

## STATE OF CONNECTICUT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES CONNECTICUT VALLEY HOSPITAL



POUR 13/14

Connecticut Valley Hospital 1000 Silver Street Middletown, CT 06457

May 10, 2019

CMS, Boston Regional Office Division of Survey and Certification JFK Federal Building, Room 2325 Boston, MA 02203

Re: CMS Certification Number: 074003 Survey ID: 1XTE11 Complaint Survey on April 12, 2019

Dear Dr. Reinertsen,

Attached please find Connecticut Valley Hospital's Plan of Correction in response to the April 12, 2019 survey that was conducted by the Connecticut State Department of Public Health and The Center for Medicare & Medicaid Services (CMS).

I look forward to your response and any feedback. If you have any questions or concerns, please do not hesitate to contact me at 860-262-6110 or Timothy Denier at 860-262-5996.

Sincerely Yours,

Helene M. Vartelas, MSN, RN Chief Executive Officer

HMV/sp Attachments- Form CMS-2567 attached response

cc: Miriam E. Delphin-Rittmon, Ph.D., Commissioner, DMHAS Barbara Bugella, MSN, Assistant to the Commissioner, DMHAS Susan Newton, RN, Health Systems Regulation, Department of Public Health

> Phone: (860) 262-5000 P.O. Box 351 SILVER STREET, MIDDLETOWN, CT 06457 An Equal Opportunity Employer

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Т и Ц 1 7 4 6 8 9 (1	was reviewed and y Immediate, Jeopard Rights on 4/12/19. 4/12/19 verified that corrected as of 4/4/ educating staff rege	articipation for Patient Rights vas identified as not met, y was identified under, Patient An onsite visit conducted on t immediate Jeopardy was 19 when the hospital began riding continuous observation ursing audits began to ensure the CO policy.			· · ·	
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	For CT 25200;		.   :	· · · ·		•	•
	was reviewed and was Immediate Jeopardy Rights on 4/12/19. A 4/12/19 verified that is corrected as of 4/4/19 educating staff regard (OO) and random nur	tolpation for Patient Rights is identified as not met, was identified under Patient n onsite visit conducted on mmediate Jeopardy was ) when the hospital began ling continuous observation sing audits began to ensure			•		
	staff were following th For CT24871:	te CO policy,					
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,	For GT25121:						
		noles were noted within the tion for Nursing Services.		_		·	l
	Connecticut Valley Ho Silver Street Middletown, CT 0645	•	-	Helene Vartelas, MSN, RN 5/10/2019	, CEO.		
IORATORY D	IRECTOR'S OR PROVIDERS	UPPLIER REPRESENTATIVE'S SIGNATURE	[	TILE		X6) DATE	
or antequard swing the ଏକ	ls provide sufficient protection to of zonay whether or not i he date these documents ar	n to the patients. (See Instructions.) Except a plan of correction is provided. For nursing	viution may be a of lor nursing ho a homes, the ebo	CEO accused from correcting providing IL is determined mos, the findings stated above are disclosable 90 you findings and plans of correction are disclosab approved plan of correction is requisite to continu	l Unat I days Ia 14		

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May.	13. 2019 2:02PI	N CVH- CEO FAX			No. 660	1 P.	3
		D HUMAN SERVICES				FORM	): 04/30/2019 APPROVED - 0938-0391
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	· · · · · · · · · · · · · · · · · · ·			1	See Attached		
A 000 A			AC	200	5/13/2019		
A 115	The total census is 34 PATIENT RIGHTS	9		115	4450040		
V 119	CFR(ś): 482.13			10	4/15/2019		
	A hospital must protec patient's rights,	ot and promote each					•
		not met as evidenced by: licipation for Patient Rights			•		
	Interviews with staff, r documentation and po patients (Patient #11						
	neglect by failing to e	at the patient was free from nsure the patient received when staff failed to maintain ons;					
	2. Failed to adequate	ly supervise the patient; and					
	neglect for failing to e	e patient was free from nsure the environment was id physical harm of the mediate jeopardy.	į				
A 144	Please refer to A144, PATIENT RIGHTS: C. CFR(s): 482.13(c)(2)	A145 ARE IN SAFE SETTING	A	144	4/15/2019		
	The patient has the ri setting.	ght to receive care in a safe					
	This STANDARD is r	not met as evidenced by: π, clinical record review,					

FORM CMS-2567(02-89) Previous Versions Obsolete

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Event ID: 1XTE11

Facility ID; 074003

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A 144	sampled patients (Pa for self-harm behavio ensure the patient wa continuous observation failed to ensure the e hazards which result resulting in immediate include: 1. Patient # 17 was a Review of the hospita 2/6/19 identified the p emergency departme self-harm. The report ingested a nail, part of and while waiting to t inserted a piece of pla area. The summary fit patient had sulcidal to Review of the nursing dated 2/6/19 identified thoughts of self-harm behaviors. Review of 2/6/19 identified schiz disorder, anti-social of items that are not foo Review of the readmit and assessment date diagnoses including in Intermittent anger, de symptoms of post-tra (PTSD). The note ide suicidal ideation and identified to develop a	Icy, review of hospital taff interview for 2 of 2 itlent #11 and #17) reviewed ins, the facility failed to as supervised and/or nowas maintained and/or novironment was free of ed in harm of the patient a jeopardy. The findings dmitted to facility on 2/6/19. al discharge summary dated petient was admitted to the int (ED) for acts of identified the patient of a razor, top of a beer can be evaluated the patient astic fork into the genital urther identified that the deation. g admission assessment d recently the patient had a and/or self-mutilating i the medical history dated zophrenia, history of bipolar disorder and PICA (eating id). assion psychosocial history ed 2/7/19 identified impulsive behaviors, apression, anxiety and umatic stress disorder antified a long history of PICA. The note further a therapeutic relationship	A 1.	44		
	7(02-99) Previous Versions Obs	h family towards discharge		Facility ID: 074003		sheet Page 3 of 4

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A 144		a 3 tic symptoms by Improving a and active involvement in	A	144			
	identified a history of PICA. Interventions in ordered, stress mana	ent plan dated 2/16/19 self-harm behaviors and icluded medications as gement groups, coping g, and tools to recognize and					
	physician notes dated (2/6/19) thru 3/23/19 i medication compliant buildings and ground, conditions present and or sufficiently stabilize	tes, social service notes and I from time of admission Identified the patient as , a level 4 (unsupervised meaning any psychiatric e considered either resolved ad that staff supervision is and attending groups and					
	11:50AM identified the inserted a pen in the paper clip. The physic assessed the patient transferred to the ED further identified the p self-harming behavior	and the patient was for evaluation. The report patient had an increase in rs and that staff was to ng the resident from the		y			
	patient requested to s patient reported that h the urethra and swall further identified that	3/24/19 at 11:50AM identified speak to writer and the ne/she inserted a pen Into owed a paper clip. The note the pen was visible in the ent was assessed by the					

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A 144	Continued From pag physicien and was tr	e 4 ansferred to the hospital.	A1	44			
	identified that he/she patient after the patie (pen) into the urethra paper clip. The note the patient was upse	ted 3/24/19 at 12:10PM was asked to see the ent inserted a foreign object a area and swallowing a identified after a phone call, t and became involved in ors and was transported to		<b></b>	· ·		
	Identified the patient pen that was Inserter paper clip the patient identified a pen was penis and scrotum a an uncoiled paper cli further identified the operating room for ro Nurse's notes dated the patient returned	al ED report dated 3/24/19 arrived complaining about a d into the urethra and a t swallowed. The report palpated at the base of the nd a chest x-ray confirmed ip in the stomach. The report patient was taken to the emoval of the foreign objects. 3/24/19 at 9:40PM identified from the hospital, the id and the patient was placed vation status.					
	ongoing monitoring t and/or safety of othe assigned provides th access and visualize	id the patient requires to ensure his/her safety					
	2:30PM stated that v continuous observat unobstructed view a	ogram Director on 4/4/19 at when a patient is on ion the staff are to have an t all times and they must be ents hands, neck and face at			•		

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May, '	13. 2019 2:03PI	W CVH- CEO FAX			No. 6601	P. 7	
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A 144	on continuous observ b. Review of Incident 10:30PM identified the when he/she went to he/she grabbed a per door when the nurse noted that when the p bathroom he/she inse while the staff person observation was outs MD was made aware assessed and comple unable to urinate. The the ED for an evaluat Associate (MHA) faile with the patient's han times in accordance w Physician progress m 11:15PM noted asses stated that he/she ins around noon because conversation. The no patient was complain was unable to urinate patient was transferre evaluation. Nurse's notes dated 3 the patient was maint observation) this shift note identified at 10:3	servation orders dated cted to maintain the patient ation status for 24 hours. report dated 3/25/19 at at the patient reported that take medications at 8AM, a from the medication room wasn't looking. The report ratient needed to use the arted the pen into the urethra performing the continuous ide the bathroom stall. The and the patient was alined of pain and being a patient was transferred to ion. The Mental Health ad to maintain visual contact ds, face, and neck at all with hospital policy, ate dated 3/25/19 at ate further identified the ate further identified the ate further identified the ate further identified the ate of CO (continuous if or protection of self. The 80PM the patient reported	A				
	note further identified that he/she took the p	a pen into the urethra. The that the patient reported pen during the morning n the nurse turned her back					1

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A 144	he/she asked the MH further identified that remove the pen but v take the pain anymor aware of the event, th sent to the ED for an Health Associate (MH contact with the patie at all times in accordan Review of the hospital identified patient administering a pen into the urinating, is in severe at the tip of the meab upon examination the uncomfortable and his/her bladder. The the patient went to the cystoscopy and endor removal. Nurse's notes dated patient returned from on continuous observised.	while in the bathroom after IA for privacy. The note he/she had been trying to was unable to and could not re. The physician was made ne patient was assessed and evaluation. The Mental IA) failed to maintain visual ent's hands, face, and neck ance with hospital policy. al report dated 3/25/19 hitted to the ED after ne urethra, having difficulty a pain and blood was noted us. The note identified that a patient appeared to be aving 40Dcc of urine in note further identified that the operating room and had a escopy with foreign body 3/26/19 at 6:35AM identified in hospital at 3:50AM and was vation related to protection of 5/19 at 9:50AM with MHA #5 to care for the resident stated	. A14	14		
	observation on Patie about 11:40M she as bathroom and while stood behind the pati- patient's hands. MH/ receive report from the leave the patient alon hands at all times. Mo observed the patient	nt # 17. MHA #5 stated that selsted the patient to the the patient was urinating, she jent and could not see the A# 5 stated that she did the nurse and was told not to ne and to watch the patients HA# 5 stated that she is best as she could but the small and she could not fit in	•			

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May.	13. 2019 2:04PI	W CVH- CEO FAX			No. 6601	P. 9			
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A 144	hands, face and neck with hospital policy, c. Review of incident	ent. MHA #5 failed to observation of the patient's ; at all times in accordance report dated 3/26/19 at	A1	44					
	that he/she inserted a 11;30AM. The report door was half open a	at the patient was on on and the patient reported a pen into the urethra around noted that the bathroom nd staff had full sight of natlent adjust self but did not		,					
	identified the patient i the urethra when he/s 11:30AM. The patient physician was able to base of the penis and pain and inability to u identified the patient pens into his/her uret	nt was transferred to the ED							
	that the patient rema observation for prote- identified the patient stating "I'm going bac	3/26/19 at 2:30PM Identified ined on continuous ction of self. The note continued to make threats sk to the hospital", "I inserted a and it hurts and i'm going							
	at approximately 3PN conducted and 6 pen	3/26/19 at 3:30PM identified A a unit search was is were found, 2 of the pens of floor tile in the patient's							
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A 144	Continued From page	e 8		144	2			
	3/26/19 identified the foreign body in ureth for a cystoscopy. Add started on Keflex 500 Special observation of 5:53PM directed the one with 2 staff mem insertion of objects in every shift for items y insert. Patient to use facing staff, no private bathroom may wipe hands, and when in the all times. Nurse's notes dated patient returned from sweatpants as order with 2 staff members		·		· · · · · · · · · · · · · · · · · · ·			
	that on 3/26/19 she c was already done." F the patient and aske patient stated that he his/her urethra, RN # the patient and saw patient's urethra, not the patient to the ED and room search we pens, 4 on the unit a in the patient's room spoke to the MHA's p instructed them that be visible at all times	5 on 4/5/19 at 1:40PM stated overheard Patient # 17 say "it RN # 5 stated she spoke to d what's going on and the b/she Inserted a pen into 4 5 stated that she assessed a pen sticking out from the ified the MD and transported L RN # 5 stated that a unit re completed and found 6 and 2 pens under the tile floor RN # 5 stated that she prior to doing the CO and the patients hands have to s. RN # 5 further stated that ion the MHA's reported that			· · · · · · · · · · · · · · · · · · ·			
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A 144	while the patient was behind the patient was behind the patient and visible. Interview with MHA # stated she was doing on 3/26/19 between 1 # 6 stated that she to bethroom and the patient and his/her hands we thighs. MHA # 6 state the doorway and MH/ 6 stated that she did in nurse something diffe couldn't remember ex where she stood while bathroom. Although N was standing at the d was in the bathroom, that she stood behind hands were not visible Interview with MHA # stated that she did the to the patient going in observed the patient is stated that the patient is tated that the patient is to watch the patient if	in the bathroom they stood d his/her hands were not 6 on 4/5/19 at 2:50PM the continuous observation 1:15AM and 12:15PM. MHA ok the patient to the lent squatted over the toilet re positioned on the inner d that she was standing at A # 7 was behind her. MHA # not know why she told the rent when asked but ractly how the patient was or e the patient in the MHA #6 identified that she porway while the patient she also reported to RN #5 the patient and the patient's a. 7 on 4/5/19 at 3:05PM	A	144	· · · · · · · · · · · · · · · · · · ·			
	bathroom in front of u that she told the nurse she would not cover f MHA # 7 failed to mai observation of the pat at all times in accorda	s". MHA # 7 further stated e what happened and that or MHA # 6. MHA #6 and					,	
ORM CMS-255	7(02-99) Previous Versions Obs	elete Event IO: 1XTE	11	Eanility ([	). U24003	if con	tlaugilon ak	at Boan AD of 43

