



DEPARTMENT OF HEALTH & HUMAN SERVICES
BEHAVIORAL HEALTH DIVISION

Milwaukee County

HÉCTOR COLÓN • Director
KATHLEEN EILERS, RN, MSN • Interim Administrator

To: Héctor Colón
From: Kathleen Eilers & Jim Kubicek

Date: 6/10/2013
Re: BHD Plans of Correction

Please see below for information regarding the Acute Psychiatric Hospital, Center for Independence and Development (formerly known as Hilltop) and the Rehab Central Nursing Home, Statements of Deficiency (SOD) and subsequent Plans of Correction (POC).

Acute Inpatient (Psychiatric Hospital)

A full, unannounced Federal recertification survey was conducted from Monday April 22nd through Thursday April 25th. There were two Federal (CMS) surveyors and a total of six State of Wisconsin, Department of Quality Assurance surveyors that simultaneously conducted the hospital review.

The State SOD was received on May 17, 2013. The Federal CMS SOD was received on May 15, 2013. The two Plans of Correction (POCs) were submitted on May 24, 2013. We are in communication with both the Wisconsin Department of Health and Human Services as well as the Centers for Medicare and Medicaid this week in order to further finalize an approved plan of correction. The State POC was approved June 11, 2013. The CMS POC has not yet been approved. An unannounced verification visit from surveyors is expected, to review progress toward these plans.

The deficiencies noted for the acute survey were related to the following conditions of participation including Governing Body, Food and Dietetic Services, Physical Environment and Medical Record Requirements. All deficiencies were all at the standard or condition level. The hospital has issued plans to correct all deficiencies. The State POC was approved June 11, 2013. The CMS POC has not yet been approved. An unannounced verification visit from surveyors will be expected to review progress toward these plans.

Key themes of the Acute SOD were:

1. A public cafe that primarily served employees at the Behavioral Health Division was not licensed as a restaurant as required; it was surveyed under the Hospital regulations during this survey because it was within the confines of the building. This was the first time the Cafe had been inspected by the Acute surveyors and it did not meet the required Hospital standards. The Cafe had been run previously as a job training site, however the vendor had to vacate the Cafe because of lack of funding. An alternative vendor then assumed operation of the Cafe. The Cafe has since been closed, effective April 25, 2013.

- **If a new vendor should provide food service from this area, the hospital will ensure that the foodservice operator adheres to all state laws and local ordinances regarding food safety and sanitation and licensing applicable to the hospital.**
- **If a new vendor should provide food service for this area, the hospital will ensure that the vendor maintains all documentation and licenses required to operate in the facility. The vendor will be subject to inspections by the facility as well as the Wauwatosa Public Health Department.**

2. Infection control citations; related to dust and cleanliness and expired or undated supplies.

- **To minimize the risk of nosocomial infections and maintain a sanitary environment the Infection Control Department developed a policy for MCBHD to further delineate clear lines of accountability for the cleanliness of the environment, equipment and furniture. It defines standards of cleanliness and establishes additional department monitoring and compliance guidelines.**
- **A plan for specific cleaning responsibilities and dates by which all cleaning will be completed has been established.**

3. Sign, dating and timing of medical record entries.

- **All clinical staff were retrained regarding the need to ensure that all entries in the medical record are complete, authenticated, timed and dated.**
- **Beginning 6/4/13, weekly audits of the medical records on the inpatient units will be conducted to monitor compliance related to completion, authentication, dating and timing of entries until the compliance threshold is met.**
- **The acute hospital is also implementing an electronic medical record in June 2013. The electronic record will provide additional enhancements to ensure medical record documentation is electronically, signed, timed, and dated and authenticated.**

