



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services
Central Regional Hospital**

**Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary
Leza Wainwright, Director**

**J. Michael Hennike
Hospital Director**

February 13, 2009

Ms. Sandra M. Pace
Associate Regional Administrator
Centers for Medicare & Medicaid Services
61 Forsyth Street, SW Suite 4T-20
Atlanta, Georgia 30303-8909

RE: CCN: 34-4001

Dear Ms. Booker:

Enclosed you will find Central Regional Hospital's (CRH) Plan of Correction for the survey conducted on February 5 & 6, 2009. The Plan of Correction addresses the findings related to the CMS Conditions of Participation: 482.12 Governing Body; 482.13 Patients Rights and 482.23 Nursing Services. If you have any questions about the plan of correction, please contact Robyn Carr, CRH Director of Quality Management at (919)-764-7310.

Sincerely,

J. Michael Hennike
Hospital Director

Cc: Azzie Conley, RN Section Chief, NC Acute and Home Care Licensure and Certification Section
Laura White, Team Leader, NC Division of Mental Health

Butner Campus: 300 Veazey Road Butner, NC 27509-1626 Courier 17-11-04 Phone: 919-764-2000
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An Equal Employment Opportunity/Affirmative Action Employer

**Central Regional Hospital (CRH)
Complaint Survey
(February 5-6, 2009)
Plan of Correction**

Corrective Actions	Complete Date
A000 Initial Comments	
The findings resulted in an Immediate Jeopardy (IJ) identification in regards to facility staff's failure to prevent patient abuse and neglect, failure to protect and promote patient rights by failing to provide a safe and therapeutic environment for the delivery of patient care, failure to ensure registered nurse supervision to direct the plan of care delivered to adolescent patients, failure to be adequately staffed to provide care in a safe environment, which resulted in patient harm.	
<p>1. Failure to prevent patient abuse and neglect; failure to ensure systems were in place to assure staff immediately reported known or suspected abuse.</p> <ul style="list-style-type: none"> ▪ The North Carolina Secretary of the Department of Health and Human Services (DHHS) issued a memorandum to the State Facility Directors indicating a zero tolerance for client abuse/neglect and exploitation and that employees who abuse patients or fail to report abuse will be disciplined-up to and including dismissal. <p><u>Monitoring:</u> The CRH CEO mandated that the memorandum from the DHHS Secretary will be distributed to all CRH Clinical Staff who will be required to review and sign an employee attestation statement verifying they have read, understand and agree to abide by the Secretary's memorandum. The signed attestation statement will be submitted to their supervisor and filed in their personnel record.</p> <ul style="list-style-type: none"> ▪ Immediately upon notification that an abuse allegation had been made by patient # 1, CRH leadership notified the patient advocates who began an investigation and the alleged perpetrator and staff involved in the incident were put on investigatory leave. <p><u>Monitoring:</u> Upon completion, the investigation results will be provided to the CEO for review and to ensure necessary follow-up actions have been completed.</p> <p>To promote the staff reporting of abuse, neglect or exploitation incidents and allegations, the following proactive measures have been implemented by Hospital Leadership.</p> <ul style="list-style-type: none"> ▪ The CRH Abuse, Neglect, or Exploitation of Patients policy was 	<p>2/4/09</p> <p>2/15/09</p> <p>2/6/09</p> <p>2/12/09</p> <p>2/9/09</p>

<p>reviewed by CRH Leadership and revised to incorporate the following requirements: 1) staff are required to notify the patient advocacy department and their supervisor of any alleged abuse, neglect or exploitation and document the notifications made as well as any nursing interventions taken in the patient’s medical record, 2) any time staff becomes aware of an allegation, they are required to confirm that the notifications have been made, and if notifications are not documented staff are required to initiate the report themselves to Advocacy and management as outlined in the policy, 3.) to ensure CRH leadership is made aware of any allegations or incidents of abuse, neglect or exploitation, the Director of Nursing/Assistant Director of Nursing or designee (House Coordinator/Supervisor afterhours, weekends or holidays) will be responsible for notifying the following of any allegations of abuse, neglect or exploitation:</p> <ul style="list-style-type: none"> ○ Hospital Director or designee ○ Clinical Director or designee ○ Risk Manager or designee ○ Patient’s Charge Nurse ○ Alleged abuser’s Direct Supervisor 	
<ul style="list-style-type: none"> ▪ The Adverse/Sentinel Event Management Investigation Report Page 1 was distributed and placed on every PCU/ward. 	2/15/09
<ul style="list-style-type: none"> ▪ The Director of Quality Management sent an email out to CRH staff that the The Adverse/Sentinel Event Management Investigation Report Page 1 is available on the PCU/wards as well as posted on the CRH intranet. 	2/16/09
<p><u>Monitoring:</u> The revised CRH Abuse, Neglect, or Exploitation of Patients policy will be distributed to all CRH clinical staff who will sign an employee attestation statement verifying their review and understanding of the policy. The signed attestation statement will be submitted to their supervisor and filed in their personnel record.</p>	2/15/09
<p>The DON or designee, upon receiving an allegation of physical or verbal abuse will place the alleged perpetrator on investigatory leave with pay or place the alleged perpetrator on a ward or PCU different from the patient involved. This staff person will not be allowed to work with the patient until the issue is resolved.</p>	2/13/09
<ul style="list-style-type: none"> ▪ The CEO will hold a mandated meeting with all CRH Department Heads to review the process for reporting allegations or incidents of abuse, neglect or exploitation, discuss the DHHS Secretary’s “zero tolerance” memorandum, and provide an overview of the CRH campaign to achieve an abuse free environment. 	2/10/09

<p><u>Monitoring:</u> Minutes of the CRH Department Head meeting will be distributed to all department heads.</p>	2/12/09
<ul style="list-style-type: none"> ▪ The campaign to promote an abuse free environment will include: 1) “No Abuse- Not Now, Not Ever” cards that each employee will wear on their person with the phone numbers for the patient advocacy department, 2) “No Abuse- Not Now, Not Ever” posters will be posted in all patient care areas with the patient advocacy department phone number and the on call pager number, 3) All the computers in the patient care units nursing stations will be loaded with a screen saver that promotes the campaign for “No Abuse- Not Now, Not Ever”. 	2/16/09
<p><u>Monitoring:</u> CRH Department Heads/Supervisors will be required to maintain a checklist to verify that they received their “No Abuse- Not Now, Not Ever” card.</p>	2/16/09
<p>Unit Administrative Directors will perform an inspection to ensure that the “No Abuse- Not Now, Not Ever” posters are posted on each patient care unit and will submit documentation of their inspection verifying posters are present on the units to the Chief Operating Officer.</p>	2/16/09
<ul style="list-style-type: none"> ▪ The Nursing Shift Report and the 24 Hour Nursing report forms will be revised to include a section for documenting all allegations or incidents of abuse, neglect or exploitation that occurred during the shift or within the 24 hour time period, as well as the documentation that staff reported the allegations/incidents to the Patient Advocacy Department and supervisory staff. These revised forms will implemented by nursing staff by 2/15/09. 	2/12/09
<p><u>Monitoring:</u> The DON or her designee will review the 24 hour Nursing Report, on a daily basis to ensure that allegations or incidents of abuse, neglect, or exploitation were reported to the Advocacy Department.</p>	2/12/09
<ul style="list-style-type: none"> ▪ The Director of Nursing issued a memo to all Nursing Staff which states “while all levels of nursing staff support each other and work together as a team, the charge nurse has ultimate responsibility for the planning, delegation, supervision and evaluation of the patient care provided on the PCU/Ward in the hospital. All staff should consult with the RN prior to changing assignments with another staff member, leaving the PCU/ward, use of interventive procedures and questions about patient care. 	2/10/09

<p><u>Monitoring</u> Nursing staff will be required to sign a roster indicating that they have read and understand the memo issued by the Director of Nursing.</p>	2/15/09
<ul style="list-style-type: none"> ▪ The Director of Nursing issued an attestation statement to licensed nurses on RN Duties and Responsibilities, which states that the Charge Nurse must make rounds on their assigned unit twice per shift and document their rounds on the patient assignment sheets/life safety sheets. 	2/10/09
<p><u>Monitoring:</u> The licensed nursing staff will sign the attestation statement on RN Duties and Responsibilities which will be submitted to their supervisor and filed in their personnel record.</p>	2/15/09
<p>The Unit Nurse Manager/Unit Nurse Director will review the patient assignment/life safety sheets to ensure that the Charge Nurse has completed the required rounds each shift and submit this verification to the Nursing Office on a daily basis.</p>	2/11/09
<ul style="list-style-type: none"> ▪ The Patient Advocacy Department will use a single pager number on each campus to ensure CRH staff will be able to contact an on-call advocate after hours and on weekends. The pager number will be provided to the hospital operator and House Coordinators. 	2/11/09
<p><u>Monitoring:</u> The CEO or his designee will call the Advocates' pager number at least once per week during evenings or weekends to ensure that an advocate can be reached by staff. The results of this monitoring will be reviewed by the CEO who will take corrective action as needed.</p>	2/15/09
<ul style="list-style-type: none"> ▪ The Patient Advocates will conduct daily rounds on the patient care units to increase the visibility and access of the advocates to patients. 	2/9/09
<p><u>Monitoring:</u> The Director of Advocacy will develop a weekly schedule listing the advocates' assignment for daily rounds on the patient care units.</p>	2/9/09
<ul style="list-style-type: none"> ▪ The Patient Advocates will attend one community meeting per week on each patient care area to describe their services and how to access a Patient Advocate. 	2/15/09
<p><u>Monitoring:</u> The Director of Advocacy will develop a weekly schedule listing the advocates' assignment for attending weekly community meetings on the</p>	2/9/09