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NAME OF P	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
CONNECT	ICUT VALLEY HOSP			silve Midd	R ST DLETOWN, CT 06457		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefi Tag	×	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	jld Be	(X8) COMPLETION DATE
A 144	10:55AM directed one patient to have hands to wear sweatpants a before goes into bath room every shift for lit ingest/insert, while in the toilet facing staff, self after showing har hands visible at all tim foods. Additionally at updated to include wh room, one staff is to b staff to sit in doorway, review of the Special 3/27/19 through 3/30/ orders continued as w d. Review of incident 8:10PM identified the evaluate the patient w ursthra. The note ider patient placed his/her moment and was imm and when the patient? pants blood was obse pants. The report stat placing a pen in the u assessed, pressure w the physician was not transferred to the ED, dated 3/31/19 at 11:21 inserted pen into the u got the pen from anot giving the patient the Nursing notes dated 3 identified patient repo into the urethra area k while making a phone	e to one with 2 male staff, Visible at all times, patient nd if refuses check pockets room and CO, room search ems patient can bathroom patient is to sit on no privacy and may wipe nds are empty, when in bed nes and continue finger 2:40PM the order was nen the patient was in blue e at arm's length and one , male staff only. Further Observation orders from 19 at 11:30PM directed the written. report dated 3/31/19 at nurse was called to vho was bleeding from the notified staff reported that the hands in his/her pants for a nediately redirected by staff s hands came out of his/her erved on his/her hands and ed that the patient identified rethra. The area was vas applied to the site and iffed and the patient was Physician progress noted OPM identified patient urethrn and stated he/she her patient who admitted to pen. 8/31/19 at 12:35AM red he/she inserted a pen between 9:30PM-10:30PM e call. The patient was	A	144			
ORM GM8-256	7(02-99) Previous Versions Obs	pieta Event ID: 1XTE1	1	Facility I	D: 074003	antinuation etc	eet Dane 11 of /3

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DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE & M				FOR	D: 04/30/2019 MAPPROVED <u>0. 0</u> 938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA AND PLAN OF CORRECTION DENTIFICATION NUMBER:			IPLE CONSTRUCTION	(X3) DAT	(X3) DATE SURVEY COMPLETED	
	074003	B. WING		0/	C /12/2019	
NAME OF PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE		#12/2019	
CONNECTICUT VALLEY HOSP			SILVER ST MIDDLETOWN, CT 06457			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ( (EACH CORRECTIVE ACTION S) CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
pen out but was direct noted in the patient's g was notified and the p the ED. Review of the hospital identified the patient p cartridge of a pen and had inserted a pen intr having pain. The patie a endoscopy and cyst with foreign body remu- Nurse's notes dated 3 identified the patient n unit and sleeping area items. As a nursing ini- was placed in the cerr be each side of the be and pushed the bed a Special Observation of 10:40AM directed the male staff to prevent if genital area, patient to times. Patient to wear if patient refuses, cheir patient goes into bath every shift for items th When the patient is in toilet stail. Patient to s defecating or urinating wipe self after showin hands to be visible at noted that patient is to	ent was trying to pull the ted to stop and blood was genital area. The physician atient was transferred to I report dated 3/31/19 resented after ingesting a was spitting up blood and o the urethra and was ont was taken to the OR and oscopy were performed oval. /31/19 at 10:15AM eturned from the ED, the a were checked for any tervention, the patient's bed ter of the room sp staff can ed but the patient refused gainst the wall. wrders dated 3/31/19 at patient to be a two to one nsertion of objects into o have hends visible at all sweatpants, no Underwear, ck pockets before the room and room search he patient can ingest/insert. the bathroom use large sit facing staff when g, no privacy, patient may g hands are empty and all times. Additional orders o eat away from peers and e staff is to be at arm's	A 1		· · · · · · · · · · · · · · · · · · ·		

FORM CMS-2587(02-99) Previous Versions Obxelete

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Facility ID: 074009

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May.	13. 2019 2:05P	M CVH- CEO FAX			No. 6601	Ρ.	14
		ND HUMAN SERVICES MEDICAID SERVICES				FORM	D: 04/30/2019
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION UMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED	
···		074003.	B. WING				C 12/2019
	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP GODE		
CONNEC	FICUT VALLEY HOSP			MI	DDLETOWN, CT 06457		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	id Prefi Yag		FROMDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)	E	(XS) COMPLETION DATE
A 144	stated that he was ca and upon entering the blood on his/her hand stated he assessed to around the genital around notified and the patie ED. RN # 6 stated tha determine how the patient identified that the patient upsetting phone call in using the bathroom the stated. Interview with MHA # stated that he was do sitting an arm's length when the patient put pants and when he/si there was blood on his stated that the patient inserted it earlier and object in further. Interview with RN # 7 he was providing CO the bed. RN # 7 state his/her fingers under and RN # 7 instructed hand out and when h blood on his/her hand the charge nurse. RN he/she obtained a pe divulge. MHA #8 and continuous observation face and neck at all the hospital policy which	a 12 i on 4/5/19 at 10:10AM illed to Patient # 17's room a room saw the patient with its and sweatpants. RN # 6 the patient and noted clood ea and the physician was nt was transported to the at they were not able to attent obtained a pen but lent had previously had an and that when he/she was field to close the stall door on 8 on 4/8/19 at 3:05PM bing CO with RN #7 and n away from the patient his/her hands down the he pulled his/her hands out, is/her hands. MHA # 8 t reported that he/she at that time was pushing the i on 4/9/19 at 1:35PM stated and the patient was lying on d that the patient had the waistband of the pants i d the patient to take his/her e/she finally did there was i and at that time, he called # 7 asked the patient how n and the patient's hands, mes in accordance with resulted in the patient being objects into the urethra.		144			

FORM CM8-2587(02-99) Previous Versione Obsolete

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CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION				(X3) DATE SURVEY COMPLETED	
			· A. BUILD	NG			C
		074003	8. WING			۵	4/12/2019
NAME OF PI	ROVIDER OR SUPPLIER				EET ADDRESS, CITY, STATE, ZIP CODE		
CONNEÇT	ICUT VALLEY HOSP				ER ST DLETOWN, CT 06467		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IQ PREFI TAG	×	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD SE	(X5) COMPLETION DATE
A 144	Continued From page	÷13	Δ,	144			
•	, .	19 at 9:45AM identified while					
		t Patient # 17 was observed				,	
ĺ		In front of the nursing					
		as noted standing on the staff were observed seated		(			
		side of the bed with their					
	heads down, not main	· · · · · · ·					
		f member was observed					
		he other staff had his hands			,		
		looking down. Observation					
		nager on 4/4/19 at 11:57 AM,					1.
		erved noted standing at the embers were observed with					
[		looking at the patient in					
		CO policy, Interview with the					
	Program Director at fi	hat time stated that staff are			۲.		
)		atient's hands, face and					
	neck at all times for s	afety.					
	Intorview with the Chi	ef Nurse Executive on		Í			
		ted that as of 4/4/19 on the	· ·				
	second shift the hosp						
		to be completed by the					
		per shift at random times					
		V Supervisor. The rounds					'
		ure staff are adhering to					
	nospital policy regard ensure patient safety.	Ing observational status to			-		
		ed that all staff are being			•		
		nuous observations prior to					
	working their shift and	t all staff will receive report		,			
		at the start of their shift					
		ient needs, Nursing report,					
		accountability rounds were				•	
		navioral plans and guidelines or special observations are					
	reviewed during each						
	141141166 961119 9601	- APPLE Following					
				1			1

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Event ID: 1XTE11

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Facility ID: 074003

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TATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING				
		074003	B. WING		0	C 04/12/2019	
JAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP			
ONNECT	ICUT VALLEY HOSP			SILVER ST MIDDLETOWN, CT 06457			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PRĘFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEI	OTION SHOULD BE OTHE APPROPRIATE	(Xa) COMPLETION DATE	
A 144	Continued From pa	age 14	A 14	14			
	2PM stated that as	of 3/26/19, the hospital added		,			
		nber to do environmental # 17, ensuring that staff would					
		nent for hazards prior to the area. The Program Director					
	further stated that s	staff did not follow the hospital					
		ding watching the patient's ock at all times since he/she					
	was able to obtain						
	Director on 4/5/19 a there was on order effective 3/26/19 at	cal record with the Program at 2PM identified although for room searches every shift t 4:20PM the clinical record umented room search was /19 at 8PM.		,			
	•						
		agnoses Included Paranoid self-harming behaviors.					
	Identified self-ham Included RN to ass self-haming behav	ment plan dated 12/26/18 ling behaviors, interventions less for warning signs of riors such as increased anxiety		· .			
- 1920 		with identifying situations that g thoughts/urges, and discuss ls.					
	patient as a Level 3	ated 1/8/19 identified the 3 (does not constitute an		•	·		
	imminent risk to se	if or others, not an elopement mess of his/her circumstances					

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May.	13. 2019 2:06PI	A CVH- CEO FAX			No. 6	601 P.	17 .
	MENT OF HEALTH AN <u>S FOR M</u> EDICARE & I	D HUMAN SERVICES . MEDICAID SERVICES				FOR	D: 04/30/2019 MAPPROVED D. 0938-0391
STATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) ML A: BUIL		CONSTRUCTION	LTACI (EX) COM	E SURVEY PLETED
		074003	Ð, WING	Э		1	C /12/2019
NAME OF PI	ROVIDER OR SUPPLIER	•••••••••••••••••••••••••••••••••••••••			REET ADDRESS, CITY, STATE, ZIP CODE		
CONNECT	ICUT VALLEY HOSP			1	LVER ST DDLETOWN, CT 06457		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IC PRE TA	FIX	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
A 144	12:45PM identified the he/she inserted an ea because the patient w identified the physicia removed the earring f the report noted that t removed from the roo Physician orders date directed to place patie	a patient reported that rring into the genital area ras upset. The report n was made aware and rom the patient, Additionally he patient's jewelry was m. d 1/14/19 at 12:45PM ent on every 15 minute ble behaviors and room		144			
		ote dated 1/14/19 at 1:15PM vas extracted without pain					
	Physician orders date identified renew every and to be assessed b	15 minute checks by 1 day					
	patient behaviors pres requiring close monito on 3/28/19 at 3:30 PM had unpredictable beh	d 1/22/19 directed the (Restricted to the unit, sent management difficulties oring). Interview with MD #3 I identified that the patient naviors and needed to be luded 15 minute monitoring		•			
	included assess for w	harm. Nursing interventions aming signs of self-harming reased anxiety/agitation, tuations that trigger			· ·		
	Review of the treatme	nt plan on 3/28/19 at 10:00	1	<u> </u>		• • •	

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CENTERS FOR MEDICARE & MEDICAID SERVICES			(X2) MULTIF	LE CONSTRUCTION	OMBN	RM APPROVEI 10. 0938-039 TE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A BUILDING			COMPLETED	
		074003	B, WNG		C		
NAME OF PI	ROVIDER OR SUPPLIER	¢14000		STREET ADDRESS, CITY, STATE, ZIP CO		4/12/2019	
CONNECT	ICUT VALLEY HOSP	_		SILVER \$T MIDDLETOWN, CT 06457			
(X4) ID Prefix Tag	(EACH DEFICIE	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	COMPLETION DATE	
A 144	AM with the Chief identified although the behavior of ple area, the treatmen new interventions	age 16 of Patient Care Services the treatment plan identified ucing an earring in the genital it plan lacked documentation of regarding monitoring the ne/she did not attempt it again.	A 1-	14			
	5:00 AM (dentified sharp object in the wheelchair). The r was completed on objects were remo also swallowing a inserting a third so identified the patie	cident report dated 1/31/19 at the patient reported inserting a genital area (screw from eport identified a genital exam the patient and 2 round sharp wed. The patient admitted to metal disc from a necklace and gew. Additionally, the report ant was sent to the ED and 5 e found in the lower intestine.					
	identified that while to the bathroom the inserted a sharp of into the genital and time because he/s raped. The note for amount of blood v	notes dated 1/31/19 at 6:30AM e staff was assisting the patient te patient identified that he/she bject (screw from wheelchair) sa last evening during snack she thought they were being uther identified that a scant was on the patient's brief and o nursing supervisor and MD					
	identified a level o checks for safety contraband relate behaviors ie: inse Physician orders	dated 1/31/19 at 8:25AM hange to every 15 minute and room search for d to continuous self-destructive rting items in the genital orifice. dated 1/31/19 3:50PM directed vation all shifts for unpredictable					
TATEMENT	OF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DA	NO. 0938-039 TE SURVEY MPLETED	
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		074003	B, WING	•		C 4/12/2019	
NAME OF P	ROVIDER OR SUPPLIER	hu,	1	STREET ADDRESS, CITY, STATE, ZIP CODE	<u>`</u>	HILLOIQ	
CONNECT	NOUT VALLEY HOSP	,		SILVER ST MIDDLETOWN, CT 05457			
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A 144	Continued From page 17 for harmful items.		A 144	4			
	2/1/19 Identified the p ingested foreign object	ts, was sent to the ED for en returned was placed on				<b>`</b>	
	2/1/19 through 2/5/19 observations for unpro observation orders da at 9:15AM identified o	edictable behaviors. Special ted 2/6/19 through 2/10/19 ontinuous observation on I every 15 minute checks on					
	orders for a combinati observation and even the patient's unpredic self-injurious/ self-des	dentified special observation on of continuous / 15 minute checks due to table and fluctuating tructive behaviors, Special may not have small objects,					
Review of the mont dated 3/22/19 ident condition continues	dated 3/22/19 identifie condition continues to disorganized, paranoi						
	3/27/19 at 4PM idention 2nd shift, every 15	rders dated 3/26/19 through fied continuous observation minute checks 1st and 3rd rery shift and no personal					

		ND HUMAN SERVICES	•			FÓ	ED: 04/30/201 RM APPROVE IO: 0938-039
TATEMENT OF C	EFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ISTRUCTION		TE SURVEY MPLETED
		074003 .	8. WNG_			0	C 4/12/2019
NAME OF PROV	IDER OR SUPPLIER	-			ET ADDRESS, CITY, STATE, ZIP CODE		
CONNECTIC	JT VALLEY HOSP		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	silve Midd	K SI LETOWN, CT 06457		
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o.dhinopre a Aicipthtir Read Pairtific Soosa Iiillin Pre	entified that at 2:56 e/she attempted se to the urethra. The attent was seen by emoved and the pail ontinuous observat Social Service not lentified that while s attent was weepy a bought process. The patient reported to the genital area to the genital area teview of a medical t 3:30PM identified dmitting to placing udding cup) up in t sessed and noted in the urethra that w rauma was identified the ontinuous observation frected constant of elf-injurious behavior interview with MD # dentified that the pa- ngesting and/or ins AD # 2 stated that in patient is upset over hat the patient was observation and pla	tent Report dated 3/27/19 SPM the patient reported If-harm by inserting tin foil report further identified the the MD and the tin foil was tient was placed on ion on all shifts. e dated 3/27/19 at 3:46PM speaking with the patient, the ind had a disorganized e note further identified that that he/she inserted tin foil in an act to harm self. Progress note dated 3/27/19 asked to see patient after a piece of foil (from a he urethra. The patient was I to have a folded piece of foil as easily removed and no d in the area. The note patient was placed on tion. orders dated 3/27/19 at 4PM pervation all shifts for fors, room search every shift		]44			

