



9407 CUMBERLAND ROAD · NEW KENT, VIRGINIA 23124 · (800) 368-3472

March 18, 2019

Elizabeth King

Division of Acute Care Services

Commonwealth of Virginia Department of Health

Office of Licensure and Certification

9960 Mayland Drive - Suite 401

Henrico, VA 23233

RE: Cumberland Hospital, 49-3300

Hospital Medicare/Medicaid Abbreviate (Complaint Survey) #VA00045340

Dear Ms. King,

Please accept the attached CMS-2567 from Cumberland Hospital for Children and Adolescents with included response and plans of correction to the CMS condition and standard level deficiencies which were cited in our final report from the VDH's unannounced complaint survey that was conducted at our facility on February 19, 2019.

Sincerely,

Leslie D. Bowery, Director, Standards and Regulatory Compliance  
Cumberland Hospital for Children and Adolescents

*Leslie D. Bowery*  
3/18/19

Cc: Carrissa Nandlal, RN, MS, CCM

CMS – Certification and Enforcement Branch

Suite 216 - The Public Ledger Building

150 South Independence Mall West

Philadelphia, PA 19106

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

PRINTED: 02/28/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  493300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  02/19/2019
NAME OF PROVIDER OR SUPPLIER  CUMBERLAND HOSPITAL LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124		
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A 000	INITIAL COMMENTS  An unannounced Medicare/Medicaid Hospital Complaint survey was conducted February 19, 2019 by two (2) Medical Facilities Inspectors from the Virginia Department of Health's Office of Licensure and Certification.  The survey process included: a review of the facility's Patient Rights; Quality; Medical Staff; and Nursing Services. Interviews were conducted, medical records and policies and procedures were reviewed.  Complaints #VA00045340 and #VA00045403 were investigated during the survey. Complaint #VA00045403 was unsubstantiated. Complaint #VA00045340 was substantiated with deficient practice.  The facility was determined to not be in compliance with the Federal regulations as stated in 42 CFR Part §482. Conditions of Participation for Hospitals.  The following Condition level finding was cited: 482.13(c)(1) Condition: Patient Rights  Significant corrections are required.	A 000	By submitting this Plan of Correction, the Hospital does not agree that the facts alleged are true or admit that it violated the rules. The Hospital submits this Plan of Correction to document the actions it has taken to address the citations and the allegations of deficiencies with respect to compliance with Conditions of Participation for hospitals.	3/18/2019	
A 115	PATIENT RIGHTS CFR(s): 482.13  A hospital must protect and promote each patient's rights.  This CONDITION is not met as evidenced by: Based on video surveillance review, interview and documentation review, the facility staff failed to protect patient rights for one (1) of one (1)	A 115	A tag 115 The corrective actions implemented for this condition level finding are satisfied by the facility's corrective actions to resolve the standard level findings elsewhere noted in the report. Including A tags: 145, 162, 168, 175, 179, 186, 188 & 194.	RECEIVED MAR 19 2019 VDH/OLC	

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

*Patricia Jay Brooks*

TITLE

CEO

(X6) DATE

3-18-19

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

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A 115	Continued From page 1 patients, Patient #1, by failing to: protect the patient from abuse, follow facility policy on Restraints and Seclusion, obtain a physician's order for seclusion within 30 minutes, obtain assessment by a trained staff member within one hour, provide and/or offer hydration, nutrition and elimination, document alternative or less restrictive interventions prior to seclusion, document patient response to seclusion and rationale for the continued use of seclusion, provide safe seclusion.  See Tags 0145, 0162, 0168, 0175, 0179, 0186, 0188 and 0194 for detailed information related to this Condition.	A 115	A tag 145  Upon recognition of this incident at the time of the complaint survey, the CEO terminated the observed staff member.  The CEO notified the local Child Protective Services Office and Virginia Board of Nursing of the observed event.	2/20/19  2/20/19	
A 145	PATIENT RIGHTS: FREE FROM ABUSE/HARASSMENT CFR(s): 482.13(c)(3)  The patient has the right to be free from all forms of abuse or harassment.  This STANDARD is not met as evidenced by: Based on video surveillance review, interview and documentation review, the facility staff failed to ensure one of one patients, Patient #1, was protected from abuse by nursing staff when Staff Member #11 used their foot to push Patient #1 on or about the head into seclusion.  The findings include:  On 2/19/19 at approximately 10:00 A.M. a video of Patient #1's seclusion incident on 1/18/19 from 8:48 P.M. to 11:31 P.M. was viewed with Staff	A 145	The Chief Nursing Officer reviewed and affirmed the facility policy for recognition and reporting of abuse clearly defines abuse and the reporting requirements to the state agency within 24 hours of the event. The CNO also confirmed that the policy requires immediate notification to the supervisor on duty and the Administrator On-Call.  The Chief Nursing Officer conducted training during staff meetings and/or individually for direct care staff including nurses and techs. This training included the definition of abuse and provided specific examples of what is abuse including, but not limited to, staff- to- patient aggression (verbal and/or physical) and how to report witnessed incidents. Staff signed an acknowledgment demonstrating understanding of this policy on patient abuse and neglect and their adherence to this policy.	3/11/19  4/1/19	