<p>patient care units.</p>	
<p>2. Failure to ensure registered nurse supervision to direct the plan of care delivered to adolescent patients, failure to be adequately staffed to provide care in a safe environment, which resulted in patient harm.</p>	
<ul style="list-style-type: none"> ▪ The CRH Staffing – Nursing Service (Units) policy was revised to include a statement that at least one RN per patient care unit/ward will be assigned to each shift. 	<p>2/10/09</p>
<p><u>Monitoring:</u> The Child and Adolescent Unit Nurse Director/Unit Nurse Manager (House Coordinator on weekends) will review and initial the Daily Staffing Sheets to ensure that at least one RN is assigned to each patient occupied patient care unit/ward.</p>	<p>2/11/09</p>
<ul style="list-style-type: none"> ▪ The Director of Nursing issued a statement to all CAU licensed nurses on RN Duties and Responsibilities, which states that at least one RN is required on each patient occupied unit for each shift at all times and must be relieved by another RN for any breaks needed or absences. 	<p>2/9/09</p>
<p><u>Monitoring:</u> The CAU licensed nursing staff will sign the attestation statement on RN Duties and Responsibilities which will be submitted to their supervisor and filed in their personnel record.</p>	<p>2/15/09</p>
<ul style="list-style-type: none"> ▪ The Advocacy Department was notified of the abuse allegation on 2/2/2009 by the CAU Unit Clinical Director (MD) who immediately notified them after receiving the allegation from patient #5. The Advocacy investigation was closed on 2-8-2009. The allegation of patient abuse was unsubstantiated however, Advocates did identify ward coverage issues which has been addressed by nursing by ensuring that at least one RN is present on the CAU wards at all times. 	<p>2-8-09</p>
<ul style="list-style-type: none"> ▪ The Director of Nursing issued a memo to all Nursing Staff which states “while all levels of nursing staff support each other and work together as a team, the charge nurse has ultimate responsibility for the planning, delegation, supervision and evaluation of the patient care provided on the PCU/Ward in the hospital. All staff should consult with the RN prior to changing assignments with another staff member, leaving the PCU/ward, use of interventive procedures and questions about patient care. With an RN present on every CAU ward/PCU, the RN is 	<p>2/10/09</p>

<p>responsible for documenting the behaviors and actions taken that lead to the use of interventive procedures on the Restrictive Intervention Assessment and Monitoring forms.</p>	
<p><u>Monitoring</u> Nursing staff will be required to sign a roster indicating that they have read and understand the memo issued by the Director of Nursing.</p>	<p>2/15/2009</p>
<p>3. Failure to protect and promote patient rights by failing to provide a safe and therapeutic environment for the delivery of patient care.</p> <ul style="list-style-type: none"> ▪ The Child and Adolescent Unit (CAU) Clinical Director issued a memorandum to all CAU clinical staff providing guidelines for licensed nursing staff and physicians regarding procedures to follow any time a patient expresses concerns about his/her safety. The licensed nursing staff was instructed: to contact the physician; complete an assessment; develop immediate interventions to help the patient feel safe, and document actions taken. The physicians were instructed to: document their assessment and patient recommendations in a progress note and revise the treatment plan, if indicated. 	<p>2/9/09</p>
<p><u>Monitoring:</u> The Licensed nurse will send a copy of their progress note to the Unit Nurse Director/Unit Nurse Manager and the Assistant Unit Clinical Directors. The Asst. Unit Clinical Directors will review the case and the interventions taken to ensure all necessary clinical interventions were implemented.</p>	<p>2/11/09</p>
<ul style="list-style-type: none"> ▪ The Director of Nursing issued an attestation statement to licensed nurses on RN Duties and Responsibilities, which states that the Charge Nurse must make rounds on their assigned unit twice per shift and document their rounds on the patient assignment sheets/life safety sheets. During the rounds the RNs will observe all patients for safety needs and intervene as necessary (e.g. ensuring nursing staff are present in the milieu monitoring patients). 	<p>2/11/09</p>
<ul style="list-style-type: none"> ▪ In addition, a memo was issued to all Nursing Staff from the ADON, stating that “Nursing staff are charged with maintaining a safe environment for patients at all times. Patients are not to be left in the Day Room areas without staff supervision”. This memo was distributed to reinforce the need for patient safety in the milieu. 	<p>2/13/09</p>

<p><u>Monitoring:</u> The licensed nursing staff will sign the attestation statement on RN Duties and Responsibilities which will be submitted to their supervisor and filed in their personnel record.</p> <p>The Unit Nurse Manager/Unit Nurse Director will review the patient assignment/life safety sheets to ensure that the Charge Nurse has completed the required rounds each shift and submit this verification to the Nursing Office on a daily basis.</p> <ul style="list-style-type: none"> ▪ The Nursing Shift Report and the 24 Hour Nursing report forms will be revised to include a section for milieu concerns. <p><u>Monitoring:</u> The DON or her designee will review the 24 hour Nursing Report, on a daily basis to ensure that milieu concerns are being addressed appropriately.</p>	<p>2/15/09</p> <p>2/11/09</p> <p>2/13/09</p> <p>2/16/09</p>
A043 482.12 GOVERNING BODY	
The Governing Body failed to provide leadership oversight to provide a safe care environment in the prevention of patient abuse by staff and other violent patients, the promotion and protection of the rights of its patients in regards to the reporting of abuse, and supervision of patient care by nursing staff.	
<p>1. The hospital’s staff failed to protect and promote patients’ rights by failing to prevent patient abuse/neglect; failing to assure staff immediately reported and investigated abuse; and failing to ensure adequate staffing, monitoring and supervision of patients to prevent abuse/neglect.</p> <p>The Hospital CEO led the initiative for the “No Abuse- Not Now, Not Ever” campaign and in conjunction with hospital leadership revised the Patient Abuse, Neglect or Exploitation of Patients policy. This policy includes the notification of the hospital director of any allegations or incidents of abuse, neglect or exploitation. This information and reporting expectations were communicated to the Hospital Department Heads by the CEO.</p> <p>Please also refer to Tag A0115 for additional corrective actions</p> <p>2. The facility failed to have effective Nursing Services providing oversight of day to day operations to ensure adequate staffing and supervision to provide the delivery of patient care in a safe and therapeutic environment.</p> <p>The CEO in conjunction with the DON mandated that there would an RN for every ward and this requirement was included in the CRH Staffing-Nursing Service (Units) Policy. The DON or designees are reviewing RN staffing on a daily basis to comply policy and will meet with the CEO at</p>	<p>2/10/09</p> <p>2/10/09</p>

<p>least weekly to address staffing issues.</p> <p>Please also refer to Tag A0385 for additional corrective actions</p>	
<p>A 115 482.13 PATIENT RIGHTS</p>	
<p>The hospital's staff failed to promote and protect patients' rights by failing to prevent patient abuse/neglect; failing to assure staff immediately reported and investigated abuse; and failing to ensure adequate staffing, monitoring and supervision of patients to prevent abuse/neglect.</p>	
<p>1. The hospital's nursing staff failed to provide a safe care environment for 3 of 5 sampled patients that alleged abuse by staff/patients.</p> <p>Please refer to Tag A0144 for corrective actions</p> <p>2. The hospital failed to maintain an environment free from staff to patient abuse; assure staff immediately report allegations of abuse; and protect patients from staff to patient abuse and/or harassment for 2 of 5 sampled patients reviewed that voiced an allegation of staff to patient abuse.</p> <p>Please refer to Tag A0145 for corrective actions</p>	
<p>A 0144 482.13 (c)(2)Patient Rights: Care in Safe Setting</p>	
<p>The hospital's nursing staff failed to provide a safe care environment for 3 of 5 sampled patients that alleged abuse by staff/patients.</p>	
<p>1. Incident of Patient Abuse on 2/1/2009 on 3 South/Med Unit</p> <ul style="list-style-type: none"> ▪ The North Carolina Secretary of the Department of Health and Human Services (DHHS) issued a memorandum to the State Facility Directors indicating a zero tolerance for client abuse/neglect and exploitation and that employees who abuse patients or fail to report abuse will be disciplined-up to and including dismissal. <p><u>Monitoring:</u> The CRH CEO mandated that the memorandum from the DHHS Secretary will be distributed to all CRH Clinical Staff who will be required to review and sign an employee attestation statement verifying they have read, understand and agree to abide by the Secretary's memorandum. The signed attestation statement will be submitted to their supervisor and filed in their personnel record.</p> <ul style="list-style-type: none"> ▪ Immediately upon notification that an abuse allegation had been made by patient # 1, CRH leadership notified the patient advocates who began an investigation and the alleged perpetrator and staff involved in the incident were put on investigatory leave. 	<p>2/4/09</p> <p>2/15/09</p> <p>2/6/09</p>