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		AND HUMAN SERVICES MEDICAID SERVICES			FOP	ED: 04/30/2019
TATEMENT	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION	(X3) DAT	IO, 0938-0391 TE SURVEY IPLETED
		074003	8. WING _		0	C 4/12/2019
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE	, ZIP CODE	
CONNECT	NCUT VALLEY HOSP			SILVER ST MIDDLETOWN, CT 06457		
(x4) id Prefix Tag	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTI) CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ID TO THE APPROPRIATE ICIENCY)	(X5) COMPLETION DATE
A 144	decreased from con fifteen minute check supervise the patien is free from objects/ obtain. Interview with MD # stated that Patient # and had recent med stated that Patient # and had recent med stated that although every fifteen minute monitoring and supe unpredictable behav Interview with LPN # stated that she was history of swallowing into him/her and not small objects. LPN # open food items for respond when asked objects/items and/or who has a history of and/or inserting item Interview with the Pr 4:40PM stated that s (food) wrappers with patient's history and not being able to hav Program Director fur made aware from the	tinuous observation to every is on days, staff still need to at and ensure the environment hazards that the patient could 3 on 3/27/19 at 4:15PM 11 had improved behaviors ication adjustments. MD # 3 the patient was changed to checks he/she still required ervision due to the viors. 4 1 on 3/27/19 at 4:30PM aware of Patient # 11's g and inserting foreign objects allowing the patient to have 4 1 stated that staff do not patients. LPN # 1 did not 5 why she would leave foreign 5 small objects with the patient t eating non edible items	A1	44		
	self-injurious/ self-de prevent self-injurious	o ensure adequate ent #11 who had fluctuating estructive behaviors to a behaviors. In addition, staff small objects such a food				· ·

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		AND HUMAN SERVICES & MEDICAID SERVICES			FOF	ED: 04/30/2019 MAPPROVED <u>(0, 093</u> 8-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· (X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
		074003	B, WING			C
NAME OF P	ROVIDER OR SUPPLIER	,,,		STREET ADDRESS, CITY, STATE, ZIP CODE	Q2	1/12/2019
		• .		SILVER ST		
CONNECT	TICUT VALLEY HOSP			MIDDLETOWN, CT 06467		
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X3) COMPLETION DATE
A 144		ige 20 loved from the patient's	A 14			
	Rights on 4/12/19. 4/12/19 verified tha corrected as of 4/4/ educating staff rega	ly was Identified under Patient An onsite visit conducted on I Immediate Jeopardy was /19 when the hospital began arding continuous observation pursing audits began to ensure				
A 145	staff were following PATIENT RIGHTS: ABUSE/HARASSM CFR(s): 482.13(c)(	FREE FROM IENT	A 14	4/15/2019		
	The patient has the of abuse or herass	right to be free from all forms ment.				•
	Based on observative of hospital provider of hospital provider of hospital provider of the sampled patients (hospital patients) (hospital patients) (hospital patients) (hospital patient) (hospital patien	s not met as evidenced by: tion, clinical record review, solicy, review of hospital staff interview for 1 of 2 Patient #17) reviewed for failed to ensure the patient ect for failing to supervise ntinuous observation and/or environment was free of hysical harm of the patient ate jeopardy. The findings				
	Review of the hosp 2/6/19 identified the emergency departs self-harm. The repo- ingested a nail, par and while waiting to	dmitted to faoility on 2/6/19, ital discharge summary dated e patient was admitted to the nent (ED) for acts of ort identified the patient t of a razor, top of a beer can b be evaluated the patient plastic fork into the genital				

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		ND HUMAN SERVICES MEDICAID SERVICES				FO	ED: 04/30/2019 RM APPROVED 10, 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLJA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN		STRUCTION		IE SURVEY MPLETED
		074003	B. WNG		•		C
NAME OF P	ROVIDER OR SUPPLIER				T ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	4/12/2019
CONNECT	ICUT VALLEY HOSP			silvef Middi	RST LETOWN, CT 06457		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIV TAG CROSS-REFERENCE)		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHC CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
A 145		further identified that the	A 14	45			
	dated 2/6/19 identifie thoughts of self-harm behaviors. Review of 2/6/19 identified schi	g admission assessment of recently the patient had and/or self-mutilating if the medical history dated zophrenia, history of bipolar disorder and PICA (eating od).					
	and assessment date diagnoses including i intermittent anger, de symptoms of post-tra (PTSD). The note ide suicidal ideation and identified to develop with patient, work wit and stabilize psychia						
	identified a history of PICA. Interventions i ordered, stress mana	nent plan dated 2/16/19 self-ham behavlors and notuded medications as agement groups, coping g, and tools to recognize and	•				
	physician notes date (2/6/19) thru 3/23/19 medication complian buildings and ground conditions present ar or sufficiently stabiliz	tes, social service notes and d from time of admission identified the patient as t, a level 4 (unsupervised l, meaning any psychiatric re considered either resolved ed that staff supervision is and attending groups and					

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May, '	13. 2019 2:08PM	A CVH- CEO FAX			No. 6601 P	. 24	
		ID HUMAN SERVICES MEDICAID SERVICES			FO	ED: 04/30/2019 RM APPROVED IO, 0938-0391	
STATEMENT C	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED C	
		074003	B, WING		04/12/2019		
NAME OF PI	ROWDER OR SUPPLIER			STREET AODRESS, CITY, STATE, ZIP CO SILVER ST	DE		
CONNECT	ICUT VALLEY HOSP			MIDDLETOWN, CT 06457			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SG IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	COMPLETION DATE	
A 145	Continued From page therapies,	≥22	A1	45			
	11:50AM identified the inserted a pen in the paper clip. The physic assessed the patient transferred to the ED further identified the p self-harming behavior	and the patient was for evaluation. The report patient had an increase in rs and that staff was to ng the resident from the					
	patient requested to a patient reported that h the urethra and swall further identified that urethra area, the patie	8/24/19 at 11:50AM identified apeak to writer and the he/she inserted a pen into bwed a paper clip. The note the pen was visible in the ent was assessed by the ansferred to the hospital.					
	)dentified that he/she patient after the patie (pen) into the urethra paper clip. The note i the patient was upset	ed 3/24/19 at 12:10PM was asked to see the nt Inserted a foreign object area and swallowing a dentified after a phone call, and became involved in rs and was transported to					
	identified the patient is pen that was inserted paper clip the patient identified a pen was p confirmed an uncolled The report further ide	I ED report dated 3/24/19 arrived complaining about a l into the urethra and a swallowed. The report palpated and a chest x-ray d paper clip in the stomach. Intified the patient was taken a for removal of the foreign					

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May, '	13. 2019 2:09PM	A CVH- CEO FAX				No. 6601 P.	. 25
		ID HUMAN SERVICES MEDICAID SERVICES				FO	ED: 04/30/2019 RM APPROVED 10. 0938-0391
STATEMENT (	DF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CON	STRUCTION	(X3) DA	TE SURVEY MPLETED
		074003	B, WING				C 4/12/2019
NAME OF PL	ROVIDER OR SUPPLIER			STREE	TADDRESS, CITY, STATE, ZIP COI		,
CONNECT	NCUT VALLEY HOSP	,		Silvef Middi	د 157 LETOWN, CT 06457		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefi Tag		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	'n should be E appropriate	(X5) COMPLETION DATE
A 145	<ul> <li>objects. Nurse's note identified the patient in the physiclari was not placed on continuous</li> <li>Review of facility polid Observation identified ongoing monitoring to and/or safety of other assigned provides that access and visualizati distance determined in clinical need.</li> <li>Interview with the Prot 2:30PM stated that w continuous observation unobstructed view at able to see the patien all times. Special obs 3/25/19 at 11;00AM dipatient on continuous tours.</li> <li>b. Review of an incide 10:30PM identified the when he/she went to he/she grabbed a per door when the nurse noted that when the p bathroom he/she inservation was made aware assessed and complet unable to urinate. The</li> </ul>	es dated 3/24/19 at 9:40PM returned from the hospital, diffed and the patient was observation status. by for Continuous d the patient requires o ensure his/her safety s. The nursing staff at by maintaining unimpeded ion of the patient at a by the level of risk and or the staff are to have an all times and they must be its hands, neck and face at servation orders dated lirected to maintain the observation status for 24 ent report dated 3/25/19 at at the patient reported that take medications at 8:00AM, in from the medication room wasn't looking. The report patient needed to use the arted the pen into the urethra performing the continuous ide the bathroom stall. The	A			· · ·	
	ensure the environme				\$		
SORM CMS_258	7(02-59) Previous Versions Obs	solete Event ID: 1XTE	11	Faoility II	074003	lt continuation sh	eet Page 24 of 43

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ATEMENT O	F DEFICIENCIES	MEDICAID SERVICES	(XZ) MULT	IPLE CONSTRU	CTION	(X3) DAT	0. 0938-039 E \$URVEY
ND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A, BUILDI	NG		ÇÓN	PLETED
		074003	B. WING			04	C 1/12/2019
NAME OF PF	OMDER OR SUPPLIER			STREET AD	DRESS, CITY, STATE, ZIP CODE		
CONNECT	ICUT VALLEY HOSP			SILVER ST	own, ct 06457		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIÉNCIES 27 MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFID TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
A 145	the patient and/or fai with the patient's her times in accordance Physician progress r 11:15PM noted asses stated that he/she in around noon becaus conversation. The no patient was complain was unable to urinate patient was transferr evaluation. Nurse's notes dated the patient was main observation) this shift note identified at 10: that he/she inserted note further identified that he/she took the medication pass whe and inserted the pen he/she asked the Mil further identified that remove the pen but take the pain anymo aware of the event, to sent to the ED for an Health Associate (M environment was fre to avoid physical hai to maintain visual co	ds to avoid physical harm of led to maintain visual contact ids, face, and neck at all with hospital policy. note dated 3/25/19 at seed patient after patient serted a pen into the urethma e he/she was upset over a bite further identified that the ling of pain in the urethma and e. The note identified the	Α,	145			
		al report dated 3/25/19 nitted to the ED after					

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May, 1	3. 2019 2:09P	A CYH- CEO FAX			No.	6601 P.	27
		ID HUMAN SERVICES MEDICAID SERVICES			•	FQF	D; 04/30/2019 MAPPROVED 0.0938-0391
STATEMENT (	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONS		(X.S) DAT	e survey Pleted
		074003	B. WING			· 04	C V12/2019
NAME OF PI	ROVIDER OR SUPPLIER			STREET	ADDRESS, CITY, STATE, ZIP CODE		
CONNECT	TOUT VALLEY HOSP			Silver Middli	ST ETOWN, CT 06457		
(X4) ID Prefix Tag	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY PULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X3) COMPLETION DATE
A 145	urinating, is in severe The note identified the patient appeared to be 400cc of urine in his/ Identified that the pat room and had a cyste foreign body removal Nurse's notes dated the patient returned f and was on continuo protection of self. Interview on 4/9/19 at was assigned to care she was a	e urethra, having difficulty pain and blood was noted. at upon examination the se uncomfortable and having her bladder. The note further ient want to the operating pscopy and endoscopy with		145			
FORM CMS-25	87(02-99) Previous Versions Ob	· · · · · · · · · · · · · · · · · · ·	<u></u>	Facility ID	: 074003	continuation sh	eet Page 26 of 43

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		ID HUMAN SERVICES			FOI	ED: 04/30/2019 RM APPROVED IO. 0938-0391
TATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	1	LE CONSTRUCTION	(X9) DA	re Survey Maleted
		074003	B. WING		0	C 4/12/2019
NAME OF P	Rovider or supplier			STREET ADDRESS, CITY, STATE, ZIP	CODE	
CONNEC	TICUT VALLEY HOSP			SILVER ST MIDDLETOWN, CT 06457		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X6) DOMPLETION DATE
A 145	<ul> <li>11:30AM. The report door was half open as patient and saw the p think anything of it.</li> <li>Physician progress na identified the patient p the urethra when he/s 11:30AM. The patient physician was able to patient complained of The note further ident he/she was inserting of anger and frustratit transferred to the ED</li> <li>Nurse's notes dated 3 that the patient remai observation for protect identified the patient of stating "I'm going bac a pen into my urethra back to the ED".</li> <li>Nurse's notes dated 3 at approximately 3:00 conducted and 6 pens were found under the room.</li> <li>Review of the hospita 3/26/19 identified the foreign body in urethra for a cystoscopy. Add</li> </ul>	noted that the bathroom nd staff had full sight of vatient adjust self but did not one dated 3/26/19 at 1:30PM reported inserting a pen into she went to the bathroom at t was examined and the opalpate something and the f pain and inability to urinate. tified the patient stated pens into his/her urethra out on. The patient was for an evaluation. 8/26/19 at 2:30PM identified ned on continuous ction of self. The note continued to make threats k to the hospital", "I inserted and it hurts and I'm going 8/26/19 at 3:30PM identified PM a unit search was s were found, 2 of the pens floor tile in the patient's and was sent to the OR litionally, the patient was mg 3 times a day for 7 days.	A 14	5		

Event ID: 1XTE11

Facility (D: 074003

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May. 13. 2019 2:10Pl	A CVH- CEO FAX			No. 66(	P.	29
DEPARTMENT OF HEALTH AN CENTERS FOR MEDICARE &					FORM	): 04/30/2019 (APPROVED ). 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. (X2) MUL A. BUILDI			(X3) DATE COMP	SURVEY LETED
	074003	9, WING		·		C   12/2019
NAME OF PROVIDER OR SUPPLIER			5	TREET ADDRESS, CITY, STATE, ZIP CODE NILVER ST MIDDLETOWN, CT 06457	+	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	id PREFI TAG	I IX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD OROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X3) Completion Date
every shift for items p insert. Patient to use facing staff, no privac bathroom may wipe s hands, and when in b all times.	to the urefhra, room search atlent can ingest and/or large toilet stall, patient to sit y, when finished going to elf after showing staff ed hands are to be visible at W26/19 at 9PM identified	. A	145	· · · · · · · · · · · · · · · · · · ·		
sweatpants as ordered with 2 staff members, Interview with RN # 5 that on 3/26/19 she of was already done." R the patient and asked patient stated that he his/her urethra. RN # the patient.and saw a patient's urethra, noti- the patient to the ED.	d and was on a one to one					
pens, 4 on the unit ar in the patient's room. spoke to the MHA's p instructed them that t be visible at all times. during the investigation while the patient was behind the patient an visible. Interview with MHA # stated she was doing on 3/26/19 between ~ # 6 stated that she to	d 2 pens under the tile floor RN # 5 stated that she rior to doing the CO and he patients hands have to RN # 5 further stated that on the MHA's reported that in the bathroom they stood d his/her hands were not 6 on 4/5/19 at 2:50PM the continuous observation 11:15AM and 12:15PM, MHA				· ·	
And his/her hands we	re positioned on the inner			cility ID: 074003 If conti		t Page 28 of 43