4. Food storage and sanitation.

- **The foodservice operation will be audited monthly by hospital dietetic personnel and bi-annually by hospital infection control personnel to ensure that all food safety, sanitation and infection control standards are met. Compliance will be monitored at the Environment of Care Committee.**
5. **Absence of a nurse call system on the Children's Unit(CAIS)**
- **The facility will provide a reliable nurse call system. BHD will install a working call system.**
 - **Until the nurse call system is operational, several mechanisms are in place to continue to monitor patients in bedrooms, bathrooms and high risk treatment areas from which individuals may need to summon assistance.**
6. **Various environmental issues that required maintenance repairs.**
- **The hospital will ensure that the hospital's buildings will be maintained so that they are functional for diagnosis and treatment and for the delivery of hospital services appropriate to the needs of the community and with the due regard for protecting the health and safety of the patients.**
 - **Several maintenance projects are underway to meet life safety and sanitation requirements**

Rehab Central (Nursing Home)

On January 8 and January 15, 2013 Rehab Central participated in the annual recertification visit by the State of Wisconsin, Department of Quality Assurance. Central received all standard level citations in this survey. These citations were primarily related to:

1. Environmental issues, for example; Door latches, frequency of inspections and holes in ceiling tiles.
2. Completion of Paper work regarding Minimum Data sets (Nursing Home required assessment paperwork).
3. Pressure ulcer and insomnia assessments.
4. Medication administration, (meds were crushed when they did not need to be).
5. Dishwasher temperatures.

A Plan of Correction was submitted prior to January 18th, 2013. On February 8th BHD was informed that the Plan of Correction was approved and there would be no verification visit.

On February 27, 2013 CMS conducted a Federal Monitoring Survey. This monitoring survey resulted in the findings of additional deficiencies at an immediate jeopardy level. This was the first Federal Monitoring Survey ever conducted at the Nursing Home. These citations were primarily related to:

- 1) The facility failed to identify ways to prevent future restraint use.
- 2) The facility failed to ensure that residents were free from resident to resident abuse.
- 3) The facility failed to report all allegations of abuse and to ensure those allegations were adequately investigated.

4) The facility failed to develop policies that prohibit abuse of residents.

A key theme present throughout almost of all the citations was the federal definition of abuse. The facility had been defining abuse as resident to resident abuse that results in injury. The federal inspection defined abuse as any action that could result in physical harm, pain or psychological distress. This was a significantly lower threshold of abuse than the facility had been operating under, subsequently the federal survey revealed many incidents that were not reported or investigated to the extent required.

A removal plan was submitted to CMS and accepted on March 8th, 2013.

On March 12th CMS arrived to review progress made regarding the Removal Plan. CMS exited on March 13th with no further citations; however the facility was informed additional lower level citations would be arriving shortly. On March 14th additional citations were received, associated with the February 27, 2013 CMS Federal Monitoring Survey. In addition to the Immediate Jeopardy related tags, these citations were primarily related to:

1. Failure to post survey results on the units. (This was immediately corrected.)
2. Failure to provide weekend activities.
3. Failed to ensure comfortable shower temperatures.
4. Failure to protect residents from; falls and self-harm.
5. Failure to post staffing information.
6. Failure to include physician participation in QI activities.
7. Various environmental issues.

A plan of correction was submitted for all citations and accepted on April 12th.

There was then a follow-up to the federal survey and an extended complaint survey that was conducted by the State of Wisconsin on behalf of CMS. The survey began May 1st, 2013 and was completed on May 9th, 2013. During this survey the facility received an Immediate Jeopardy on May 7th; this was then removed on May 8th. After the removal, the citations were then reissued at lower levels. The facility received the SOD on May 22nd, 2013. The Plan of Correction was submitted by June 3rd, 2013. The facility received word that the POC was approved on Friday, June 7th, 2013. Following are some of the key components to the SOD and the POC that was submitted.

Key themes of the SOD are:

1. Beginning April 12th, 2013 a resident was involved in several incidents of threatening and violent behavior. The resident was then moved to the acute unit on April 22nd, 2013. This resident has been involved in many episodes of aggression and threatening behavior throughout her time on Central and her symptoms make her a very difficult individual to safely manage on a Nursing Home unit.
2. There were episodes of verbal/ physical aggression that did not result in care plan revision.
3. There were episodes of verbal/ physical aggression that were not investigated sufficiently, reports were filed with the State but did not include witness statements.