<p><u>Monitoring:</u> Upon completion, the investigation results will be provided to the CEO for review and to ensure necessary follow-up actions have been completed.</p>	2/12/09
<p>To promote the staff reporting of abuse, neglect or exploitation incidents and allegations, the following proactive measures have been implemented by Hospital Leadership.</p>	
<ul style="list-style-type: none"> ▪ The CRH Abuse, Neglect, or Exploitation of Patients policy was reviewed by CRH Leadership and revised to incorporate the following requirements: 1) staff are required to notify the patient advocacy department and their supervisor of any alleged abuse, neglect or exploitation and document the notifications made as well as any nursing interventions taken in the patient's medical record, 2) any time staff becomes aware of an allegation, they are required to confirm that the notifications have been made, and if notifications are not documented staff are required to initiate the report themselves to Advocacy and management as outlined in the policy, 3.) to ensure CRH leadership is made aware of any allegations or incidents of abuse, neglect or exploitation, the Director of Nursing/Assistant Director of Nursing or designee (House Coordinator/Supervisor afterhours, weekends or holidays) will be responsible for notifying the following of any allegations of abuse, neglect or exploitation: <ul style="list-style-type: none"> ○ Hospital Director or designee ○ Clinical Director or designee ○ Risk Manager or designee ○ Patient's Charge Nurse ○ Alleged abuser's Direct Supervisor 	2/9/09
<ul style="list-style-type: none"> ▪ The Adverse/Sentinel Event Management Investigation Report Page 1 was distributed and placed on every PCU/ward. 	2/15/09
<ul style="list-style-type: none"> ▪ The Director of Quality Management sent an email out to CRH staff that the The Adverse/Sentinel Event Management Investigation Report Page 1 is available on the PCU/wards as well as posted on the CRH intranet. 	2/16/09
<p><u>Monitoring:</u> The revised CRH Abuse, Neglect, or Exploitation of Patients policy will be distributed to all CRH clinical staff who will sign an employee attestation statement verifying their review and understanding of the policy. The signed attestation statement will be submitted to their supervisor and filed in their personnel record.</p>	2/15/09
<p>The DON or designee, upon receiving an allegation of physical or verbal abuse will place the alleged perpetrator on investigatory leave with pay or</p>	2/13/09

<p>place the alleged perpetrator on a ward or PCU different from the patient involved. This staff person will not be allowed to work with the patient until the issue is resolved.</p>	
<ul style="list-style-type: none"> ▪ The CEO will hold a mandated meeting with all CRH Department Heads to review the process for reporting allegations or incidents of abuse, neglect or exploitation, discuss the DHHS Secretary’s “zero tolerance” memorandum, and provide an overview of the CRH campaign to achieve an abuse free environment. 	2/10/09
<p><u>Monitoring:</u> Minutes of the CRH Department Head meeting will be distributed to all department heads.</p>	2/12/09
<ul style="list-style-type: none"> ▪ The campaign to promote an abuse free environment will include: 1) “No Abuse- Not Now, Not Ever” cards that each employee will wear on their person with the phone numbers for the patient advocacy department, 2) “No Abuse- Not Now, Not Ever” posters will be posted in all patient care areas with the patient advocacy department phone number and the on call pager number, 3) All the computers in the patient care units nursing stations will be loaded with a screen saver that promotes the campaign for “No Abuse- Not Now, Not Ever”. 	2/16/09
<p><u>Monitoring:</u> CRH Department Heads/Supervisors will be required to maintain a checklist to verify that they received their “No Abuse- Not Now, Not Ever” card.</p>	2/16/09
<p>Unit Administrative Directors will perform an inspection to ensure that the “No Abuse- Not Now, Not Ever” posters are posted on each patient care unit and will submit documentation of their inspection verifying posters are present on the units to the Chief Operating Officer.</p>	2/16/09
<ul style="list-style-type: none"> ▪ The Nursing Shift Report and the 24 Hour Nursing report forms will be revised to include a section for documenting all allegations or incidents of abuse, neglect or exploitation that occurred during the shift or within the 24 hour time period, as well as the documentation that staff reported the allegations/incidents to the Patient Advocacy Department and supervisory staff. These revised forms will implemented by nursing staff by 2/15/09. 	2/12/09
<p><u>Monitoring:</u> The DON or her designee will review the 24 hour Nursing Report, on a daily basis to ensure that allegations or incidents of abuse, neglect, or exploitation were reported to the Advocacy Department.</p>	2/12/09
<ul style="list-style-type: none"> ▪ The Director of Nursing issued a memo to all Nursing Staff which 	2/10/09

<p>states “while all levels of nursing staff support each other and work together as a team, the charge nurse has ultimate responsibility for the planning, delegation, supervision and evaluation of the patient care provided on the PCU/Ward in the hospital. All staff should consult with the RN prior to changing assignments with another staff member, leaving the PCU/ward, use of interventive procedures and questions about patient care.</p>	
<p><u>Monitoring</u> Nursing staff will be required to sign a roster indicating that they have read and understand the memo issued by the Director of Nursing.</p>	2/15/09
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<p><u>Monitoring:</u> The licensed nursing staff will sign the attestation statement on RN Duties and Responsibilities which will be submitted to their supervisor and filed in their personnel record.</p>	2/15/09
<p>The Unit Nurse Manager/Unit Nurse Director will review the patient assignment/life safety sheets to ensure that the Charge Nurse has completed the required rounds each shift and submit this verification to the Nursing Office on a daily basis.</p>	2/11/09
<ul style="list-style-type: none"> ▪ The Patient Advocacy Department will use a single pager number on each campus to ensure CRH staff will be able to contact an on-call advocate after hours and on weekends. The pager number will be provided to the hospital operator and House Coordinators. 	2/11/09
<p><u>Monitoring:</u> The CEO or his designee will call the Advocates’ pager number at least once per week during evenings or weekends to ensure that an advocate can be reached by staff. The results of this monitoring will be reviewed by the CEO who will take corrective action as needed.</p>	2/15/09
<ul style="list-style-type: none"> ▪ The Patient Advocates will conduct daily rounds on the patient care units to increase the visibility and access of the advocates to patients. 	2/9/09
<p><u>Monitoring:</u> The Director of Advocacy will develop a weekly schedule listing the advocates’ assignment for daily rounds on the patient care units.</p>	2/9/09

<ul style="list-style-type: none"> ▪ The Patient Advocates will attend one community meeting per week on each patient care area to describe their services and how to access a Patient Advocate. 	2/15/09
<p><u>Monitoring:</u> The Director of Advocacy will develop a weekly schedule listing the advocates' assignment for attending weekly community meetings on the patient care units.</p>	2/9/09
<p>2. RN Supervision of care and abuse allegation on 2/1/2009 on CAU.</p>	
<ul style="list-style-type: none"> ▪ The CRH Staffing – Nursing Service (Units) policy was revised to include a statement that at least one RN per patient care unit/ward will be assigned to each shift. 	2/10/09
<p><u>Monitoring:</u> The Child and Adolescent Unit Nurse Director/Unit Nurse Manager (House Coordinator on weekends) will review and initial the Daily Staffing Sheets to ensure that at least one RN is assigned to each patient occupied patient care unit/ward.</p>	2/11/09
<ul style="list-style-type: none"> ▪ The Director of Nursing issued a statement to all CAU licensed nurses on RN Duties and Responsibilities, which states that at least one RN is required on each patient occupied unit for each shift at all times and must be relieved by another RN for any breaks needed or absences. 	2/9/09
<p><u>Monitoring:</u> The CAU licensed nursing staff will sign the attestation statement on RN Duties and Responsibilities which will be submitted to their supervisor and filed in their personnel record.</p>	2/15/09
<ul style="list-style-type: none"> ▪ The Advocacy Department was notified of the abuse allegation on 2/2/2009 by the CAU Unit Clinical Director (MD) who immediately notified them after receiving the allegation from patient #5. The Advocacy investigation was closed on 2-8-2009. The allegation of patient abuse was unsubstantiated however, Advocates did identify ward coverage issues which has been addressed by nursing by ensuring that at least one RN is present on the CAU wards at all times. 	2-8-09
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<p>evaluation of the patient care provided on the PCU/Ward in the hospital. All staff should consult with the RN prior to changing assignments with another staff member, leaving the PCU/ward, use of interventive procedures and questions about patient care. With an RN present on every CAU ward/PCU, the RN is responsible for documenting the behaviors and actions taken that lead to the use of interventive procedures on the Restrictive Intervention Assessment and Monitoring forms.</p>	
<p><u>Monitoring</u> Nursing staff will be required to sign a roster indicating that they have read and understand the memo issued by the Director of Nursing.</p>	2/15/2009
<p>3. Patient to Patient assault on 1/26/2009 on CAU</p>	
<ul style="list-style-type: none"> ▪ The Child and Adolescent Unit (CAU) Clinical Director issued a memorandum to all CAU clinical staff providing guidelines for licensed nursing staff and physicians regarding procedures to follow any time a patient expresses concerns about his/her safety. The licensed nursing staff was instructed: to contact the physician; complete an assessment; develop immediate interventions to help the patient feel safe, and document actions taken. The physicians were instructed to: document their assessment and patient recommendations in a progress note and revise the treatment plan, if indicated. 	2/9/09
<p><u>Monitoring:</u> The Licensed nurse will send a copy of their progress note to the Unit Nurse Director/Unit Nurse Manager and the Assistant Unit Clinical Directors. The Asst. Unit Clinical Directors will review the case and the interventions taken to ensure all necessary clinical interventions were implemented.</p>	2/11/09
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<ul style="list-style-type: none"> ▪ In addition, a memo was issued to all Nursing Staff from the ADON, stating that “Nursing staff are charged with maintaining a safe environment for patients at all times. Patients are not to be left in the Day Room areas without staff supervision”. This memo 	2/13/09