P. 29

ENTERS FOR MEDICARE 8	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SL COMPLE	
D PLAN OF CORRECTION	074003	A. BUILDING		c	
AME OF PROVIDER OR SUPPLIER	0/4003		TREET ADDRESS, CITY, STATE, ZIP CODE		/2019
ONNECTICUT VALLEY HOSP		1	ILVER ST IIDDLETOWN, CT 06457	,	•
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PRÉFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) Completion Date
the doorway and Mil 6 stated that she did nurse something dif couldn't remember of where she stood with bathroom. Although was standing at the was in the bathroom that she stood behin hands were not visil Interview with MHA stated that she did to to the patient going observed the patient stated that she did to to the patient going observed the patient stated that the patient because the door w questioned MHA # I to watch the patient patient needed priv bathroom in front of that she told the nu she would not cove MHA #7 failed to en free of environment harm of the patient visual contact with the neck at all times in policy. Special observation 10:55AM directed of patient to have han to wear sweatpants before goes into ba room every shift for	ted that she was standing at IA # 7 was behind her. MHA # i not know why she told the ferent when asked but exactly how the patient was or ille the patient was in the MHA #6 identified that she doorway while the patient n, she also reported to RN #5 nd the patient and the patient's old the patient and the patient's old. # 7 on 4/5/19 at 3:05PM he environmental check prior into the bathroom and t sit on the toilet. MHA # 7 nt was not visible to her as half closed and when she 6 about having the door open , MHA # 6 stated that "the acy and couldn't go to the us", MHA # 7 further stated re what happened and that r for MHA # 6. MHA # 6 and sure the environment was al hazards to avoid physical and/or failed to maintain he patient's hands, face, and accordance with hospital	A 145			

CENTERS FOR MEDICARE & MEDICAID SERVICES           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           ND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DAT	OMB NO, 0938-039 (X3) DATE SURVEY COMPLETED	
	074003		B. WING			C 04/12/2019	
NAME OF PI	TOVIDER OR SUPPLIER	<b>L</b>			8, CITY, STATE, ZIP CODE	<u> </u>	
CONNECT	ICUT VALLEY HOSP			SILVER ST MIDDLETOWN	, CT 06457		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	EAC	ROVIDER'S PLAN OF CORREC CH CORRECTIVE ACTION SHO S-REFERENCED TO THE APP DEFICIENCY)	uld be	(X5) COMPLETION DATE
A 145 Continued From page 29 self after showing hands are empty, hands visible at all times and continu foods. Additionally at 2:40PM the orc updated to include when the patient room, one staff is to be at arm's leng staff to sit in doorway, male staff only review of the Special Observation or 3/27/19 through 3/30/19 at 11:30PM orders continued as written.		nds are empty, when in bed nes and continue finger 2:40PM the order was nen the patient was in blue be at arm's length and one , male staff only. Further Observation orders from 19 at 11:30PM directed the	A 1	45			
	8:10PM Identified the evaluate the patient w urethra. The note iden patient placed his/her moment and was imm and when the patient' pants blood was obse pants. The report stat placing a pen in the u assessed, pressure w the physician was not transferred to the ED, dated 3/31/19 at 11:20 inserted pen into the t	the was bleeding from the nutified staff reported that the hands in his/her pants for a nediately redirected by staff is hands came out of his/her erved on his/her hands and ed that the patient identified rethra. The area was vas applied to the site and ified and the patient was Physician progress noted OPM identified patient urethra and stated he/she her patient who admitted to			· · · · · · · · · · · · · · · · · · ·		
	into the urethra area to while making a phone assessed and the pat pen out but was direct noted in the patient's	rted he/she inserted a pen between 9:30PM-10:30PM					

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID; 1XTE11

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Facility ID; 074003

If continuation sheet Page 30 of 43

May.	13. 2019 2:11PM	A CVH- CEO FAX		<i>y</i> .	No. 6601 P.	32	
	MENT OF HEALTH AN	D HUMAN SERVICES			FOR	ED: 04/30/2019 RM APPROVED IO. 0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
	074003				0	C 04/12/2019	
	Rovider or Bupplier	,		STREET ADDRESS, CITY, STATE, ZIP COL SILVER ST MIDDLETOWN, CT 06457	DE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(XS) COMPLETION DAYE	
A 145 	Review of the hospita identified the patient p cartridge of a pen and had inserted a pen inf having pain. The patie a endoscopy and cyst with foreign body rem Nurse's notes dated 3 identified the patient r the unit and sleeping Items. As a nursing in was placed in the cen could be on each side patient refused and pu wall.	I report dated 3/31/19 presented after ingesting a I was spitting up blood and to the urethra and was ent was taken to the OR and loscopy were performed oval. 1/19 at 10:15AM eturned from the ED and area were checked for any tervention, the patient's bed ter of the room so staff e of the patient but the ushed the bed against the	A 1	45	,		
	10:40AM directed the male staff to prevent i genital area, patient to times. Patient to wear if patient refuses to he patient goes into bath every shift for items if When the patient is in toilet stall. Patient to s defecating or urinating wips self after showin hands to be visible at noted that patient is to when in blue room on length and the other to Interview with RN # 6 stated that he was cal and upon entering the blood on his/her hand	g, no privacy, patient may g hands are empty and all times, Additional orders b eat away from peers and e staff is to be at arm's					

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May, 1	13. 2019 2:11PM	A CVH- CEO FAX				No. 6601 P.	33	
		D HUMAN SERVICES				FOF	ED: 04/30/2019 RM APPROVED IO. 0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		074003	B. WING			0	C 4/12/2019	
NAME OF PI	ROVIDER OR SUPPLIER			51	TREET ADDRESS, CITY, STATE, ZIP COL	DE		
CONNECT	TOUT VALLEY HOSP				ILVER ST IIDDLETOWN, CT 06457			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	id Prefi Tag		PROVIDER'S PLAN OF DC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X8) COMPLETION DATE	
A 145	around the genital are notified and the patier ED. RN # 6 stated that determine how the patier upsetting phone call at using the bathroom tri- staff. Interview with MHA # stated that he was do sitting an arm's length when the patient put & pants and when he/st there was blood on hi stated that the patient inserted it earlier and object in further. Interview with RN # 7 he was providing CO the bed. RN # 7 state his/her fingers under the and RN # 7 instructed hand out and when he blood on his/her hand the charge nurse. RN he/she obtained a per divulge. MHA #8 and environment was free to avoid physical harm foreign objects into the maintain visual contaut face, and neck at all thospital policy. Observations on 4/4/fe	a and the physician was the was transported to the at they were not able to thent obtained a pen but ent had previously had an and that when he/she was ied to close the stall door on 8 on 4/8/19 at 3:05PM ing CO with RN #7 and a away from the patient bl/her hands down the he pulled his/her hands out, s/her hands. MHA # 8 treported that he/she at that time was pushing the on 4/9/19 at 1:35PM stated and the patient was lying on	A	145				
FORM OMS-258	7(02-69) Previous Verelons Obs	cleie Event ID: 1XTE1	11	Fag	cility ID: 074003	If continuation sh	eet Page 32 ⊽f 43	

	<u>S FOR MEDIÇARE 8</u> DF DEFICIENCIES	(X1) PROVIDER/SUPPLIE	OMB NO. 093 (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVE				
ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A BUILDIN			C 04/12/2019		
		E. WING		04			
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE				
ONNECT	ICUT VALLEY HOSP		1	SILVER ST MIDDL <b>ETOWN,</b> CT 06457			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF	ON SHOULD BE HEAPPROPRIATE		
A 145	on the side of the be	patient was noted standing and 2 staff were observed	A 14	45		f	
	their heads down, no observation. One sta holding a folder and folded on his lap and	he other side of the bed with of maintaining continuous aff member was observed the other stafff had his hands I looking down. Observation	1				
	identified Patient # 1 the bedside and 2 st with their heads dow accordance with the	anager on 4/4/19 at 11:57 AM, 7 was observed standing at aff members were observed m not looking at the patient in CO policy. Interview with the that time stated that staff are	•			· ·	
		patient's hands, face and	,				
	2PM stated that as c a second staff memb rounds for Patient # check the environme	agram Director of 4/5/19 at of 3/26/19, the hospital added per to do environmental 17, ensuring that staff would ent for hazards prior to the					
	further stated that sta policy for CO regard	area. The Program Director aff dld not follow the hospital ing watching the patient's k at all times since he/she ens.					
-	Director on 4/5/19 at there was on order for effective 3/26/19 at 4 noted the only docur	I record with the Program 2PM identified although or room searches every shift 4:20PM the clinical record mented room search was					
		nief Nurse Executive on ated that as of 4/4/19 on the pital modified and/or			il continuation she		

## No. 6601 P. 35 May. 13. 2019 2:12PM CVH- CEO FAX PRINTED: 04/30/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION a suilding\_ С 074003 B WING 04/12/2019 STREET ADDRE6S, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER SILVER ST CONNECTICUT VALLEY HOSP MIDDLETOWN, CT 06457 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES Ð (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE. REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) A 145 Continued From page 33 A 145 implemented rounds to be completed by the charge nurse 4 times per shift at random times and 2 fimes by the RN Supervisor. The rounds are completed to ensure staff are adhering to hospital policy regarding observational status to ensure patient safety. The Chief Nursing Executive further stated that all staff are being re-educated on continuous observations and all staff will receive report from the charge nurse at the start of their shift regarding specific patient needs. Immediate Jeopardy was identified under Patient Rights on 4/12/19. An onsite visit conducted on 4/12/19 verified that Immediate Jeopardy was corrected as of 4/4/19 when the hospital began educating staff regarding continuous observation (CO) and random nursing audits began to ensure staff were following the CO policy. 5/13/2019 **RN SUPERVISION OF NURSING CARE** A 395 A 395 CFR(s): 482.23(b)(3) A registered nurse must supervise and evaluate the nursing care for each patient. This STANDARD is not met as evidenced by: Based on clinical record reviews, review of facility documentation, observations, interviews and policy review 1 of 3 patients reviewed for positioning (Patient # 12), the facility failed to ensure the patient was positioned appropriately while out of bed and/or for 1 of 3 patients reviewed for personal grooming (Patient #1), the facility failed to ensure grooming was performed by the appropriate licensed professional and/or for 1 of 2 patients reviewed for self-harm behaviors (Patient #17), the facility failed to ensure the patient's room was searched as

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

Event ID: 1XTE11

Facility ID; 074003

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		ND HUMAN SERVIÇES MEDICAID SERVICES				M APPROVED 0. 0938-0391	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		074083	B, WNG			C \$/12/2019	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, ST		11212013	
CONNECT	ICUT VALLEY HOSP		ĺ	SILVER ST MIDDLETOWN, CT 064!	57		
(X4) ID Prefix Tag	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORREC CROSS-REFEREN	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NOED TO THE APPROPRIATE DEFICIENCY)	(X5) Completion Date	
A 395	• • • • • • • • • • • • • • • • •	з 34 cian. The findings include:	A 39	96			
	3/27/19 at 3:55PM id in his/her room, with and the patients back #12 was observed to chair and his/her hea without the benefit of observation noted the in the chair. Interview services at that time have a pillow or some needs to be pulled up surveyor inquiry, the	noses included ementla. Observation on entified that Patient #12 was the lights off, the door closed was to the door. Patient be reclined back in a Broda d suspended in the air a pillow behind it. Further e patient was slouched down with Chief of Patient Care stated that the patient should othing for head support and o in the chair. Subsequent to patient was repositioned in a pillow was placed behind					
	diagnoses that includ personality disorder. 1/25/19 at 6:00 PM id	nitted on 1/26/17 with led schizophrenia and A Nurse's Note dated dentified Patient #1's hair hift nurse. The Patient was iry was identified.					
	An Incident report da identified Patient #1's Medication Nurse.	ted 1/25/19 at 6:00 PM s hair was cut by a					
		ss Noted dated 1/25/18 at at Patient #1 asked for a gth of the hair					
		dated 1/28/19 at 12:00 PM se was instructed to cut a					
ORM CMS-25	37(02-99) Previous Versions Ob	solete Event ID: 1XTE	511	Facility ID: 074003	lf continuation sh	eet Page 35 of	

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PREFIX (EAC TAG REGI	Y HOSP SUMMARY STA	074003	B, WING				с
CONNECTICUT VALLE (X4) ID PREFIX (EAC TAG REGI	Y HOSP SUMMARY STA						•
(X4) ID PREFIX (EAC TAG REGI	SUMMARY STA			STRE	EET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	12/2019
PREFIX (EAC TAG REGI					ER ST DLETOWN, CT 06457		
		Tement of Deficiencies Must be preceded by full SC identifying information)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
matt out of request on Interview v that RN#3. matted hai comb the p further stat hair nor dk cut until the Interview v stated that #1's matter haircut. He hair, not kn Interview v that Patien medication could be d Patient #1' reported th stated he v patient's he his/her hai out the ma unit, MD # RN #3 furt facility's po hair.	the afterno ith RN#1 of came to he r. RN#1 dire- ted that she is the know e end of the is the know e end of the ith MD #1 of RN#3 came that and the directed the rease asking that RN#3 of t #1 came the pass asking is to the he vas directed all out and/of r. RN#3 statted hair and t directed the her stated to licy not alloce the facility's nly licensed	s hair per the patients on of 1/15/18. n 3/5/19 at 10:30 AM stated r regarding Patient #1's octed RN #3 to attempt to r and/or wash it. RN#1 did not assess the patient's that the patient's hair was	A	395			

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CENTER		ID HUMAN SERVICES MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/SUIA		CONSTRUCTION	OMB 1	RM APPROVED 10, 0938-0391 TE SURVEY
	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			C
		074003	B. WING			4/12/2019
	ROVIDER OR SUPPLIER		3	ITREET ADDRESS, CITY, STATE, ZIP C SILVER ST AIDDLETOWN, CT 06457	BUODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SO IDENTIPYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	ION SHOULD BE THE APPROPRIATE	(25) Completion Date
A 395	emergency departme self-harm. The report Ingested a nail, part of and while waiting to b inserted a piece of pla area. The summary fit patient had suicidal io Review of the nursing dated 2/6/19 identified thoughts of self-harm behaviors. Review of 2/6/19 identified schiz disorder, anti-social of items that are not foo Review of the readmi and assessment date diagnoses including i intermittent anger, de symptoms of post-tra (PTSD). The note ide suicidal ideation and identified to develop a with patient, work wit and stabilize psychial medication adherence treatment. Review of the Treatme identified a history of PICA. Interventions in ordered, stress mana	atient was admitted to the nt (ED) for acts of identified the patient of a razor, top of a beer can be evaluated the patient astic fork into the genital urther identified that the deation. admission assessment d recently the patient had and/or self-mutilating the medical history dated cophrenia, history of bipolar disorder and PICA (eating d).	A 395			
		ed 3/21/19 directed the 4 with unescorted grounds			•	