4. There were episodes of verbal threats that were not reported to the state.

Contained in the May 22nd, 2013 memo from the State of Wisconsin was the notice of imposition of fines. The document read,

"As a result of this survey, the Division of Quality Assurance will recommend to the Centers for Medicare & Medicaid Services that all previously imposed remedies continue until such time as your facility achieves substantial compliance or your provider agreement is terminated.

In addition, based on our finding of immediate jeopardy to resident health or safety during the May 9, 2013 survey, the Division of Quality Assurance is recommending the imposition of the following remedies:

- *Federal Civil Money Penalty of \$6,000.00 per day for the nine (9) days beginning April 12, 2013 and continuing through April 20, 2013 for a total of \$54,000.00*
- *Federal Civil Money Penalty of \$3,050.00 per day for the seventeen (17) days beginning April 21, 2013 and continuing through May 7, 2013 for a total of \$51,850.00*
- *Federal Civil Money Penalty of \$100.00 per day beginning May 7, 2013 and continuing through and continuing until your facility achieves substantial compliance."*

The County must apply for an appeal on the Civil Money Penalty (CMPs) by July 21, 2013. If County is willing to officially waive its appeal rights, it can simply pay the CMPs, and the amount owed is reduced by 35%. This is set out in the State's May 21 letter to County, and is also at 42 CFR 488.436. Based on the fact that the scope of appeal is fairly limited and the County would face a high burden to get the CMPs reduced on appeal, at this time this is seen as the preferable option.

Several steps are being taken to address and correct all of the above issues. Including, but not limited to:

- **As clients are being discharged, single room status is being maintained to avoid roommate conflicts.**
- **Additional occupational therapy staff is being added to provide more therapeutic programming off the unit. This will decrease the density of the unit and thereby the propensity for altercations.**
- **Additional therapeutic programs have been added during nights and weekends.**
- **Any resident inflicting injury to another resident is immediately removed from the unit and transferred to a facility more appropriate for their needs (i.e. Acute Care)**
- **A special Incident and Investigation Review Team has been established. It is comprised of clinicians and the administrator to ensure that treatment plans are updated in a timely**

manner. It also addresses the psycho-social and behavioral needs of the residents. The team meets each business day.

- The Incident and Investigation Review Team also meets to ensure that any investigations of mistreatment towards residents are conducted promptly as well as thoroughly and reported to the state authorities.
- Administration to assess milieu of facility units with multiple rounds per shift.

On June 10th, 2013 State surveyors arrived for a verification visit. As of the writing of this document the surveyors are still at the facility and the survey is ongoing.

Hilltop

From May 21st, 2013 to May 22nd 2013 an unannounced survey was conducted on the Hilltop Units of the Behavioral Health Division. This survey was in response to self-reported incidents that had occurred on the units. As a result of this survey BHD received 4 standard level deficiencies. The POC for this survey is due on June 14th, 2013 and is not yet complete.

Key themes of the SOD were:

- 1) The facility did not conduct a thorough investigation on 1 of the 4 self-reported incidents. The facility conducted an investigation that did not contain statements from all staff and the statements provided did not include all pertinent information. This them was cited under 2 tags.
 - i. W 149 Staff Treatment of Clients- Facility must develop and implement policies that prevent mistreatment of the client.
 - ii. W 154 Staff Treatment of Clients- Facility must have evidence that all alleged violations are thoroughly investigated.
4. The facility did not implement a specified program plan for 1 of 5 clients sampled. This was cited under 1 tag.
 - i. W249 Program Implementation- The facility must receive a continuous active treatment program.
5. The facility did not provide 1 out of 3 Clients with adequate Nursing Services.
 - i. W331 Nursing Services- The facility did not provide adequate nursing services after an allegation of abuse.