<p>was distributed to reinforce the need for patient safety in the milieu.</p> <p><u>Monitoring:</u> The licensed nursing staff will sign the attestation statement on RN Duties and Responsibilities which will be submitted to their supervisor and filed in their personnel record.</p> <p>The Unit Nurse Manager/Unit Nurse Director will review the patient assignment/life safety sheets to ensure that the Charge Nurse has completed the required rounds each shift and submit this verification to the Nursing Office on a daily basis.</p> <ul style="list-style-type: none"> ▪ The Nursing Shift Report and the 24 Hour Nursing report forms will be revised to include a section for milieu concerns. <p><u>Monitoring:</u> The DON or her designee will review the 24 hour Nursing Report, on a daily basis to ensure that milieu concerns are being addressed appropriately.</p>	<p>2/15/09</p> <p>2/11/09</p> <p>2/13/09</p> <p>2/16/09</p>
<p>A 145 482.13 (c)(3) Patient Rights: Free From Abuse/Harassment</p>	
<p>The hospital failed to maintain an environment free from staff to patient abuse; assure staff immediately report allegations of abuse; and protect patients from staff to patient abuse and/or harassment for 2 of 5 sampled patients reviewed that voiced an allegation of staff to patient abuse</p>	
<p>1. Incident of Patient Abuse on 2/1/2009 on 3 South/Med Unit</p>	
<ul style="list-style-type: none"> ▪ The North Carolina Secretary of the Department of Health and Human Services (DHHS) issued a memorandum to the State Facility Directors indicating a zero tolerance for client abuse/neglect and exploitation and that employees who abuse patients or fail to report abuse will be disciplined-up to and including dismissal. <p><u>Monitoring:</u> The CRH CEO mandated that the memorandum from the DHHS Secretary will be distributed to all CRH Clinical Staff who will be required to review and sign an employee attestation statement verifying they have read, understand and agree to abide by the Secretary's memorandum. The signed attestation statement will be submitted to their supervisor and filed in their personnel record.</p> <ul style="list-style-type: none"> ▪ Immediately upon notification that an abuse allegation had been made by patient # 1, CRH leadership notified the patient advocates who began an investigation and the alleged perpetrator and staff involved in the incident were put on investigatory leave. 	<p>2/4/09</p> <p>2/15/09</p> <p>2/6/09</p>

<p><u>Monitoring:</u> Upon completion, the investigation results will be provided to the CEO for review and to ensure necessary follow-up actions have been completed.</p>	2/12/09
<p>To promote the staff reporting of abuse, neglect or exploitation incidents and allegations, the following proactive measures have been implemented by Hospital Leadership.</p>	
<ul style="list-style-type: none"> ▪ The CRH Abuse, Neglect, or Exploitation of Patients policy was reviewed by CRH Leadership and revised to incorporate the following requirements: 1) staff are required to notify the patient advocacy department and their supervisor of any alleged abuse, neglect or exploitation and document the notifications made as well as any nursing interventions taken in the patient’s medical record, 2) any time staff becomes aware of an allegation, they are required to confirm that the notifications have been made, and if notifications are not documented staff are required to initiate the report themselves to Advocacy and management as outlined in the policy, 3.) to ensure CRH leadership is made aware of any allegations or incidents of abuse, neglect or exploitation, the Director of Nursing/Assistant Director of Nursing or designee (House Coordinator/Supervisor afterhours, weekends or holidays) will be responsible for notifying the following of any allegations of abuse, neglect or exploitation: <ul style="list-style-type: none"> ○ Hospital Director or designee ○ Clinical Director or designee ○ Risk Manager or designee ○ Patient’s Charge Nurse ○ Alleged abuser’s Direct Supervisor 	2/9/09
<ul style="list-style-type: none"> ▪ The Adverse/Sentinel Event Management Investigation Report Page 1 was distributed and placed on every PCU/ward. 	2/15/09
<ul style="list-style-type: none"> ▪ The Director of Quality Management sent an email out to CRH staff that the The Adverse/Sentinel Event Management Investigation Report Page 1 is available on the PCU/wards as well as posted on the CRH intranet. 	2/16/09
<p><u>Monitoring:</u> The revised CRH Abuse, Neglect, or Exploitation of Patients policy will be distributed to all CRH clinical staff who will sign an employee attestation statement verifying their review and understanding of the policy. The signed attestation statement will be submitted to their supervisor and filed in their personnel record.</p>	2/15/09
<p>The DON or designee, upon receiving an allegation of physical or verbal</p>	2/13/09

<p>abuse will place the alleged perpetrator on investigatory leave with pay or place the alleged perpetrator on a ward or PCU different from the patient involved. This staff person will not be allowed to work with the patient until the issue is resolved.</p>	
<ul style="list-style-type: none"> ▪ The CEO will hold a mandated meeting with all CRH Department Heads to review the process for reporting allegations or incidents of abuse, neglect or exploitation, discuss the DHHS Secretary’s “zero tolerance” memorandum, and provide an overview of the CRH campaign to achieve an abuse free environment. 	2/10/09
<p><u>Monitoring:</u> Minutes of the CRH Department Head meeting will be distributed to all department heads.</p>	2/12/09
<ul style="list-style-type: none"> ▪ The campaign to promote an abuse free environment will include: 1) “No Abuse- Not Now, Not Ever” cards that each employee will wear on their person with the phone numbers for the patient advocacy department, 2) “No Abuse- Not Now, Not Ever” posters will be posted in all patient care areas with the patient advocacy department phone number and the on call pager number, 3) All the computers in the patient care units nursing stations will be loaded with a screen saver that promotes the campaign for “No Abuse- Not Now, Not Ever”. 	2/16/09
<p><u>Monitoring:</u> CRH Department Heads/Supervisors will be required to maintain a checklist to verify that they received their “No Abuse- Not Now, Not Ever” card.</p>	2/16/09
<p>Unit Administrative Directors will perform an inspection to ensure that the “No Abuse- Not Now, Not Ever” posters are posted on each patient care unit and will submit documentation of their inspection verifying posters are present on the units to the Chief Operating Officer.</p>	2/16/09
<ul style="list-style-type: none"> ▪ The Nursing Shift Report and the 24 Hour Nursing report forms will be revised to include a section for documenting all allegations or incidents of abuse, neglect or exploitation that occurred during the shift or within the 24 hour time period, as well as the documentation that staff reported the allegations/incidents to the Patient Advocacy Department and supervisory staff. These revised forms will implemented by nursing staff by 2/15/09. 	2/12/09
<p><u>Monitoring:</u> The DON or her designee will review the 24 hour Nursing Report, on a daily basis to ensure that allegations or incidents of abuse, neglect, or exploitation were reported to the Advocacy Department.</p>	2/12/09