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		ND HUMAN SERVICES				FO	ED: 04/30/201 RM APPROVE VO: 0938-039
	of deficiéncies Correctión	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTR IG	RUCTION		TE SURVEY MPLETED
		074003	B. WING	·····		0	C 4/12/2019
AME OF P	ROVIDER OR SUPPLIER		1	STREET AL	DORESS, CITY, STATE, ZIP CODE		
ONNECT	ICUT VALLEY HOSP			SILVER ST MIDDLET	r O <b>wn, ct</b> 06457	i	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(XB) COMPLETION DATE
A 395	1:00 PM to 2:00 PM a	e 37 n 9:00 AM and 10:00 AM, and 6:00 PM to 7:00 PM. tivitiles and food carts on	A 31	95			
	11:50AM identified th inserted a pen in the paper clip. The physic assessed the patient transferred to the ED further identified the p self-harming behavio ensure they are view				·		
	the patient reported the into the urethra and s note further identified the urethra area, the	3/24/19 at 11:50AM lested to speak to writer and hat he/she inserted a pen wallowed a paper clip. The that the pen was visible in patient was assessed by the ansferred to the hospital.					
	identified that he/she patient after the patie (pen) into the urethra paper clip. The note is the patient was upset	ed 3/24/19 at 12:10PM was asked to see the nt inserted a foreign object area and swallowing a dentified after a phone call, and became involved in rs and was transported to					
		ated 3/24/19 at 5:20PM es for contraband including can be swallowed.					2

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May, 1	13. 2019 2:13P	M CVH- CEO FAX			. · · N	o.6601 P.	40
		ND HUMAN SERVICES				FOR	ED: 04/30/2019 RM APPROVED
STATEMENT (	S FOR MEDICARE & DF DEFICIENCIES CORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 · ·	TIPLE CO	NSTRUCTION	(X3) DAT	0. 0938-0391 E Survey IPLETED
		074003	B, WING		·	0.	C 1/12/2019
	ROVIDER OR SUPPLIER			\$ILV	etadoress, city, state, zip code er st DLetown, ct 06457		
(X4) iD PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES 2Y MUST BE FRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COP (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEF(CHENCY)	SHOULD BE	(XS) COMPLETION DATE
A 395	identified the patient pen that was inserted paper clip the patient identified a pen was penis and scrotum at an uncolled paper cli further identified the operating room for re A nurse's note dated the patient returned fi physician was notifie on continuous observed Review of the clinica Director on 4/5/19 at there was on order for effective 3/26/19 at 4 noted the only docum completed on 3/26/1 Director stated that in completed and docum the patient does not use to insert in the un Review of the Inciden 11:31AM identified th continuous observation that he/she inserted	arrived complaining about a d into the urethra and a t swallowed. The report palpated at the base of the nd a chest x-ray confirmed p in the stomach. The report patient was taken to the emoval of the foreign objects. 3/24/19 at 9:40PM identified from the hospital, the d and the patient was placed vation status. I record with the Program 2PM identified although or room searches every shift :20PM the clinical record mented room search was 9 at 8PM. The Program com searches are to be mented each shift to ensure have any objects he/she may rethra.	• A	395			
	door was half open a patient and saw the p think anything of it. Physician progress n identified the patient the urethra when he/ 11:30AM. The patien	noted that the bathroom and staff had full sight of batient adjust self but did not note dated 3/26/19 at 1:30PM reported inserting a pen into she went to the bathroom at t was examined and the					
FORM GMS-256	physician Was able to	solate something at the Event ID: 1XT	E11	Facility	10: 074003	If continuation sh	est Page 39 of 43

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		AND HUMAN SERVICES & MEDICAID SERVICES		-	FORM OMB. NC	); 04/30/2019 1 APPROVED ): 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. (X2) MULTH A. BUILDIN	PLE CONSTRUCTION G		LETED
		074003	B. WING_	- -	04/	C 12/2019
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE SILVER SY MIDDLETOWN, CT 06457	• .	
(X4) ID PREFIX TAG	(EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL DR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X3) COMPLETION DATE
A 395	pain and inability t identified the patie pens into his/her u	age 39 and the patient complained of o urinate. The note further nt stated he/she was inserting irethra out of anger and tient was transferred to the ED	·A3	95		
	identified that the observation for pro- identified the patie stating "I'm going	lated 3/26/19 at 2:30PM patient remained on continuous otection of self. The note ent continued to make threats back to the hospital", "I inserted hra and it hurts and I'm going				
	at approximately 3 conducted and 6	ed 3/26/19 at.3:30PM Identified 3PM a unit search was bens were found, 2 of the pens the floor tile in the patient's		· ·	· ·	
	3/26/19 identified foreign body in un for a cystoscopy.	pital discharge summary dated the patient presented with ethra and was sent to the OR Additionally, the patlent was 500mg 3 times a day for 7 days.				
	5:53PM directed t one with 2 staff m insertion of object	on orders dated 3/26/19 at the patient was to be on a one to embers at all times to prevent is into the urethra, room search ns patient can ingest and/or				
	that on 3/26/19 sh was already done the patient and as	# 5 on 4/5/19 at 1:40PM stated the overheard Patient # 17 say "it ." RN # 5 stated she spoke to sked what's going on and the t he/she inserted a pen into			-	

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CENTERS	SFOR MEDICARE &	ND HUMAN SERVICES				OMBN	RM APPROVED 10, 0938-0391 Resurvey
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/BUPPLIER/CUA IDENTIFICATION NUMBER!	(X2) MULTIPLE CONSTRUCTION A. BUILDING			C	
		074003	B. WING			0	4/12/2019
NAME OF PR	OVIDER OR SUPPLIER			STRE	ET ADDRESS, CITY, STATE, ZIP CODE		
	ICUT VALLEY HOSP				ER ST DLETOWN, CT 06457		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES AY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULO BE	(X5) COMPLETION DATE
A 395	room search were co was sent to the ED a	e 40 6 stated that a unit and completed after the patient and found 6 pens, 4 on the er the tile floor in the patient's	A	395			
	10:55AM directed or patient to have hand to wear sweatpants before goes into beth room every shift for ingest/insert. Further Observation orders to	orders dated 3/27/19 at the to one with 2 male staff, is visible at all ilmes, patient and if refuses check pockets hroom and CO, room search items patient can r review of the Special from 3/27/19 through 3/30/19 the orders continued as					
	8:10PM Identified th evaluate the patient urethra. The note id patient placed his/he moment and was im and when the patier pants blood was ob pants. The report st placing a pen in the assessed, pressure the physician was n transferred to the El dated 3/31/19 at 11: inserted pen into the	dent report dated 3/31/19 at e nurse was called to who was bleeding from the entified staff reported that the ar hands in his/her pants for a imediately redirected by staff it's hands came out of his/her served on his/her hands and ated that the patient identified urethra. The area was was applied to the site and otified and the patient was D. Physician progress noted (20PM identified the patient a urethra and stated he/she other patient who admitted to e pen.					
	identified patient rep	d 3/31/19 at 12:35AM ported he/she inserted a pen a between 9:30PM-10:30PM					

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May.	13. 2019 2:14P	M CVH- CEO FAX			No. 6601 P.	43
		ID HUMAN SERVICES MEDICAID SERVICES			FORM	): 04/30/2019 A APPROVED 0. 0938-0391
STATEMENT (	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		074003	B, WING		1 •	C
NAME OF Pr	OVIDER OR SUPPLIER	<u> </u>	1	STREET ADDRESS, OITY, STATE	, ZIP CODE	
CONNECT	ICUT VALLEY HOSP			SILVER ST MIDDLETOWN, CT 06457		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	id Prefix Tag	(EACH CORRECTI) CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE ID TO THE APPROPRIATE ICIENCY)	(X5) Cumpletion Date
A 395	while making a phone assessed and the pati- pen out but was direct noted in the patient's was notified and the patient identified the patient patient cartridge of a pen and had inserted a pen in having pain. The pati- a endoscopy and cys with foreign body retr A nurse's notes dated identified the patient func- unit and sleeping are literns. Special Observation 10:40AM directed two observed the patient objects into genital an have hands visible at patient was to wear s patient refuses, chec goes into bathroom a for items the patient of interview with the Pro 2PM stated that as o a second staff memb rounds for Patient # check the environme patient entering the a further stated that state	e call. The patlent was tient was trying to puil the sted to stop and blood was genital area. The physician patient was transferred to al report dated 3/31/19 presented after ingesting a d was spitting up blood and to the urethra and was ent was taken to the OR and toscopy were performed hoval. d 3/31/19 at 10:15AM returned from the ED, the a were checked for any orders dated 3/31/19 at to male staff were to to prevent insertion of rea and the patient was to t all times. additionally, the sweatpants, no underwear, if k pockets before the patient and room search every shift	A 39	5		
	hands, face and necl	k at all times since he/she	<u> </u>		,	
FORM CMS-25	57(02-99) Previous Versions Ób	sciele Event ID: 1XTE1	1	Facility ID; 074003	if continuation she	et Page 42 of 43

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Sector Sector

No. 6601 P. 43

May.	13. 2019 2:14P	M CVH- CEO FAX			. No	o. 6601 P.	44
		ID HUMAN SERVICES MEDICAID SERVICES				FOR	D: 04/30/2019 MAPPROVED 0. 0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DAT	E SURVEY IPLETED C	
		074003	B. WING_			04	1/12/2019
NAME OF PF	ROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE		
CONNECT	ICUT VALLEY HOSP			silver Middl	ETOWN, CT 06457		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S OROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
A 395	Continued From page was able to obtain pe		A 3	395			
	Director on 4/5/19 at 2 there was on order fo effective 3/26/19 at 42 noted the only docum completed on 3/26/19 Director stated that ro completed and docum	record with the Program 2PM Identified although r room searches every shift 20PM the clinical record rented room search was at 8PM. The Program bom searches are to be nented each shift to ensure have any objects he/she may ethra.					
	-						
	i 37(02-99) Provious Versions Ob	solete · Event 10; 1X1		E ocilita III	); 074003	If continuation sh	

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Tag	Plan of Correction	Completion Date
A 115-1	In response to the finding that the facility failed to ensure that the patient was free from neglect by failing to ensure the patient received care in a safe setting when staff failed to maintain continuous observation.	
	Individual Response Patient #11's treatment plan was updated to include behavioral interventions to address the identified high risk behaviors such as the removal of small objects, food wrappers, etc. from the patient's surroundings.	3/28/2019
	Patient #17's treatment plan was updated to include behavioral interventions to address the identified high risk behaviors and ensure the environment is free of hazards.	4/01/2019
	<ul> <li><u>Systemic Response</u> <ol> <li>Conducted a review of all constant observations and confirmed the presence of specific MD orders outlining the specific safety precautions as indicated. All patients with a history of insertion events were evaluated to ensure proper interventions are in place to ensure the patient's safety based on their current clinical condition. Treatment Plans were adjusted if necessary to include those interventions.</li> </ol></li></ul> <li>The facility investigation of the report of contraband being stored under floor tiles revealed the items had actually been hidden under the dormitory partition walls. In response the facility sealed the area where the contraband was hidden</li>	
	<ul> <li>(between the walls and floor with Plexiglas) in all areas where this condition existed in the Battell Hall unit observation dorm rooms.</li> <li>3. The Chief Nurse Executive issued a memorandum detailing the revised and enhanced expectations related to Nursing Report and Change of Shift Procedure to ensure that all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation are reviewed during each shift report. In those instances where staff arrives late to the unit they are expected to meet with</li> </ul>	4/04/2019
	<ul> <li>the RN and receive the above shift report including the information specific to Special Observation behavior guidelines, behavioral plans, and MD/APRN orders. All staff will receive and sign the shift report.</li> <li>The Chief Nurse Executive issued a memorandum for the supervision and oversight of the performance of special observation. CVH has implemented changes in our supervision/oversight process of the performance of special observation. The registered nurse on each unit will supervise staff performing special observation on his/her shift. At a minimum of every two hours the RN will check every constant observation or higher level of observation</li> </ul>	

randomly. The first check must be completed within 2 hours of the beginning of the shift. The RN Supervisor Accountability Rounds will continue twice per shift and will be recorded on the Registered Nurse/Nurse Supervisor,	
Accountability Rounds for carrying out assigned duties.	
<ul> <li>Any identified performance issues will be immediately addressed by first maintaining patient safety and then reporting to the Nursing Supervisor for follow-up through the supervisory and progressive discipline process in accordance with Operational Policy &amp; Procedure 5.9 Assessment &amp; Reporting of Victims of Abuse, Neglect, or Exploitation, and Operational Policy and Procedure 8.27 Investigations of Alleged Violations of DMHAS Policies, Procedures, Regulations, and or Work Rules.</li> <li>5. CVH enhanced Procedure 2.11 Special Observation to clearly outline the accountability and responsibility of the charge nurse and the Nursing supervisor related to the safe delivery of special observation through direct observations as defined above.</li> </ul>	
Procedure Change	
<ol> <li>Nursing P&amp;P 7.6 Nursing Report and Change of Shift Procedure was revised and enhanced to ensure that all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation are reviewed during each shift report. In those instances where staff arrives late to the unit they are expected to meet with the RN and receive the above shift report including the information specific to Special Observation behavior guidelines, behavioral plans, and MD/APRN orders. All staff will receive and sign the shift report.</li> <li>CVH enhanced Procedure 2.11 Special Observation to clearly outline the accountability and responsibility of the charge nurse and the Nursing supervisor related to the safe delivery of special observation through direct observations as defined above.</li> <li>CVH subsequently further enhanced Procedure 2.11 Special Observation requirements to occur every shift and incorporate the results of the searches conducted on that shift and any follow-up actions.</li> </ol>	
Forms1. The Registered Nurse/Nurse Supervisor, Accountability Rounds Form was modified to document the RN and RN Supervisors observations of competence in the performance of Special Observation for a total of six times per shift.	
2. The CVH Cross Shift Report Sheet was modified to	

document that all assigned staff had completed a review of all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation as part of the shift report process.	4/06/2019
<ul> <li><u>Education Plan</u> <ol> <li>All facility nursing staff was educated on the revised performance expectations and supervisory oversight for special observation. This process began on the evening shift on 4/04/2019. All staff subsequently reporting for work will complete the education prior to beginning their assigned shift until 100% of staff has been trained. The completion of this review and acknowledgement of understanding the information will be documented on a CVH Form 288.</li> </ol></li></ul>	5/09/2019
2. The Chief Nurse Executive issued a memorandum detailing the revised and enhanced expectations related to Nursing Report and Change of Shift Procedure to ensure that all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation are reviewed during each shift report. In those instances where staff arrives late to the unit they are expected to meet with the RN and receive the above shift report including the information specific to Special Observation behavior guidelines, behavioral plans, and MD/APRN orders. All staff will receive and sign the shift report.	5/09/2019
<ol> <li>A memo to reiterate the expectation outlined in Procedure 2.11 Special Observation was sent to all nursing staff. All staff subsequently reporting for work completed the education.</li> </ol>	5/31/2019
Compliance Monitoring1. Staff Development will provide a weekly status report on the education for updated procedures on the performance and supervision of special observation, change of shift report process, and documentation of special observation related searches to the Operations Group.	
<ol> <li>Directors of Nursing will ensure that all of their assigned staff completed the education per the Plan of Correction timeline.</li> </ol>	
<ol> <li>The Registered Nurse/Nurse Supervisor, Accountability Rounds Form are reviewed daily by a Director of Nursing DoN), any deficiencies identified are addressed immediately through the supervision process.</li> </ol>	4/06/2019
The DoN will submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).	5/09/2019

