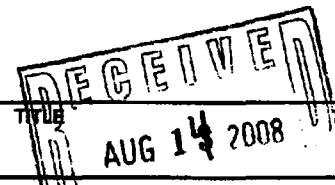


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/12/2008
FORM APPROVED
OMB NO. 0938-0391

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 08/05/2008
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 131	<p>482.13(b)(2) PATIENT RIGHTS: INFORMED CONSENT</p> <p>The patient or his or her representative (as allowed under State law) has the right to make informed decisions regarding his or her care.</p> <p>The patient's rights include being informed of his or her health status; being involved in care planning and treatment; and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 15166</p> <p>A. Based on Hospital policy review, clinical record review, and staff interview, it was determined for 1 of 2 closed clinical records reviewed, (Pt. #2) that the Hospital failed to ensure adherence to Hospital policy governing consent for psychotropic medication.</p> <p>Findings include:</p> <p>1. Hospital policy #RI-123 (311) entitled, "Patient Education and Informed Consent For Psychotropic Medication," requires, "Ensures that patient... sign the Patient Notification/Consent for Psychotropic Medications form prior to</p>	A 131			

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



(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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A 131	Continued From page 1 medication dispensing." 2. The clinical record of Pt. #2 was reviewed on 8/6/08. This was a 27-year-old female, admitted 8/2/07 with a diagnosis of Schizoaffective Disorder. The record included documentation that the patient received 10 doses of Clozapine (an antipsychotic) between the dates of 8/7/07 through 8/9/07. The Patient Consent/Notification For Psychotropic Medications lacked documentation of Pt. #2's signature. 3. The above finding was conveyed to the CEO during an interview on 8/6/08 at approximately 4:00 P.M.	A 131			
A 144	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: 07105 A. Based on clinical record review, a review of incident reports and staff interview, it was determined for 1 of 2 closed records reviewed, (Pt. #2) that the Hospital failed to ensure increased monitoring and provide adequate assistance for patients to help prevent injuries. Findings include: 1. The clinical record of Pt. #2 was reviewed on 8/6/08. This was a 27-year-old female, admitted	A 144			

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A 144	Continued From page 2 8/2/07 with a diagnosis of Schizoaffective Disorder. The record included documentation in the progress notes dated, 8/10/07 at 5:15 A.M., that about 1:35 A.M., Pt. #2 was provided assistance to sit up on the edge of the bed, and assistance to stand up. " Pt. reported that she was tired, but needed to go to the restroom. Staff encouraged Pt. to take her time, but to go to the restroom if she needed to go ... Pt. began walking toward the restroom and was holding onto the wall. Pt ' s legs appeared to become weak and gave out. Pt. fell to the floor ... Code Blue was called ... " The record further included documentation on the Discharge Summary dated 8/10/07, that " The patient was taken to Loyola Hospital ' s Emergency Room, where efforts were made to revive her, but at 2:35 a.m., the patient expiredIt was felt that the patient had a pulmonary embolism and possible heart failure . " The record lacked documentation to evidence that Hospital staff provided Pt. #2 assistance ambulating to the bathroom, to help prevent falling, in light of the evidence that the patient was experiencing some weakness and required assistance to sit up on the edge of the bed, and to stand up. (15166)	A 144			
A 286	2. The above findings were conveyed to the CEO during an interview on 8/6/08 at approximately 4:00 P.M. 482.21(c)(2) QAPI TRACKING Performance improvement activities must track medical errors and adverse patient events.	A 286			

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A 286	Continued From page 3 This STANDARD is not met as evidenced by: Surveyor: 15166 A. Based on Hospital policy review, a review of the Hospital's incident reports, and staff interview, it was determined, for 1 of 4 incidences reviewed, (Pt. #1) the Hospital failed to ensure an incident report was completed. Findings include: 1. Hospital policy entitled, "Incident Reporting Policy," requires, "The Incident Report should be thoroughly completed once the situation is stabilized." 2. On 8/5/08, the clinical record of Pt. #1 was reviewed. This was a 20-year-old male, admitted to the 2 North Unit on 6/15/08 with diagnoses of Depression and Bipolar. The record included documentation in a progress note dated 6/27/08 at 10:15 PM that, " Pt. was highly agitated, extremely hostile broken the white board and got a piece of metal held as his weapon. Multiple efforts of verbal support and processing done by staff and doctor... but failed... verbally aggressive and threatening everybody that they will be hurt if they came any closer... Police assistance came, able to restrain without hurting anybody. " 3. Hospital incident reports were reviewed for January-July 2008. The logs lacked documentation of an incident report for the above incident.	A 286			

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A 286	Continued From page 4	A 286			
A 395	<p>4. The above findings were conveyed to the CEO during an interview on 8/6/08 at approximately 4:00 P.M.</p> <p>482.23(b)(3) RN SUPERVISION OF NURSING CARE</p> <p>A registered nurse must supervise and evaluate the nursing care for each patient.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 15166</p> <p>A. Based on clinical record review and staff interview, it was determined for 2 of 2 closed clinical records reviewed, (Pt. #1 and #2) that the Hospital failed to ensure medications and treatments were administered in accordance with the physicians' orders.</p> <p>Findings include:</p> <p>1. On 8/5/08, the clinical record of Pt. #1 was reviewed. This was a 20-year-old male, admitted to the 2 North Unit on 6/15/08 with diagnoses of Depression and Bipolar. the record included documentation of a physician order, dated 6/20/08 at 11:15 A.M. for Abilify 9.75 mg and Ativan 2 mg IM stat. The Medication Administration Records, (MARs) included documentation, "advised by the supervisor not to carry out". The MARs lacked documentation to evidence that Pt. #1 received this stat medication as ordered. Later, the same day at approximately 7:10 P.M., the record included documentation that, "Pt. became agitated after responding to</p>	A 395			

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A 395	Continued From page 5 internal stimuli and punched his hand through glass. I called doctor. Transfer to Loyola." 2. The clinical record of Pt. #2 was reviewed on 8/6/08. This was a 27-year-old female, admitted 8/2/07 with a diagnosis of Schizoaffective Disorder. The record included documentation that Pt. #2 was 7 weeks pregnant. The record included documentation of the following physicians' orders, dated 8/2/08: * Daily vital signs * fetal heart monitoring every shift As of survey date 8/5/08 the record lacked documentation to evidence that Pt. #2's vital signs as well as fetal heart monitoring was completed as ordered. 3. The above finding was conveyed to the CEO during an interview on 8/6/08 at approximately 4:00 P.M.	A 395			