<ul style="list-style-type: none"> ▪ The Director of Nursing issued a memo to all Nursing Staff which states “while all levels of nursing staff support each other and work together as a team, the charge nurse has ultimate responsibility for the planning, delegation, supervision and evaluation of the patient care provided on the PCU/Ward in the hospital. All staff should consult with the RN prior to changing assignments with another staff member, leaving the PCU/ward, use of interventive procedures and questions about patient care. 	2/10/09
<p><u>Monitoring</u> Nursing staff will be required to sign a roster indicating that they have read and understand the memo issued by the Director of Nursing.</p>	2/15/09
<ul style="list-style-type: none"> ▪ The Director of Nursing issued an attestation statement to licensed nurses on RN Duties and Responsibilities, which states that the Charge Nurse must make rounds on their assigned unit twice per shift and document their rounds on the patient assignment sheets/life safety sheets. 	2/10/09
<p><u>Monitoring:</u> The licensed nursing staff will sign the attestation statement on RN Duties and Responsibilities which will be submitted to their supervisor and filed in their personnel record.</p>	2/15/09
<p>The Unit Nurse Manager/Unit Nurse Director will review the patient assignment/life safety sheets to ensure that the Charge Nurse has completed the required rounds each shift and submit this verification to the Nursing Office on a daily basis.</p>	2/11/09
<ul style="list-style-type: none"> ▪ The Patient Advocacy Department will use a single pager number on each campus to ensure CRH staff will be able to contact an on-call advocate after hours and on weekends. The pager number will be provided to the hospital operator and House Coordinators. 	2/11/09
<p><u>Monitoring:</u> The CEO or his designee will call the Advocates’ pager number at least once per week during evenings or weekends to ensure that an advocate can be reached by staff. The results of this monitoring will be reviewed by the CEO who will take corrective action as needed.</p>	2/15/09
<ul style="list-style-type: none"> ▪ The Patient Advocates will conduct daily rounds on the patient care units to increase the visibility and access of the advocates to patients. 	2/9/09
<p><u>Monitoring:</u> The Director of Advocacy will develop a weekly schedule listing the</p>	2/9/09

advocates' assignment for daily rounds on the patient care units.	
<ul style="list-style-type: none"> ▪ The Patient Advocates will attend one community meeting per week on each patient care area to describe their services and how to access a Patient Advocate. 	2/15/09
<p><u>Monitoring:</u> The Director of Advocacy will develop a weekly schedule listing the advocates' assignment for attending weekly community meetings on the patient care units.</p>	2/9/09
<p>2. RN Supervision of care and abuse allegation on 2/1/2009 on CAU.</p>	
<ul style="list-style-type: none"> ▪ The CRH Staffing – Nursing Service (Units) policy was revised to include a statement that at least one RN per patient care unit/ward will be assigned to each shift. 	2/10/09
<p><u>Monitoring:</u> The Child and Adolescent Unit Nurse Director/Unit Nurse Manager (House Coordinator on weekends) will review and initial the Daily Staffing Sheets to ensure that at least one RN is assigned to each patient occupied patient care unit/ward.</p>	2/11/09
<ul style="list-style-type: none"> ▪ The Director of Nursing issued a statement to all CAU licensed nurses on RN Duties and Responsibilities, which states that at least one RN is required on each patient occupied unit for each shift at all times and must be relieved by another RN for any breaks needed or absences. 	2/9/09
<p><u>Monitoring:</u> The CAU licensed nursing staff will sign the attestation statement on RN Duties and Responsibilities which will be submitted to their supervisor and filed in their personnel record.</p>	2/15/09
<ul style="list-style-type: none"> ▪ The Advocacy Department was notified of the abuse allegation on 2/2/2009 by the CAU Unit Clinical Director (MD) who immediately notified them after receiving the allegation from patient #5. The Advocacy investigation was closed on 2-8-2009. The allegation of patient abuse was unsubstantiated however, Advocates did identify ward coverage issues which has been addressed by nursing by ensuring that at least one RN is present on the CAU wards at all times. 	2-8-09
<ul style="list-style-type: none"> ▪ The Director of Nursing issued a memo to all Nursing Staff which states “while all levels of nursing staff support each other and work together as a team, the charge nurse has ultimate 	2/10/09

<p>responsibility for the planning, delegation, supervision and evaluation of the patient care provided on the PCU/Ward in the hospital. All staff should consult with the RN prior to changing assignments with another staff member, leaving the PCU/ward, use of interventive procedures and questions about patient care. With an RN present on every CAU ward/PCU, the RN is responsible for documenting the behaviors and actions taken that lead to the use of interventive procedures on the Restrictive Intervention Assessment and Monitoring forms.</p> <p><u>Monitoring</u> Nursing staff will be required to sign a roster indicating that they have read and understand the memo issued by the Director of Nursing.</p>	<p>2/15/2009</p>
<p>A385 482.23 NURSING SERVICES</p>	
<p>The facility failed to have effective Nursing Services providing oversight of day to day operations to ensure adequate staffing and supervision to provide the delivery of patient care in a safe and therapeutic environment.</p>	
<p>1. The hospital’s nursing staff failed to assess, evaluate and supervise patients to ensure a safe and therapeutic environment for 3 of 5 sampled patients that alleged abuse by staff/patients.</p> <p>Please refer to Tag A0395 for corrective actions</p> <p>2. The facility failed to ensure that a registered nurse was available at all times to direct the delivery of patient care for 1 of 5 sampled patients with alleged abuse.</p> <p>Please refer to Tag A0392 for corrective actions</p> <p>3. The hospital’s nursing staff failed to ensure staff assignments were monitored and patient treatment plans were followed to ensure patient safety for 1 of 5 patients reviewed.</p> <p>Please refer to Tag A0397 for corrective actions</p> <p>4. The hospital nursing staff failed to implement and maintain consistent policies/procedures between the Remote campus and the Hospital to ensure the reporting of allegations of suspected staff to patient abuse in 1 of 1 patients reviewed.</p> <p>Please refer to Tag A0386 for corrective actions</p>	

A386 482.23(a) Organization of Nursing Services	
Hospital nursing staff failed to implement and maintain consistent policies/procedures between the Remote campus and the Hospital to ensure the reporting of allegations of suspected staff to patient abuse in 1 of 1 patients reviewed.	
<ul style="list-style-type: none"> ▪ The North Carolina Secretary of the Department of Health and Human Services (DHHS) issued a memorandum to the State Facility Directors indicating a zero tolerance for client abuse/neglect and exploitation and that employees who abuse patients or fail to report abuse will be disciplined-up to and including dismissal. 	2/4/09
<p><u>Monitoring:</u> The CRH CEO mandated that the memorandum from the DHHS Secretary will be distributed to all CRH Clinical Staff who will be required to review and sign an employee attestation statement verifying they have read, understand and agree to abide by the Secretary’s memorandum. The signed attestation statement will be submitted to their supervisor and filed in their personnel record.</p>	2/15/09
<ul style="list-style-type: none"> ▪ Immediately upon notification that an abuse allegation had been made by patient # 1, CRH leadership notified the patient advocates who began an investigation and the alleged perpetrator and staff involved in the incident were put on investigatory leave. 	2/6/09
<p><u>Monitoring:</u> Upon completion, the investigation results will be provided to the CEO for review and to ensure necessary follow-up actions have been completed.</p>	2/12/09
<p>To promote the staff reporting of abuse, neglect or exploitation incidents and allegations, the following proactive measures have been implemented by Hospital Leadership.</p> <ul style="list-style-type: none"> ▪ The CRH Abuse, Neglect, or Exploitation of Patients policy was reviewed by CRH Leadership and revised to incorporate the following requirements: 1) staff are required to notify the patient advocacy department and their supervisor of any alleged abuse, neglect or exploitation and document the notifications made as well as any nursing interventions taken in the patient’s medical record, 2) any time staff becomes aware of an allegation, they are required to confirm that the notifications have been made, and if notifications are not documented staff are required to initiate the report themselves to Advocacy and management as outlined in the policy, 3.) to ensure CRH leadership is made aware of any allegations or incidents of abuse, neglect or exploitation, the Director of Nursing/Assistant Director of Nursing or designee (House Coordinator/Supervisor afterhours, weekends or holidays) 	2/9/09

<p>will be responsible for notifying the following of any allegations of abuse, neglect or exploitation:</p> <ul style="list-style-type: none"> ○ Hospital Director or designee ○ Clinical Director or designee ○ Risk Manager or designee ○ Patient’s Charge Nurse ○ Alleged abuser’s Direct Supervisor 	
<ul style="list-style-type: none"> ▪ The Adverse/Sentinel Event Management Investigation Report Page 1 was distributed and placed on every PCU/ward. 	2/15/09
<ul style="list-style-type: none"> ▪ The Director of Quality Management sent an email out to CRH staff that the The Adverse/Sentinel Event Management Investigation Report Page 1 is available on the PCU/wards as well as posted on the CRH intranet. 	2/16/09
<p><u>Monitoring:</u></p>	
<p>The revised CRH Abuse, Neglect, or Exploitation of Patients policy will be distributed to all CRH clinical staff who will sign an employee attestation statement verifying their review and understanding of the policy. The signed attestation statement will be submitted to their supervisor and filed in their personnel record.</p>	2/15/09
<p>The DON or designee, upon receiving an allegation of physical or verbal abuse will place the alleged perpetrator on investigatory leave with pay or place the alleged perpetrator on a ward or PCU different from the patient involved. This staff person will not be allowed to work with the patient until the issue is resolved.</p>	2/13/09
<ul style="list-style-type: none"> ▪ The CEO will hold a mandated meeting with all CRH Department Heads to review the process for reporting allegations or incidents of abuse, neglect or exploitation, discuss the DHHS Secretary’s “zero tolerance” memorandum, and provide an overview of the CRH campaign to achieve an abuse free environment. 	2/10/09
<p><u>Monitoring:</u></p>	
<p>Minutes of the CRH Department Head meeting will be distributed to all department heads.</p>	2/12/09
<ul style="list-style-type: none"> ▪ The campaign to promote an abuse free environment will include: 1) “No Abuse- Not Now, Not Ever” cards that each employee will wear on their person with the phone numbers for the patient advocacy department, 2) “No Abuse- Not Now, Not Ever” posters will be posted in all patient care areas with the patient advocacy department phone number and the on call pager number, 3) All the computers in the patient care units nursing stations will be loaded with a screen saver that promotes the campaign for “No Abuse- Not Now, Not Ever”. 	2/16/09