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	NEC will compile and analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.	5/09/2019
	The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.	5/23/2019
4.	The <b>CVH Cross Shift Report Sheet(s)</b> are reviewed daily by the DoN, any deficiencies identified are addressed immediately through the supervision process.	4/06/2019
	The DoN will submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).	5/09/2019
	NEC will analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.	5/09/2019
	The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.	5/23/2019
5.	Nursing Supervisors will review the patient record for all patients whom a search is ordered and conducted to minimize or eliminate the presence of dangerous objects in the environment.	5/06/2019
	The Nursing Supervisors will submit a weekly report to the DoN on the chart audit.	5/13/2019
	The DoN will analyze the reports and submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).	6/13/2019
	NEC will analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.	6/13/2019
	The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.	07/25/2019
Reena	nsibility for Oversight	
	Nurse Executive	
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Response to CMS Survey	ID: 1XTE11 of 4/12/2019
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Tag	Plan of Correction	Completion Date
A 115-2	In response to the finding that the facility failed to adequately supervise the patient.	
	Individual Response Patient #11's treatment plan was updated to include behavioral interventions to address the identified high risk behaviors such as the removal of small objects, food wrappers, etc. from the patient's surroundings.	3/28/2019
	Patient #17's treatment plan was updated to include behavioral interventions to address the identified high risk behaviors and ensure the environment is free of hazards.	4/01/2019
	<ul> <li>Systemic Response</li> <li>1. Conducted a review of all constant observations and confirmed the presence of specific MD orders outlining the specific safety precautions as indicated. All patients with a history of insertion events were evaluated to ensure proper interventions are in place to ensure the patient's safety based on their current clinical condition. Treatment Plans were adjusted if necessary to include those interventions.</li> <li>2. The facility investigation of the report of contraband being stored under floor tiles revealed the items had actually been hidden under the dormitory partition walls. In response the facility sealed the area where the contraband was hidden (between the walls and floor with Plexiglas) in all areas where this condition existed in the Battell Hall unit observation dorm rooms.</li> </ul>	4/04/2019 4/01/2019
	<ul> <li>3. The Chief Nurse Executive issued a memorandum detailing the revised and enhanced expectations related to Nursing Report and Change of Shift Procedure to ensure that all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation are reviewed during each shift report. In those instances where staff arrives late to the unit they are expected to meet with the RN and receive the above shift report including the information specific to Special Observation behavior guidelines, behavioral plans, and MD/APRN orders. All staff will receive and sign the shift report.</li> <li>4. The Chief Nurse Executive issued a memorandum for the</li> </ul>	
	4. The Chief Nulse Executive issued a memorandum for the supervision and oversight of the performance of special observation. CVH has implemented changes in our supervision/oversight process of the performance of special observation. The registered nurse on each unit will supervise staff performing special observation on his/her shift. At a minimum of every two hours the RN will check every constant observation or higher level of observation randomly. The first check must be completed within 2 hours of the beginning of the shift. The RN Supervisor	4/04/2019

5 of 29

	Accountability Rounds will continue twice per shift and will be recorded on the Registered Nurse/Nurse Supervisor, Accountability Rounds for carrying out assigned duties.	
5.	Any identified performance issues will be immediately addressed by first maintaining patient safety and then reporting to the Nursing Supervisor for follow-up through the supervisory and progressive discipline process in accordance with Operational Policy & Procedure 5.9 Assessment & Reporting of Victims of Abuse, Neglect, or Exploitation, and Operational Policy and Procedure 8.27 Investigations of Alleged Violations of DMHAS Policies, Procedures, Regulations, and or Work Rules. CVH enhanced Procedure 2.11 Special Observation to clearly outline the accountability and responsibility of the charge nurse and the Nursing supervisor related to the safe delivery of special observation through direct observations as defined above.	4/15/2019
	<u>Jure Change</u> Nursing <b>P&amp;P 7.6 Nursing Report and Change of Shift</b> <b>Procedure</b> was revised and enhanced to ensure that all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation are	
	reviewed during each shift report. In those instances where staff arrives late to the unit they are expected to meet with the RN and receive the above shift report including the information specific to Special Observation behavior guidelines, behavioral plans, and MD/APRN orders. All staff will receive and sign the shift report.	4/04/2019
2.	CVH enhanced Procedure <b>2.11</b> Special Observation to clearly outline the accountability and responsibility of the charge nurse and the Nursing supervisor related to the safe delivery of special observation through direct observations as defined above.	4/04/2019
3.	CVH subsequently further enhanced Procedure 2.11 Special Observation to reinforce the documentation requirements to occur every shift and incorporate the results of the searches conducted on that shift and any follow-up actions.	4/15/2019
<u>Forms</u> 1.	The <b>Registered Nurse/Nurse Supervisor, Accountability</b> <b>Rounds Form</b> was modified to document the RN and RN Supervisors observations of competence in the performance of Special Observation for a total of six times per shift.	4/06/2019
2.	The CVH Cross Shift Report Sheet was modified to document that all assigned staff had completed a review of all Behavioral Guidelines, Behavioral Plans and/or any	4/06/2019

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associated MD/APRN orders for Special Observation as of the shift report process.	part
Education Plan1. All facility nursing staff was educated on the rev performance expectations and supervisory oversight special observation. This process began on the eve shift on 4/04/2019. All staff subsequently reporting for 	t for ning work their The t of 5/09/2019
2. The Chief Nurse Executive issued a memoran detailing the revised and enhanced expectations relate Nursing Report and Change of Shift Procedure to enthat all Behavioral Guidelines, Behavioral Plans and/or associated MD/APRN orders for Special Observation reviewed during each shift report. In those instal where staff arrives late to the unit they are expected meet with the RN and receive the above shift reincluding the information specific to Special Observation guidelines, behavioral plans, and MD/A orders. All staff will receive and sign the shift report.	ed to sure r any n are nces ed to eport ation 5/09/2019
<ol> <li>A memo to reiterate the expectation outlined in Proce 2.11 Special Observation was sent to all nursing stat staff subsequently reporting for work completed education.</li> </ol>	ff. All
Compliance Monitoring1. Staff Development will provide a weekly status report of education for updated procedures on the performance supervision of special observation, change of shift m process, and documentation of special observation re searches to the Operations Group.	e and eport
<ol> <li>Directors of Nursing will ensure that all of their assi staff completed the education per the Plan of Corre timeline.</li> </ol>	
<ol> <li>The Registered Nurse/Nurse Supervisor, Accountate Rounds Form are reviewed daily by a Director of Nu DoN), any deficiencies identified are addressed immed through the supervision process.</li> </ol>	Irsing 4/06/2019
The DoN will submit a monthly summary report of the results to the Nurse Executive Committee (NEC).	audit 5/09/2019
NEC will compile and analyze the two Division report	ts for 5/09/2019

	potential trends and patterns, and implement any necessary additional corrective actions.	
	The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.	5/23/2019
4.	The <b>CVH Cross Shift Report Sheet(s)</b> are reviewed daily by the DoN, any deficiencies identified are addressed immediately through the supervision process.	4/06/2019
	The DoN will submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).	5/09/2019
	NEC will analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.	5/09/2019
	The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.	5/23/2019
5.	Nursing Supervisors will review the patient record for all patients whom a search is ordered and conducted to minimize or eliminate the presence of dangerous objects in the environment.	5/06/2019
	The Nursing Supervisors will submit a weekly report to the DoN on the chart audit.	5/13/2019
	The DoN will analyze the reports and submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).	6/13/2019
	NEC will analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.	6/13/2019
	The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.	07/25/2019
Respo	onsibility for Oversight	
	Nurse Executive	
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Tag	Plan of Correction	Completion Date
A 115-3	In response to the finding that the facility failed to ensure the patient was free from neglect for failing to ensure the environment was free from hazards to avoid physical harm of the patient resulting in immediate jeopardy.	
	Individual Response Patient #11's treatment plan was updated to include behavioral interventions to address the identified high risk behaviors such as the removal of small objects, food wrappers, etc. from the patient's surroundings.	3/28/2019
	Patient #17's treatment plan was updated to include behavioral interventions to address the identified high risk behaviors and ensure the environment is free of hazards.	4/01/2019
	<ul> <li><u>Systemic Response</u> <ol> <li>Conducted a review of all constant observations and confirmed the presence of specific MD orders outlining the specific safety precautions as indicated. All patients with a history of insertion events were evaluated to ensure proper interventions are in place to ensure the patient's safety based on their current clinical condition. Treatment Plans were adjusted if necessary to include those interventions.</li> </ol> </li> <li>The facility investigation of the report of contraband being stored under floor tiles revealed the items had actually been hidden under the dormitory partition walls. In response the facility sealed the area where the contraband was hidden (between the walls and floor with Plexiglas) in all areas</li> </ul>	4/04/2019 4/01/2019
	<ul> <li>where this condition existed in the Battell Hall unit observation dorm rooms.</li> <li>3. The Chief Nurse Executive issued a memorandum detailing the revised and enhanced expectations related to Nursing Report and Change of Shift Procedure to ensure that all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation are reviewed during each shift report. In those instances where staff arrives late to the unit they are expected to meet with</li> </ul>	
	<ul> <li>the RN and receive the above shift report including the information specific to Special Observation behavior guidelines, behavioral plans, and MD/APRN orders. All staff will receive and sign the shift report.</li> <li>4. The Chief Nurse Executive issued a memorandum for the supervision and oversight of the performance of special observation. CVH has implemented changes in our supervision/oversight process of the performance of special observation. The registered nurse on each unit will supervise staff performing special observation on his/her shift. At a minimum of every two hours the RN will check every constant observation or higher level of observation</li> </ul>	

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5.	randomly. The first check must be completed within 2 hours of the beginning of the shift. The RN Supervisor Accountability Rounds will continue twice per shift and will be recorded on the Registered Nurse/Nurse Supervisor, Accountability Rounds for carrying out assigned duties. Any identified performance issues will be immediately addressed by first maintaining patient safety and then reporting to the Nursing Supervisor for follow-up through the supervisory and progressive discipline process in accordance with Operational Policy & Procedure 5.9 Assessment & Reporting of Victims of Abuse, Neglect, or Exploitation, and Operational Policy and Procedure 8.27 Investigations of Alleged Violations of DMHAS Policies, Procedures, Regulations, and or Work Rules. CVH enhanced Procedure 2.11 Special Observation to clearly outline the accountability and responsibility of the charge nurse and the Nursing supervisor related to the safe delivery of special observation through direct observations as defined above.	4/15/2019
1.	dure Change Nursing P&P 7.6 Nursing Report and Change of Shift Procedure was revised and enhanced to ensure that all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation are reviewed during each shift report. In those instances where staff arrives late to the unit they are expected to meet with the RN and receive the above shift report including the information specific to Special Observation behavior guidelines, behavioral plans, and MD/APRN orders. All staff will receive and sign the shift report. CVH enhanced Procedure 2.11 Special Observation to clearly outline the accountability and responsibility of the charge nurse and the Nursing supervisor related to the safe delivery of special observation through direct observations as defined above. CVH subsequently further enhanced Procedure 2.11 Special Observation to reinforce the documentation requirements to occur every shift and incorporate the results of the searches conducted on that shift and any follow-up actions.	4/04/2019 4/04/2019 4/15/2019
	The <b>Registered Nurse/Nurse Supervisor, Accountability</b> <b>Rounds Form</b> was modified to document the RN and RN Supervisors observations of competence in the performance of Special Observation for a total of six times per shift. The <b>CVH Cross Shift Report Sheet</b> was modified to	4/06/2019

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	document that all assigned staff had completed a review of all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation as part of the shift report process.	4/06/2019
Educ	<ol> <li>All facility nursing staff was educated on the revised performance expectations and supervisory oversight for special observation. This process began on the evening shift on 4/04/2019. All staff subsequently reporting for work will complete the education prior to beginning their assigned shift until 100% of staff has been trained. The completion of this review and acknowledgement of understanding the information will be documented on a CVH Form 288.</li> </ol>	5/09/2019
	2. The Chief Nurse Executive issued a memorandum detailing the revised and enhanced expectations related to Nursing Report and Change of Shift Procedure to ensure that all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation are reviewed during each shift report. In those instances where staff arrives late to the unit they are expected to meet with the RN and receive the above shift report including the information specific to Special Observation behavior guidelines, behavioral plans, and MD/APRN orders. All staff will receive and sign the shift report.	5/09/2019
	3. A memo to reiterate the expectation outlined in Procedure <b>2.11 Special Observation</b> was sent to all nursing staff. All staff subsequently reporting for work completed the education.	5/31/2019
2001 1	<ul> <li>I. Staff Development will provide a weekly status report on the education for updated procedures on the performance and supervision of special observation, change of shift report process, and documentation of special observation related searches to the Operations Group.</li> </ul>	4/10/2019
2	<ol> <li>Directors of Nursing will ensure that all of their assigned staff completed the education per the Plan of Correction timeline.</li> </ol>	4/10/2019
	<ol> <li>The Registered Nurse/Nurse Supervisor, Accountability Rounds Form are reviewed daily by a Director of Nursing DoN), any deficiencies identified are addressed immediately through the supervision process.</li> </ol>	4/06/2019
	The DoN will submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).	5/09/2019

	NEC will compile and analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.	5/09/2019
	The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.	5/23/2019
4.	The <b>CVH Cross Shift Report Sheet(s)</b> are reviewed daily by the DoN, any deficiencies identified are addressed immediately through the supervision process.	4/06/2019
	The DoN will submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).	5/09/2019
	NEC will analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.	5/09/2019
	The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.	5/23/2019
5.	Nursing Supervisors will review the patient record for all patients whom a search is ordered and conducted to minimize or eliminate the presence of dangerous objects in the environment.	5/06/2019
	The Nursing Supervisors will submit a weekly report to the DoN on the chart audit.	5/13/2019
	The DoN will analyze the reports and submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).	6/13/2019
	NEC will analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.	6/13/2019
	The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.	07/25/2019
Respo	onsibility for Oversight	
	Nurse Executive	