<p><u>Monitoring:</u></p>	
<p>CRH Department Heads/Supervisors will be required to maintain a checklist to verify that they received their "No Abuse- Not Now, Not Ever" card.</p>	2/16/09
<p>Unit Administrative Directors will perform an inspection to ensure that the "No Abuse- Not Now, Not Ever" posters are posted on each patient care unit and will submit documentation of their inspection verifying posters are present on the units to the Chief Operating Officer.</p>	2/16/09
<ul style="list-style-type: none"> ▪ The Nursing Shift Report and the 24 Hour Nursing report forms will be revised to include a section for documenting all allegations or incidents of abuse, neglect or exploitation that occurred during the shift or within the 24 hour time period, as well as the documentation that staff reported the allegations/incidents to the Patient Advocacy Department and supervisory staff. These revised forms will be implemented by nursing staff by 2/15/09. 	2/12/09
<p><u>Monitoring:</u></p>	
<p>The DON or her designee will review the 24 hour Nursing Report, on a daily basis to ensure that allegations or incidents of abuse, neglect, or exploitation were reported to the Advocacy Department.</p>	2/12/09
<ul style="list-style-type: none"> ▪ The Director of Nursing issued a memo to all Nursing Staff which states "while all levels of nursing staff support each other and work together as a team, the charge nurse has ultimate responsibility for the planning, delegation, supervision and evaluation of the patient care provided on the PCU/Ward in the hospital. All staff should consult with the RN prior to changing assignments with another staff member, leaving the PCU/ward, use of interventional procedures and questions about patient care. 	2/10/09
<p><u>Monitoring</u></p>	
<p>Nursing staff will be required to sign a roster indicating that they have read and understand the memo issued by the Director of Nursing.</p>	2/15/09
<ul style="list-style-type: none"> ▪ The Director of Nursing issued an attestation statement to licensed nurses on RN Duties and Responsibilities, which states that the Charge Nurse must make rounds on their assigned unit twice per shift and document their rounds on the patient assignment sheets/life safety sheets. 	2/10/09
<p><u>Monitoring:</u></p>	
<p>The licensed nursing staff will sign the attestation statement on RN Duties and Responsibilities which will be submitted to their supervisor and filed in their personnel record.</p>	2/15/09

<p>The Unit Nurse Manager/Unit Nurse Director will review the patient assignment/life safety sheets to ensure that the Charge Nurse has completed the required rounds each shift and submit this verification to the Nursing Office on a daily basis.</p>	2/11/09
<ul style="list-style-type: none"> ▪ The Patient Advocacy Department will use a single pager number on each campus to ensure CRH staff will be able to contact an on-call advocate after hours and on weekends. The pager number will be provided to the hospital operator and House Coordinators. 	2/11/09
<p><u>Monitoring:</u> The CEO or his designee will call the Advocates' pager number at least once per week during evenings or weekends to ensure that an advocate can be reached by staff. The results of this monitoring will be reviewed by the CEO who will take corrective action as needed.</p>	2/15/09
<ul style="list-style-type: none"> ▪ The Patient Advocates will conduct daily rounds on the patient care units to increase the visibility and access of the advocates to patients. 	2/9/09
<p><u>Monitoring:</u> The Director of Advocacy will develop a weekly schedule listing the advocates' assignment for daily rounds on the patient care units.</p>	2/9/09
<ul style="list-style-type: none"> ▪ The Patient Advocates will attend one community meeting per week on each patient care area to describe their services and how to access a Patient Advocate. 	2/15/09
<p><u>Monitoring:</u> The Director of Advocacy will develop a weekly schedule listing the advocates' assignment for attending weekly community meetings on the patient care units.</p>	2/9/09
<p>A 392 482.23(b) Staffing and Delivery of Care</p>	
<p>The facility failed to ensure that a registered nurse was available at all times to direct the delivery of patient care for 1 of 5 sampled patient with alleged abuse.</p>	
<ul style="list-style-type: none"> ▪ The CRH Staffing – Nursing Service (Units) policy was revised to include a statement that at least one RN per patient care unit/ward will be assigned to each shift. 	2/10/09
<p><u>Monitoring:</u> The Child and Adolescent Unit Nurse Director/Unit Nurse Manager (House Coordinator on weekends) will review and initial the Daily Staffing Sheets to ensure that at least one RN is assigned to each patient occupied patient care unit/ward.</p>	2/11/09

<ul style="list-style-type: none"> ▪ The Director of Nursing issued a statement to all CAU licensed nurses on RN Duties and Responsibilities, which states that at least one RN is required on each patient occupied unit for each shift at all times and must be relieved by another RN for any breaks needed or absences. 	2/9/09
<p><u>Monitoring:</u> The CAU licensed nursing staff will sign the attestation statement on RN Duties and Responsibilities which will be submitted to their supervisor and filed in their personnel record.</p>	2/15/09
<ul style="list-style-type: none"> ▪ The Advocacy Department was notified of the abuse allegation on 2/2/2009 by the CAU Unit Clinical Director (MD) who immediately notified them after receiving the allegation from patient #5. The Advocacy investigation was closed on 2-8-2009. The allegation of patient abuse was unsubstantiated however, Advocates did identify ward coverage issues which has been addressed by nursing by ensuring that at least one RN is present on the CAU wards at all times. 	2-8-09
<ul style="list-style-type: none"> ▪ The Director of Nursing issued a memo to all Nursing Staff which states “while all levels of nursing staff support each other and work together as a team, the charge nurse has ultimate responsibility for the planning, delegation, supervision and evaluation of the patient care provided on the PCU/Ward in the hospital. All staff should consult with the RN prior to changing assignments with another staff member, leaving the PCU/ward, use of interventive procedures and questions about patient care. With an RN present on every CAU ward/PCU, the RN is responsible for documenting the behaviors and actions taken that lead to the use of interventive procedures on the Restrictive Intervention Assessment and Monitoring forms. 	2/10/09
<p><u>Monitoring</u> Nursing staff will be required to sign a roster indicating that they have read and understand the memo issued by the Director of Nursing.</p>	2/15/2009
A395 482.23(b)(3) RN Supervision of Nursing Care	
The hospital’s nursing staff failed to assess, evaluate and supervise patients to ensure a safe environment for 3 of 5 sampled patients that alleged abuse by staff/patients.	
1. Incident of Patient Abuse on 2/1/2009 on 3 South/Med Unit	
<ul style="list-style-type: none"> ▪ The North Carolina Secretary of the Department of Health and Human Services (DHHS) issued a memorandum to the State Facility Directors indicating a zero tolerance for client 	2/4/09

<p>abuse/neglect and exploitation and that employees who abuse patients or fail to report abuse will be disciplined-up to and including dismissal.</p>	
<p><u>Monitoring:</u> The CRH CEO mandated that the memorandum from the DHHS Secretary will be distributed to all CRH Clinical Staff who will be required to review and sign an employee attestation statement verifying they have read, understand and agree to abide by the Secretary’s memorandum. The signed attestation statement will be submitted to their supervisor and filed in their personnel record.</p>	<p>2/15/09</p>
<ul style="list-style-type: none"> ▪ Immediately upon notification that an abuse allegation had been made by patient # 1, CRH leadership notified the patient advocates who began an investigation and the alleged perpetrator and staff involved in the incident were put on investigatory leave. 	<p>2/6/09</p>
<p><u>Monitoring:</u> Upon completion, the investigation results will be provided to the CEO for review and to ensure necessary follow-up actions have been completed.</p>	<p>2/12/09</p>
<p>To promote the staff reporting of abuse, neglect or exploitation incidents and allegations, the following proactive measures have been implemented by Hospital Leadership.</p> <ul style="list-style-type: none"> ▪ The CRH Abuse, Neglect, or Exploitation of Patients policy was reviewed by CRH Leadership and revised to incorporate the following requirements: 1) staff are required to notify the patient advocacy department and their supervisor of any alleged abuse, neglect or exploitation and document the notifications made as well as any nursing interventions taken in the patient’s medical record, 2) any time staff becomes aware of an allegation, they are required to confirm that the notifications have been made, and if notifications are not documented staff are required to initiate the report themselves to Advocacy and management as outlined in the policy, 3.) to ensure CRH leadership is made aware of any allegations or incidents of abuse, neglect or exploitation, the Director of Nursing/Assistant Director of Nursing or designee (House Coordinator/Supervisor afterhours, weekends or holidays) will be responsible for notifying the following of any allegations of abuse, neglect or exploitation: <ul style="list-style-type: none"> ○ Hospital Director or designee ○ Clinical Director or designee ○ Risk Manager or designee ○ Patient’s Charge Nurse ○ Alleged abuser’s Direct Supervisor 	<p>2/9/09</p>

<ul style="list-style-type: none"> ▪ The Adverse/Sentinel Event Management Investigation Report Page 1 was distributed and placed on every PCU/ward. 	2/15/09
<ul style="list-style-type: none"> ▪ The Director of Quality Management sent an email out to CRH staff that the The Adverse/Sentinel Event Management Investigation Report Page 1 is available on the PCU/wards as well as posted on the CRH intranet. 	2/16/09
<p><u>Monitoring:</u> The revised CRH Abuse, Neglect, or Exploitation of Patients policy will be distributed to all CRH clinical staff who will sign an employee attestation statement verifying their review and understanding of the policy. The signed attestation statement will be submitted to their supervisor and filed in their personnel record.</p>	2/15/09
<p>The DON or designee, upon receiving an allegation of physical or verbal abuse will place the alleged perpetrator on investigatory leave with pay or place the alleged perpetrator on a ward or PCU different from the patient involved. This staff person will not be allowed to work with the patient until the issue is resolved.</p>	2/13/09
<ul style="list-style-type: none"> ▪ The CEO will hold a mandated meeting with all CRH Department Heads to review the process for reporting allegations or incidents of abuse, neglect or exploitation, discuss the DHHS Secretary’s “zero tolerance” memorandum, and provide an overview of the CRH campaign to achieve an abuse free environment. 	2/10/09
<p><u>Monitoring:</u> Minutes of the CRH Department Head meeting will be distributed to all department heads.</p>	2/12/09
<ul style="list-style-type: none"> ▪ The campaign to promote an abuse free environment will include: 1) “No Abuse- Not Now, Not Ever” cards that each employee will wear on their person with the phone numbers for the patient advocacy department, 2) “No Abuse- Not Now, Not Ever” posters will be posted in all patient care areas with the patient advocacy department phone number and the on call pager number, 3) All the computers in the patient care units nursing stations will be loaded with a screen saver that promotes the campaign for “No Abuse- Not Now, Not Ever”. 	2/16/09
<p><u>Monitoring:</u> CRH Department Heads/Supervisors will be required to maintain a checklist to verify that they received their “No Abuse- Not Now, Not Ever” card.</p>	2/16/09
<p>Unit Administrative Directors will perform an inspection to ensure that the “No Abuse- Not Now, Not Ever” posters are posted on each patient</p>	2/16/09

care unit and will submit documentation of their inspection verifying posters are present on the units to the Chief Operating Officer.	
<ul style="list-style-type: none"> The Nursing Shift Report and the 24 Hour Nursing report forms will be revised to include a section for documenting all allegations or incidents of abuse, neglect or exploitation that occurred during the shift or within the 24 hour time period, as well as the documentation that staff reported the allegations/incidents to the Patient Advocacy Department and supervisory staff. These revised forms will implemented by nursing staff by 2/15/09. 	2/12/09
<p><u>Monitoring:</u> The DON or her designee will review the 24 hour Nursing Report, on a daily basis to ensure that allegations or incidents of abuse, neglect, or exploitation were reported to the Advocacy Department.</p>	2/12/09
<ul style="list-style-type: none"> The Director of Nursing issued a memo to all Nursing Staff which states “while all levels of nursing staff support each other and work together as a team, the charge nurse has ultimate responsibility for the planning, delegation, supervision and evaluation of the patient care provided on the PCU/Ward in the hospital. All staff should consult with the RN prior to changing assignments with another staff member, leaving the PCU/ward, use of interventive procedures and questions about patient care. 	2/10/09
<p><u>Monitoring</u> Nursing staff will be required to sign a roster indicating that they have read and understand the memo issued by the Director of Nursing.</p>	2/15/09
<ul style="list-style-type: none"> The Director of Nursing issued an attestation statement to licensed nurses on RN Duties and Responsibilities, which states that the Charge Nurse must make rounds on their assigned unit twice per shift and document their rounds on the patient assignment sheets/life safety sheets. 	2/10/09
<p><u>Monitoring:</u> The licensed nursing staff will sign the attestation statement on RN Duties and Responsibilities which will be submitted to their supervisor and filed in their personnel record.</p>	2/15/09
<p>The Unit Nurse Manager/Unit Nurse Director will review the patient assignment/life safety sheets to ensure that the Charge Nurse has completed the required rounds each shift and submit this verification to the Nursing Office on a daily basis.</p>	2/11/09
<ul style="list-style-type: none"> The Patient Advocacy Department will use a single pager number 	2/11/09

<p>on each campus to ensure CRH staff will be able to contact an on-call advocate after hours and on weekends. The pager number will be provided to the hospital operator and House Coordinators.</p>	
<p><u>Monitoring:</u> The CEO or his designee will call the Advocates' pager number at least once per week during evenings or weekends to ensure that an advocate can be reached by staff. The results of this monitoring will be reviewed by the CEO who will take corrective action as needed.</p>	2/15/09
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<p><u>Monitoring:</u> The Director of Advocacy will develop a weekly schedule listing the advocates' assignment for daily rounds on the patient care units.</p>	2/9/09
<ul style="list-style-type: none"> ▪ The Patient Advocates will attend one community meeting per week on each patient care area to describe their services and how to access a Patient Advocate. 	2/15/09
<p><u>Monitoring:</u> The Director of Advocacy will develop a weekly schedule listing the advocates' assignment for attending weekly community meetings on the patient care units.</p>	2/9/09
<p>2. RN Supervision of care and abuse allegation on 2/1/2009 on CAU.</p>	
<ul style="list-style-type: none"> ▪ The CRH Staffing – Nursing Service (Units) policy was revised to include a statement that at least one RN per patient care unit/ward will be assigned to each shift. 	2/10/09
<p><u>Monitoring:</u> The Child and Adolescent Unit Nurse Director/Unit Nurse Manager (House Coordinator on weekends) will review and initial the Daily Staffing Sheets to ensure that at least one RN is assigned to each patient occupied patient care unit/ward.</p>	2/11/09
<ul style="list-style-type: none"> ▪ The Director of Nursing issued a statement to all CAU licensed nurses on RN Duties and Responsibilities, which states that at least one RN is required on each patient occupied unit for each shift at all times and must be relieved by another RN for any breaks needed or absences. 	2/9/09
<p><u>Monitoring:</u></p>	

<p>The CAU licensed nursing staff will sign the attestation statement on RN Duties and Responsibilities which will be submitted to their supervisor and filed in their personnel record.</p>	<p>2/15/09</p>
<ul style="list-style-type: none"> ▪ The Advocacy Department was notified of the abuse allegation on 2/2/2009 by the CAU Unit Clinical Director (MD) who immediately notified them after receiving the allegation from patient #5. The Advocacy investigation was closed on 2-8-2009. The allegation of patient abuse was unsubstantiated however, Advocates did identify ward coverage issues which has been addressed by nursing by ensuring that at least one RN is present on the CAU wards at all times. 	<p>2-8-09</p>
<ul style="list-style-type: none"> ▪ The Director of Nursing issued a memo to all Nursing Staff which states “while all levels of nursing staff support each other and work together as a team, the charge nurse has ultimate responsibility for the planning, delegation, supervision and evaluation of the patient care provided on the PCU/Ward in the hospital. All staff should consult with the RN prior to changing assignments with another staff member, leaving the PCU/ward, use of interventive procedures and questions about patient care. With an RN present on every CAU ward/PCU, the RN is responsible for documenting the behaviors and actions taken that lead to the use of interventive procedures on the Restrictive Intervention Assessment and Monitoring forms. 	<p>2/10/09</p>
<p><u>Monitoring</u> Nursing staff will be required to sign a roster indicating that they have read and understand the memo issued by the Director of Nursing.</p>	<p>2/15/2009</p>
<p>3. Patient to Patient assault on 1/26/2009 on CAU</p>	
<ul style="list-style-type: none"> ▪ The Child and Adolescent Unit (CAU) Clinical Director issued a memorandum to all CAU clinical staff providing guidelines for licensed nursing staff and physicians regarding procedures to follow any time a patient expresses concerns about his/her safety. The licensed nursing staff was instructed: to contact the physician; complete an assessment; develop immediate interventions to help the patient feel safe, and document actions taken. The physicians were instructed to: document their assessment and patient recommendations in a progress note and revise the treatment plan, if indicated. 	<p>2/9/09</p>
<p><u>Monitoring:</u> The Licensed nurse will send a copy of their progress note to the Unit Nurse Director/Unit Nurse Manager and the Assistant Unit Clinical</p>	<p>2/11/09</p>