Response to CMS Survey	ID: 1XTE11 of 4/12/2019
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Tag	Plan of Correction	Completion Date
A 144-1	In response to the finding that the facility failed to ensure the patient was supervised <b>and/or</b> continuous observation was maintained <b>and/or</b> failed to ensure the environment was free of hazards which resulted in immediate jeopardy.	
	Individual Response Patient #17's treatment plan was updated to include behavioral interventions to address the identified high risk behaviors and ensure the environment is free of hazards.	4/01/2019
	<ul> <li>Systemic Response</li> <li>1. Conducted a review of all constant observations and confirmed the presence of specific MD orders outlining the specific safety precautions as indicated. All patients with a history of insertion events were evaluated to ensure proper interventions are in place to ensure the patient's safety based on their current clinical condition. Treatment Plans were adjusted if necessary to include those interventions.</li> <li>2. The facility investigation of the report of contraband being stored under floor tiles revealed the items had actually been hidden under the dormitory partition walls. In response the facility sealed the area where the contraband was hidden (between the walls and floor with Plexiglas) in all areas where this condition existed in the Battell Hall unit observation dorm rooms.</li> <li>3. The Chief Nurse Executive issued a memorandum detailing the revised and enhanced expectations related to Nursing Report and Change of Shift Procedure to ensure that all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation are reviewed during each shift report. In those instances where staff arrives late to the unit they are expected to meet with the RN and receive the above shift report including the information specific to Special Observation behavior guidelines, behavioral plans, and MD/APRN orders. All staff will receive and sign the shift report.</li> <li>4. The Chief Nurse Executive issued a memorandum for the supervision and oversight of the performance of special observation. CVH has implemented changes in our supervision/oversight process of the performance of special observation. The registered nurse on each unit will supervise staff performing special observation on his/her shift. At a minimum of every two hours the RN will check every constant observation or higher level of observation randomly. The first check must be completed within 2 hours of the beginning of the shift. The RN Supervisor, Accountability Rounds will co</li></ul>	4/04/2019 4/01/2019 4/04/2019 4/04/2019

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5.	Any identified performance issues will be immediately addressed by first maintaining patient safety and then reporting to the Nursing Supervisor for follow-up through the supervisory and progressive discipline process in accordance with Operational Policy & Procedure 5.9 Assessment & Reporting of Victims of Abuse, Neglect, or Exploitation, and Operational Policy and Procedure 8.27 Investigations of Alleged Violations of DMHAS Policies, Procedures, Regulations, and or Work Rules. CVH enhanced Procedure <b>2.11</b> Special Observation to clearly outline the accountability and responsibility of the charge nurse and the Nursing supervisor related to the safe delivery of special observation through direct observations as defined above.	4/15/2019
Proced	ture Change	
1.		
2	the RN and receive the above shift report including the information specific to Special Observation behavior guidelines, behavioral plans, and MD/APRN orders. All staff will receive and sign the shift report. CVH enhanced Procedure <b>2.11</b> Special Observation to	4/04/2019
	clearly outline the accountability and responsibility of the charge nurse and the Nursing supervisor related to the safe delivery of special observation through direct observations as defined above.	4/04/2019
3.	CVH subsequently further enhanced Procedure 2.11 Special Observation to reinforce the documentation requirements to occur every shift and incorporate the results of the searches conducted on that shift and any follow-up actions.	4/15/2019
Forms 1.	The <b>Registered Nurse/Nurse Supervisor, Accountability</b> <b>Rounds Form</b> was modified to document the RN and RN Supervisors observations of competence in the performance of Special Observation for a total of six times per shift.	4/06/2019
2.	The <i>CVH Cross Shift Report Sheet</i> was modified to document that all assigned staff had completed a review of all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation as part of the shift report process.	4/06/2019

	ion Plan All facility nursing staff was educated on the revised performance expectations and supervisory oversight for special observation. This process began on the evening shift on 4/04/2019. All staff subsequently reporting for work will complete the education prior to beginning their assigned shift until 100% of staff has been trained. The completion of this review and acknowledgement of understanding the information will be documented on a CVH Form 288.	5/09/2019
2	. The Chief Nurse Executive issued a memorandum detailing the revised and enhanced expectations related to Nursing Report and Change of Shift Procedure to ensure that all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation are reviewed during each shift report. In those instances where staff arrives late to the unit they are expected to meet with the RN and receive the above shift report including the information specific to Special Observation behavior guidelines, behavioral plans, and MD/APRN orders. All staff will receive and sign the shift report.	5/09/2019
3	. A memo to reiterate the expectation outlined in Procedure 2.11 Special Observation was sent to all nursing staff. All staff subsequently reporting for work completed the education.	5/31/2019
	iance Monitoring Staff Development will provide a weekly status report on the education for updated procedures on the performance and supervision of special observation, change of shift report process, and documentation of special observation related searches to the Operations Group.	4/10/2019
2.	Directors of Nursing will ensure that all of their assigned staff completed the education per the Plan of Correction timeline.	4/10/2019
3.	The <b>Registered Nurse/Nurse Supervisor, Accountability</b> <b>Rounds Form</b> are reviewed daily by a Director of Nursing DoN), any deficiencies identified are addressed immediately through the supervision process.	4/06/2019
	The DoN will submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).	5/09/2019
	NEC will compile and analyze the two Division reports for potential trends and patterns, and implement any necessary	5/09/2019

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	The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.	5/23/2019
4.	The <b>CVH Cross Shift Report Sheet(s)</b> are reviewed daily by the DoN, any deficiencies identified are addressed immediately through the supervision process.	4/06/2019
	The DoN will submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).	5/09/2019
	NEC will analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.	5/09/2019
	The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.	5/23/2019
5.	Nursing Supervisors will review the patient record for all patients whom a search is ordered and conducted to minimize or eliminate the presence of dangerous objects in the environment.	5/06/2019
	The Nursing Supervisors will submit a weekly report to the DoN on the chart audit.	5/13/2019
	The DoN will analyze the reports and submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).	6/13/2019
	NEC will analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.	6/13/2019
	The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.	07/25/2019
	nsibility for Oversight	
Chief I	Nurse Executive	

CT Valley Hospital, Middletown, CT

Tag	Plan of Correction	Completion Date
A 144-2	In response to the finding that the facility failed to adequate supervision for patient #11 who had fluctuating self-injurious / self- destructive behaviors.to prevent self-injurious behaviors and staff failed to ensure that small object such as food wrappers were removed from the patient's surroundings.	
	Individual Response Patient #11's treatment plan was updated to include behavioral interventions to address the identified high risk behaviors such as the removal of small objects, food wrappers, etc. from the patient's surroundings.	4/01/2019
	<ol> <li>Systemic Response</li> <li>Conducted a review of all constant observations and confirmed the presence of specific MD orders outlining the specific safety precautions as indicated. All patients with a history of insertion events were evaluated to ensure proper interventions are in place to ensure the patient's safety based on their current clinical condition. Treatment Plans were adjusted if necessary to include those interventions.</li> <li>The facility investigation of the report of contraband being stored under floor tiles revealed the items had actually been hidden under the dormitory partition walls. In response the facility sealed the area where the contraband was hidden (between the walls and floor with Plexiglas) in all areas where this condition existed in the Battell Hall unit observation dorm rooms.</li> <li>The Chief Nurse Executive issued a memorandum detailing the revised and enhanced expectations related to Nursing Report and Change of Shift Procedure to ensure that all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation are reviewed during each shift report. In those instances where staff arrives late to the unit they are expected to meet with the RN and receive the above shift report including the information specific to Special Observation behavior guidelines, behavioral plans, and MD/APRN orders. All staff will receive and sign the shift report.</li> <li>The Chief Nurse Executive issued a memorandum for the supervision and oversight of the performance of special observation. CVH has implemented changes in our supervision/oversight process of the performance of</li> </ol>	
	observation. CVH has implemented changes in our	4/04/2019

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	be recorded on the Registered Nurse/Nurse Supervisor, Accountability Rounds for carrying out assigned duties.	
5.	Any identified performance issues will be immediately addressed by first maintaining patient safety and then reporting to the Nursing Supervisor for follow-up through the supervisory and progressive discipline process in accordance with Operational Policy & Procedure 5.9 Assessment & Reporting of Victims of Abuse, Neglect, or Exploitation, and Operational Policy and Procedure 8.27 Investigations of Alleged Violations - of DMHAS Policies, Procedures, Regulations, and or Work Rules. CVH enhanced Procedure <b>2.11 Special Observation</b> to clearly outline the accountability and responsibility of the charge nurse and the Nursing supervisor related to the safe delivery of special observation through direct observations as defined above.	4/15/2019
Proced	dure Change	
	Nursing <i>P&amp;P 7.6 Nursing Report and Change of Shift</i> <i>Procedure</i> was revised and enhanced to ensure that all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation are reviewed during each shift report. In those instances where staff arrives late to the unit they are expected to meet with	
	the RN and receive the above shift report including the information specific to Special Observation behavior guidelines, behavioral plans, and MD/APRN orders. All staff will receive and sign the shift report.	4/04/2019
2.	CVH enhanced Procedure 2.11 Special Observation to clearly outline the accountability and responsibility of the charge nurse and the Nursing supervisor related to the safe delivery of special observation through direct observations as defined above.	4/04/2019
3.	CVH subsequently further enhanced Procedure 2.11 Special Observation to reinforce the documentation requirements to occur every shift and incorporate the results of the searches conducted on that shift and any follow-up actions.	4/15/2019
Forms 1.	The <i>Registered Nurse/Nurse Supervisor, Accountability</i> <i>Rounds Form</i> was modified to document the RN and RN Supervisors observations of competence in the performance of Special Observation for a total of six times per shift.	4/06/2019
2.	The <b>CVH Cross Shift Report Sheet</b> was modified to document that all assigned staff had completed a review of all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation as part	4/06/2019

	· · ·		
	All facility nursing staff was educated on the revised performance expectations and supervisory oversight for special observation. This process began on the evening shift on 4/04/2019. All staff subsequently reporting for work will complete the education prior to beginning their assigned shift until 100% of staff has been trained. The completion of this review and acknowledgement of understanding the information will be documented on a CVH Form 288.	5/09/2019	
2	. The Chief Nurse Executive issued a memorandum detailing the revised and enhanced expectations related to Nursing Report and Change of Shift Procedure to ensure that all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation are reviewed during each shift report. In those instances where staff arrives late to the unit they are expected to meet with the RN and receive the above shift report including the information specific to Special Observation behavior guidelines, behavioral plans, and MD/APRN orders. All staff will receive and sign the shift report.	5/09/2019	
3	. A memo to reiterate the expectation outlined in Procedure <b>2.11 Special Observation</b> was sent to all nursing staff. All staff subsequently reporting for work completed the education.	5/31/2019	
Compl	iance Monitoring		
1.	Staff Development will provide a weekly status report on the education for updated procedures on the performance and supervision of special observation, change of shift report process, and documentation of special observation related searches to the Operations Group.	4/10/2019	
2.	Directors of Nursing will ensure that all of their assigned staff completed the education per the Plan of Correction timeline.	4/10/2019	
3.	The <b>Registered Nurse/Nurse Supervisor, Accountability</b> <b>Rounds Form</b> are reviewed daily by a Director of Nursing DoN), any deficiencies identified are addressed immediately through the supervision process.	4/06/2019	
	The DoN will submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).	5/09/2019	
	NEC will compile and analyze the two Division reports for potential trends and patterns, and implement any necessary	5/09/2019	

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additional corrective actions.         The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.       5/23/2019         4. The CVH Cross Shift Report Sheet(s) are reviewed daily by the DoN, any deficiencies identified are addressed immediately through the supervision process.       4/06/2019         The DoN will submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).       5/09/2019         NEC will analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.       5/09/2019         The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.       5/23/2019         5. Nursing Supervisors will review the patient record for all patients whom a search is ordered and conducted to minimize or eliminate the presence of dangerous objects in the environment.       5/13/2019         The DoN will analyze the reports and submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).       6/13/2019         NEC will analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.       6/13/2019         The Nersing Supervisors will submit a weekly report to the Governing Body on an ongoing basis or until the hospital for 13/2019       6/13/2019         MEC will analyze the two Division reports for potential trends and pa			
Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.       5/23/2019         4. The CVH Cross Shift Report Sheet(s) are reviewed daily by the DoN, any deficiencies identified are addressed immediately through the supervision process.       4/06/2019         The DoN will submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).       5/09/2019         NEC will analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.       5/09/2019         The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.       5/23/2019         5. Nursing Supervisors will review the patient record for all patients whom a search is ordered and conducted to minimize or eliminate the presence of dangerous objects in the environment.       5/06/2019         The DoN will analyze the reports and submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).       6/13/2019         NEC will analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.       6/13/2019         The NEC will analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.       6/13/2019         The NEC will analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.       6/13/2019     <		additional corrective actions.	
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		Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for	07/25/2019
Response to CMS Survey II	D: 1XTE11 of 4/12/2019		
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Tag	_			
A 145	In response to the finding that the facility failed to ensure the patient was free from neglect for failing to supervise <b>and/or</b> maintain continuous observation <b>and/or</b> failed to ensure the environment was free from hazards to avoid physical harm of the patient resulting in immediate jeopardy.			
	Individual Response Patient #17's treatment plan was updated to include behavioral interventions to address the identified high risk behaviors and ensure the environment is free of hazards.	4/01/2019		
	<ul> <li><u>Systemic Response</u></li> <li>1. Conducted a review of all constant observations and confirmed the presence of specific MD orders outlining the specific safety precautions as indicated. All patients with a history of insertion events were evaluated to ensure proper interventions are in place to ensure the patient's safety based on their current clinical condition. Treatment Plans were adjusted if necessary to include those interventions.</li> <li>2. The facility investigation of the report of contraband being stored under floor tiles revealed the items had actually been hidden under the dormitory partition walls. In response the facility sealed the area where the contraband was hidden (between the walls and floor with Plexiglas) in all areas where this condition existed in the Battell Hall unit observation dorm rooms.</li> </ul>	4/04/2019 4/01/2019		
	3. The Chief Nurse Executive issued a memorandum detailing the revised and enhanced expectations related to Nursing Report and Change of Shift Procedure to ensure that all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation are reviewed during each shift report. In those instances where staff arrives late to the unit they are expected to meet with the RN and receive the above shift report including the information specific to Special Observation behavior guidelines, behavioral plans, and MD/APRN orders. All staff will receive and sign the shift report.	4/04/2019		
	4. The Chief Nurse Executive issued a memorandum for the supervision and oversight of the performance of special observation. CVH has implemented changes in our supervision/oversight process of the performance of special observation. The registered nurse on each unit will supervise staff performing special observation on his/her shift. At a minimum of every two hours the RN will check every constant observation or higher level of observation randomly. The first check must be completed within 2 hours of the beginning of the shift. The RN Supervisor Accountability Rounds will continue twice per shift and will be recorded on the Registered Nurse/Nurse Supervisor,	4/04/2019		

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	Accountability Rounds for carrying out assigned duties.	
5.	Any identified performance issues will be immediately addressed by first maintaining patient safety and then reporting to the Nursing Supervisor for follow-up through the supervisory and progressive discipline process in accordance with Operational Policy & Procedure 5.9 Assessment & Reporting of Victims of Abuse, Neglect, or Exploitation, and Operational Policy and Procedure 8.27 Investigations of Alleged Violations of DMHAS Policies, Procedures, Regulations, and or Work Rules. CVH enhanced Procedure 2.11 Special Observation to clearly outline the accountability and responsibility of the charge nurse and the Nursing supervisor related to the safe delivery of special observation through direct observations as defined above.	4/15/2019
	lure Change	
1.	Nursing <b>P&amp;P</b> 7.6 Nursing Report and Change of Shift Procedure was revised and enhanced to ensure that all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation are reviewed during each shift report. In those instances where staff arrives late to the unit they are expected to meet with	
	the RN and receive the above shift report including the information specific to Special Observation behavior guidelines, behavioral plans, and MD/APRN orders. All staff will receive and sign the shift report.	4/04/2019
Ζ.	CVH enhanced Procedure <b>2.11</b> Special Observation to clearly outline the accountability and responsibility of the charge nurse and the Nursing supervisor related to the safe delivery of special observation through direct observations as defined above.	4/04/2019
3.	CVH subsequently further enhanced Procedure 2.11 Special Observation to reinforce the documentation requirements to occur every shift and incorporate the results of the searches conducted on that shift and any follow-up actions.	4/15/2019
Forms		
1.	The <b>Registered Nurse/Nurse Supervisor, Accountability</b> <b>Rounds Form</b> was modified to document the RN and RN Supervisors observations of competence in the performance of Special Observation for a total of six times per shift.	4/06/2019
2.	The <i>CVH Cross Shift Report Sheet</i> was modified to document that all assigned staff had completed a review of all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation as part of the shift report process.	4/06/2019

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Educati	on Plan	
	All facility nursing staff was educated on the revised performance expectations and supervisory oversight for special observation. This process began on the evening shift on 4/04/2019. All staff subsequently reporting for work will complete the education prior to beginning their assigned shift until 100% of staff has been trained. The	5/09/2019
2.	The Chief Nurse Executive issued a memorandum detailing the revised and enhanced expectations related to Nursing Report and Change of Shift Procedure to ensure that all Behavioral Guidelines, Behavioral Plans and/or any associated MD/APRN orders for Special Observation are reviewed during each shift report. In those instances where staff arrives late to the unit they are expected to	
	meet with the RN and receive the above shift report including the information specific to Special Observation behavior guidelines, behavioral plans, and MD/APRN orders. All staff will receive and sign the shift report.	5/09/2019
3.	A memo to reiterate the expectation outlined in Procedure <b>2.11 Special Observation</b> was sent to all nursing staff. All staff subsequently reporting for work completed the education.	5/31/2019
Compli	ance Monitoring	·
1.	Staff Development will provide a weekly status report on the education for updated procedures on the performance and supervision of special observation, change of shift report process, and documentation of special observation related searches to the Operations Group.	4/10/2019
2.	Directors of Nursing will ensure that all of their assigned staff completed the education per the Plan of Correction timeline.	4/10/2019
	The <b>Registered Nurse/Nurse Supervisor, Accountability</b> <b>Rounds Form</b> are reviewed daily by a Director of Nursing DoN), any deficiencies identified are addressed immediately through the supervision process.	4/06/2019
	The DoN will submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).	5/09/2019
	NEC will compile and analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.	5/09/2019

	The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.	5/23/2019
4.	The <b>CVH Cross Shift Report Sheet(s)</b> are reviewed daily by the DoN, any deficiencies identified are addressed immediately through the supervision process.	4/06/2019
	The DoN will submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).	5/09/2019
	NEC will analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.	5/09/2019
	The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.	5/23/2019
5.	Nursing Supervisors will review the patient record for all patients whom a search is ordered and conducted to minimize or eliminate the presence of dangerous objects in the environment.	5/06/2019
	The Nursing Supervisors will submit a weekly report to the DoN on the chart audit.	5/13/2019
	The DoN will analyze the reports and submit a monthly summary report of the audit results to the Nurse Executive Committee (NEC).	6/13/2019
	NEC will analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.	6/13/2019
	The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.	07/25/2019
	nsibility for Oversight	
Chief I	Nurse Executive	

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Tag	Plan of Correction	
A 395-1	In response to the finding that the facility failed to <u>ensure the</u> <u>patient was positioned appropriately while out of bed (A 395-1)</u> and/or ensure grooming was performed by the appropriate licensed professional (A 395-2) and/or the patient's room was searched as directed by a physician (A 395-3).	
	Individual Patient Response Patient # 12 As noted in the CMS report the patient was immediately repositioned in his Broda chair by staff and re-education provided immediately by the Director of Nursing.	3/27/2019
	Systemic Response All other patients utilizing Broda chairs and adaptive medical equipment were assessed for repositioning needs. No other patients required additional interventions.	3/27/2019
	Education Plan Physical Therapy Supervisor provided multiple unit based trainings on proper positioning in the Broda chair.	3/29/2019
	The Physical Therapy Supervisor initiated a train-the-trainer block of instruction on the proper placement and positioning of patient's in the Broda Chair training for Directors of Nursing.	5/9/2019
	The Directors of Nursing will then provide education to all nursing staff on the proper placement and positioning of patients in the Broda chair, and observe nursing staff performance to verify competency for this device.	6/01/2019
	An on-line class with video demonstration of how to effectively provide care to patients requiring a Broda chair has been developed and implemented for all nursing staff.	5/10/2019
	On an on-going basis, the Physical Therapy department evaluates all requests for Broda chairs from a physician's medical order. When a Broda chair is implemented for a patient, the physical therapist (PT) provides training for all staff present. Instructions on the proper use of the Broda chair are also attached to the chair for staff reference. The Physical Therapists will provide training as needed.	
	<u>Compliance Monitoring</u> Staff Development will be providing a weekly nursing training and competency compliance report to the Operations Council.	6/1/2019
	Responsibility for Oversight Chief Nurse Executive	

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Tag	Plan of Correction	Completion Date	
A 395-2	In response to the finding that the facility failed to ensure the patient was positioned appropriately while out of bed (A 395-1) and/or ensure grooming was performed by the appropriate licensed professional (A 395-2) and/or the patient's room was searched as directed by a physician (A 395-3).		
	Individual Patient Response Patient #1 Facility conducted a thorough review of the incident including a patient interview with Patient Advocate and independently confirmed that the client requested and approved of the hair cut both during and after. The analysis identified a violation of Nursing Policy and Procedure (NP&P) 13.7 Hair Care. This was an isolated event and limited to RN #3 and MD #1. RN #3 and MD #1 was provided re-education on Nursing Policy and Procedure 13.7 Hair Care and reminded that the facility employs licensed hairdressers to perform this task.	3/12/2019	
	<u>Systemic Response</u> Facility conducted a thorough review of the unique incident. Nursing Executive Committee identified a knowledge deficit related to delivery and provision of ADL's for patients that are difficult to engage. In response, the ADL Skills Project Team, chaired by a Director of Nursing and participants including Unit based Registered Nurses, Mental Health Assistants, Occupational Therapist, Dental Hygienist, Speech Pathology and others have been tasked with implementation of a standardized method of engagement strategies for those clients who have been identified with a deficit in self- initiated grooming.	5/13/2019	
	Additionally, Licensed Hairdressers services have been increased to allow for scheduled on unit hair services in addition to the current centralized Page Hall Beauty Salon services.		
	Procedure Change The Nursing Executive Committee (NEC) reviewed and revised Nursing Policy and Procedure (NP&P) 13.7 Hair Care to clarify the schedule for patients receiving Hairdresser services, both unit based and brought to the hair salon in the treatment mall. The facility also provides this education at the time of hire emphasizing that the staff of the hospital are cognizant of the different hair care needs of all the patients.	4/6/2019	
	Education Plan An on-line class was implemented for all nursing staff that included an excerpt of NP&P 13.7 Hair Care which emphasized that only licensed Hairdressers are permitted to cut, color, perm or relax patient hair along with the salon schedule A Licensed hairdresser is	3/27/2019	

located in the salon in the Page Hall Treatment Mall.	
<u>Compliance Monitoring</u> The licensed hairdresser will begin keeping a log of patients who received hair styling services by location. Director of Rehab Therapies will monitor the log on a monthly schedule.	6/1/2019
The Director of Rehab Therapies will compile a report and submit a monthly summary of services to the Clinical Management Committee.	7/26/2019
Staff Development will be providing a weekly training compliance report to the Operations Council.	5/15/2019
Responsibility for Oversight Chief Nurse Executive	

Tag	Plan of Correction	Completion Date	
A 395-3	In response to the finding that the facility failed to ensure the patient was positioned appropriately while out of bed (A 395-1) and/or ensure grooming was performed by the appropriate licensed professional (A 395-2) and/or <u>the patient's room was searched</u> as directed by a physician (A 395-3).		
	Individual Response Patient #17's room is searched and documented as per physician order.	5/03/2019	
	<ol> <li>Systemic Response         <ol> <li>The facility investigation of the report of contraband being stored under floor tiles revealed the items had actually been hidden under the dormitory partition walls. In response the facility sealed the area where the contraband was hidden (between the walls and floor with Plexiglas) in all areas where this condition existed in the Battell Hall unit observation dorm rooms.</li> <li>CVH enhanced Procedure 2.11 Special Observation to clarify the documentation requirements related to room searches for patients on Continuous Observation for Suicidal or Self-injurious behavior to ensure the results of searches and follow-up actions are properly documented.</li> </ol> </li> </ol>	4/01/2019 4/15/2019	
	<ul> <li>Procedure Change</li> <li>1. CVH subsequently further enhanced Procedure 2.11</li> <li>Special Observation to reinforce the documentation requirements to occur every shift and incorporate the results of the searches conducted on that shift and any follow-up actions.</li> </ul>	4/15/2019	
	Education Plan 1. A memo to reiterate the expectation outlined in Procedure 2.11 Special Observation was sent to all nursing staff. All staff subsequently reporting for work completed the education.	5/31/2019	
	<ul> <li><u>Compliance Monitoring</u></li> <li>Nursing Supervisors will review the patient record for all patients whom a search is ordered and conducted to minimize or eliminate the presence of dangerous objects in the environment.</li> </ul>	5/06/2019	
	The Nursing Supervisors will submit a weekly report to the DoN on the chart audit.	5/13/2019	
	The DoN will analyze the reports and submit a monthly summary report of the audit results to the Nurse Executive	6/13/2019	

Committee (NEC).	
NEC will analyze the two Division reports for potential trends and patterns, and implement any necessary additional corrective actions.	6/13/2019
The NEC will provide a monthly summary report to the Governing Body on an ongoing basis or until the hospital determines that 100% compliance has been maintained for a period of time.	07/25/2019
Responsibility for Oversight Chief Nurse Executive	

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Date/Time IJ Template provided to entity: (1/19) 4/5

1J.Component	Yes/No:	Preliminary fact analysis which demonstrates whe key component exists.
Noncompliance: Has the entity failed to meet one or more federal health, safety, and/or quality regulations? If yes, in the blank space, identify the tag and briefly summarize the issues that lead to the determination that the entity is in noncompliance with the identified requirement. This includes the action(s), error(s), or lack of action, and the extent of the noncompliance (for example, number of cases). Use one IJ template for each tag being considered at IJ level.		A144 Failure to ensure a safe environment/care in a safe setting when a patrent with a history of ingesting and inserting abjects was able to ingest a batteries + required a medical procedures to remove the objects, Patrent was on a: I staff observation at the time + neither staff noticed the patrent remove botteries from
	<u> </u> 	head set + ingest them
Serious injury, serious harm, serious impairment or death: Is there evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance? If Yes, in the blank space, briefly summarize the serious adverse outcome, or likely serious adverse outcome to the recipient.	Yes/No	Despite being on a 2:1 statt supervision, this intervention was ineffective as neither statt noticed/prevented the patient from swallowing haimful objects. The portient had to endure 2 medical procedures to remove the harmful objects.
		ND
Need for Immediate Action: Does the entity need to take immediate action to correct noncompliance that has caused or is likely to cause serious injury, serious harm, serious impairment, or death? If yes, in the blank space, briefly explain why.	YesNo	This is the second time the facility is cited for lack of staff supervision to prevent a partient from self-harm. Plan of correction submitted on 5/10/19 not effective in remediating issue of injettective staff supervision of portrents with self harm

Disclaimer: The findings on this IJ Template are preliminary and do not represent an official finding against a Medicare - KAJEAUCS provider or supplier. Form CMS-2567 is the only form that contains official survey findings.

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#### STATE OF CONNECTICUT



#### DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES CONNECTICUT VALLEY HOSPITAL Connecticut Valley Hospital

Immediate Jeopardy Plan

June 11, 2019

- 1. Immediately following report of the incident on 5/2/19, the patient was assessed and transferred to the Emergency Department and admitted for further medical assessment and treatment.
- 2. The two staff assigned to observe the patient was immediately removed from patient care and an investigation into the incident was initiated.
- 3. The next day, the incident was reviewed and the following corrective actions were put in place:
  - 30 minute rotation of staff assigned to special observation on the unit where the client resided. Staff was educated to the change in practice as they came on duty beginning on third shift that same day. As of 6/11/19, 96% of staff was educated.
  - Staff to remain standing at all times when assigned to special observation for the index patient.
  - A memo was sent to all Nursing staff informing them that the assignment of Special Observation was changed across the remainder of the hospital to 60 minute intervals. Staff was educated to the change in practice as they came on duty beginning on third shift that same day. As of 6/11/19, 96% of staff was educated.
- 4. A focus treatment plan review was conducted upon the patient's return to CVH. The Behavioral Guidelines were revised and interventions were added to ensure the safety of the patient. Two days following return to CVH, the patient was discharged to a more secure inpatient setting for further psychiatric care.
- 5. All other patients in the hospital with a history of ingestion/insertion were reviewed and 100% of those patients had behavioral guidelines in place.
- 6. Accountability Rounds are conducted by the Charge Nurse and Nursing Supervisor to ensure that the Special Observations are implemented to include the assignment of 30 minute rotations on the unit where the index patient resided, 60 minutes on all other units and that staff assigned to observe the index patient remain standing at all times. Accountability Rounds forms are audited daily by the Director of Nursing. The audit data reflects 100 % compliance with the change in practice.
- 7. Results of the Accountability Rounds will be reviewed in Nursing Executive Committee on a monthly basis. The analysis is then presented monthly to Governing Body. Education compliance rates are monitored weekly in Operations Council and monthly in Governing Body.

Willere Vartifis

Helene Vartelas, MSN

**Chief Executive Officer** 

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