Directors. The Asst. Unit Clinical Directors will review the case and the interventions taken to ensure all necessary clinical interventions were implemented.	
<ul style="list-style-type: none"> ▪ The Director of Nursing issued an attestation statement to licensed nurses on RN Duties and Responsibilities, which states that the Charge Nurse must make rounds on their assigned unit twice per shift and document their rounds on the patient assignment sheets/life safety sheets. During the rounds the RNs will observe all patients for safety needs and intervene as necessary (e.g. ensuring nursing staff are present in the milieu monitoring patients). 	2/11/09
<ul style="list-style-type: none"> ▪ In addition, a memo was issued to all Nursing Staff from the ADON, stating that “Nursing staff are charged with maintaining a safe environment for patients at all times. Patients are not to be left in the Day Room areas without staff supervision”. This memo was distributed to reinforce the need for patient safety in the milieu. 	2/13/09
<p><u>Monitoring:</u> The licensed nursing staff will sign the attestation statement on RN Duties and Responsibilities which will be submitted to their supervisor and filed in their personnel record.</p>	2/15/09
<p>The Unit Nurse Manager/Unit Nurse Director will review the patient assignment/life safety sheets to ensure that the Charge Nurse has completed the required rounds each shift and submit this verification to the Nursing Office on a daily basis.</p>	2/11/09
<ul style="list-style-type: none"> ▪ The Nursing Shift Report and the 24 Hour Nursing report forms will be revised to include a section for milieu concerns. 	2/13/09
<p><u>Monitoring:</u> The DON or her designee will review the 24 hour Nursing Report, on a daily basis to ensure that milieu concerns are being addressed appropriately.</p>	2/16/09
A397 482.23(b)(5) Patient Care Assignments	
The hospital’s nursing staff failed to ensure staff assignment sheets were monitored and patient treatment plans were followed to ensure patient safety for 1 of 5 patients reviewed.	
<ul style="list-style-type: none"> ▪ The North Carolina Secretary of the Department of Health and Human Services (DHHS) issued a memorandum to the State Facility Directors indicating a zero tolerance for client abuse/neglect and exploitation and that employees who abuse patients or fail to report abuse will be disciplined-up to and 	2/4/09

<p>including dismissal.</p>	
<p><u>Monitoring:</u> The CRH CEO mandated that the memorandum from the DHHS Secretary will be distributed to all CRH Clinical Staff who will be required to review and sign an employee attestation statement verifying they have read, understand and agree to abide by the Secretary's memorandum. The signed attestation statement will be submitted to their supervisor and filed in their personnel record.</p>	<p>2/15/09</p>
<ul style="list-style-type: none"> ▪ Immediately upon notification that an abuse allegation had been made by patient # 1, CRH leadership notified the patient advocates who began an investigation and the alleged perpetrator and staff involved in the incident were put on investigatory leave. 	<p>2/6/09</p>
<p><u>Monitoring:</u> Upon completion, the investigation results will be provided to the CEO for review and to ensure necessary follow-up actions have been completed.</p>	<p>2/12/09</p>
<p>To promote the staff reporting of abuse, neglect or exploitation incidents and allegations, the following proactive measures have been implemented by Hospital Leadership.</p>	
<ul style="list-style-type: none"> ▪ The CRH Abuse, Neglect, or Exploitation of Patients policy was reviewed by CRH Leadership and revised to incorporate the following requirements: 1) staff are required to notify the patient advocacy department and their supervisor of any alleged abuse, neglect or exploitation and document the notifications made as well as any nursing interventions taken in the patient's medical record, 2) any time staff becomes aware of an allegation, they are required to confirm that the notifications have been made, and if notifications are not documented staff are required to initiate the report themselves to Advocacy and management as outlined in the policy, 3.) to ensure CRH leadership is made aware of any allegations or incidents of abuse, neglect or exploitation, the Director of Nursing/Assistant Director of Nursing or designee (House Coordinator/Supervisor afterhours, weekends or holidays) will be responsible for notifying the following of any allegations of abuse, neglect or exploitation: <ul style="list-style-type: none"> ○ Hospital Director or designee ○ Clinical Director or designee ○ Risk Manager or designee ○ Patient's Charge Nurse ○ Alleged abuser's Direct Supervisor 	<p>2/9/09</p>
<ul style="list-style-type: none"> ▪ The Adverse/Sentinel Event Management Investigation Report 	<p>2/15/09</p>

<p>Page 1 was distributed and placed on every PCU/ward.</p> <ul style="list-style-type: none"> ▪ The Director of Quality Management sent an email out to CRH staff that the The Adverse/Sentinel Event Management Investigation Report Page 1 is available on the PCU/wards as well as posted on the CRH intranet. 	2/16/09
<p><u>Monitoring:</u> The revised CRH Abuse, Neglect, or Exploitation of Patients policy will be distributed to all CRH clinical staff who will sign an employee attestation statement verifying their review and understanding of the policy. The signed attestation statement will be submitted to their supervisor and filed in their personnel record.</p>	2/15/09
<p>The DON or designee, upon receiving an allegation of physical or verbal abuse will place the alleged perpetrator on investigatory leave with pay or place the alleged perpetrator on a ward or PCU different from the patient involved. This staff person will not be allowed to work with the patient until the issue is resolved.</p>	2/13/09
<ul style="list-style-type: none"> ▪ The CEO will hold a mandated meeting with all CRH Department Heads to review the process for reporting allegations or incidents of abuse, neglect or exploitation, discuss the DHHS Secretary’s “zero tolerance” memorandum, and provide an overview of the CRH campaign to achieve an abuse free environment. 	2/10/09
<p><u>Monitoring:</u> Minutes of the CRH Department Head meeting will be distributed to all department heads.</p>	2/12/09
<ul style="list-style-type: none"> ▪ The campaign to promote an abuse free environment will include: 1) “No Abuse- Not Now, Not Ever” cards that each employee will wear on their person with the phone numbers for the patient advocacy department, 2) “No Abuse- Not Now, Not Ever” posters will be posted in all patient care areas with the patient advocacy department phone number and the on call pager number, 3) All the computers in the patient care units nursing stations will be loaded with a screen saver that promotes the campaign for “No Abuse- Not Now, Not Ever”. 	2/16/09
<p><u>Monitoring:</u> CRH Department Heads/Supervisors will be required to maintain a checklist to verify that they received their “No Abuse- Not Now, Not Ever” card.</p>	2/16/09
<p>Unit Administrative Directors will perform an inspection to ensure that the “No Abuse- Not Now, Not Ever” posters are posted on each patient care unit and will submit documentation of their inspection verifying posters are present on the units to the Chief Operating Officer.</p>	2/16/09

<ul style="list-style-type: none"> ▪ The Nursing Shift Report and the 24 Hour Nursing report forms will be revised to include a section for documenting all allegations or incidents of abuse, neglect or exploitation that occurred during the shift or within the 24 hour time period, as well as the documentation that staff reported the allegations/incidents to the Patient Advocacy Department and supervisory staff. These revised forms will implemented by nursing staff by 2/15/09. 	2/12/09
<p><u>Monitoring:</u> The DON or her designee will review the 24 hour Nursing Report, on a daily basis to ensure that allegations or incidents of abuse, neglect, or exploitation were reported to the Advocacy Department.</p>	2/12/09
<ul style="list-style-type: none"> ▪ The Director of Nursing issued a memo to all Nursing Staff which states “while all levels of nursing staff support each other and work together as a team, the charge nurse has ultimate responsibility for the planning, delegation, supervision and evaluation of the patient care provided on the PCU/Ward in the hospital. All staff should consult with the RN prior to changing assignments with another staff member, leaving the PCU/ward, use of interventive procedures and questions about patient care. 	2/10/09
<p><u>Monitoring</u> Nursing staff will be required to sign a roster indicating that they have read and understand the memo issued by the Director of Nursing.</p>	2/15/09
<ul style="list-style-type: none"> ▪ The Director of Nursing issued an attestation statement to licensed nurses on RN Duties and Responsibilities, which states that the Charge Nurse must make rounds on their assigned unit twice per shift and document their rounds on the patient assignment sheets/life safety sheets. 	2/10/09
<p><u>Monitoring:</u> The licensed nursing staff will sign the attestation statement on RN Duties and Responsibilities which will be submitted to their supervisor and filed in their personnel record.</p>	2/15/09
<p>The Unit Nurse Manager/Unit Nurse Director will review the patient assignment/life safety sheets to ensure that the Charge Nurse has completed the required rounds each shift and submit this verification to the Nursing Office on a daily basis.</p>	2/11/09
<ul style="list-style-type: none"> ▪ The Patient Advocacy Department will use a single pager number on each campus to ensure CRH staff will be able to contact an on-call advocate after hours and on weekends. The pager number will 	2/11/09

<p>be provided to the hospital operator and House Coordinators.</p>	
<p><u>Monitoring:</u> The CEO or his designee will call the Advocates' pager number at least once per week during evenings or weekends to ensure that an advocate can be reached by staff. The results of this monitoring will be reviewed by the CEO who will take corrective action as needed.</p>	<p>2/15/09</p>
<ul style="list-style-type: none"> ▪ The Patient Advocates will conduct daily rounds on the patient care units to increase the visibility and access of the advocates to patients. 	<p>2/9/09</p>
<p><u>Monitoring:</u> The Director of Advocacy will develop a weekly schedule listing the advocates' assignment for daily rounds on the patient care units.</p>	<p>2/9/09</p>
<ul style="list-style-type: none"> ▪ The Patient Advocates will attend one community meeting per week on each patient care area to describe their services and how to access a Patient Advocate. 	<p>2/15/09</p>
<p><u>Monitoring:</u> The Director of Advocacy will develop a weekly schedule listing the advocates' assignment for attending weekly community meetings on the patient care units.</p>	<p>2/9/09</p>