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A 145	<p>Continued From page 2</p> <p>Member #1. The video revealed the following occurrences on that date and during those times: 6:48 P.M. Patient #1 was placed in timeout. At 6:49 P.M. Patient #1 was observed, via the video, lying on the floor slithering out the door of the timeout room. Staff Member #12 was observed stepping over Patient #1 and grabbing the sleeve of his/her jacket and pulling him/her into the timeout room. Staff Member (SM) #11, a registered nurse, was observed holding onto the door frame and the door pushing Patient #1 on or about the head with SM #11's foot.</p> <p>Staff Member #1 stated, "I never even saw that when I viewed the video!" Staff review of the video is documented as occurring on 2/2/19. Review of medical records contained no documentation of abuse as depicted in the surveillance video.</p> <p>Per Staff Member #3, Staff Member #11 was a full time employee. A review of the Daily Guidelines (as worked schedule) indicated Staff Member #11 worked thirty-eight (38) or more hours per week and evidenced Staff Member #11 worked 7:07 A.M. until 7:07 P.M. on 1/18/19 on unit 6A.</p> <p>On 2/19/19 at approximately 3:00 P.M., Staff Member #3 provided training information that Staff Member #11 had received related to managing patients. Staff Member #3 stated, "[SM#11] received [his/her] initial training on 7/12/18 and had an annual competency review on 11/11/18 show proficiency in all areas." Training and competency assessments included seclusion and restraint review and observation.</p>	A 145	<p><b>Monitoring for Compliance:</b></p> <p>An ongoing monitoring process was implemented to ensure that abuse is being recognized and reported including the improper use of restraint and seclusion. The process includes:</p> <ul style="list-style-type: none"> <li>Nursing Management daily in-person rounds. Nursing management observation of staff to patient interactions is included as a portion of daily rounding.</li> <li>Administrator on Call will monitor during weekly rounding. AOC rounding also includes observation of staff to patient interactions.</li> <li>The Risk Manager conducts 21 camera audits per month to monitor staff to patient interaction and to monitor safe and correct application of restraint/seclusion technique. Any improper staff to patient interaction or improper application of restraint/seclusion identified by the camera review process and/or in-person observation rounds will result in immediate corrective action with the responsible employee. The expectation is 100% compliance.</li> </ul> <p>The aggregated data will be reviewed at Performance Improvement, Medical Executive and Governing Body Committee meetings.</p> <p>Responsible Person: Chief Nursing Officer</p>	3/15/19	

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A 145	Continued From page 3 On 2/19/19 at 4:00 P.M., the findings were reviewed with Staff Members #2 and #3 who confirmed actions will be taken to include reporting to the appropriate agencies.	A 145			
A 162	<b>PATIENT RIGHTS: RESTRAINT OR SECLUSION</b> CFR(a): 482.13(e)(1)(ii)  Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. Seclusion may only be used for the management of violent or self-destructive behavior.  This STANDARD is not met as evidenced by: Based on video surveillance review, interview and documentation review, the facility staff failed to identify seclusion and follow the facility's policy for seclusion for one of one patients, Patient #1.  The findings include:  On 2/19/19 at approximately 10:00 A.M., a video of Patient #1's seclusion incident on 1/18/19 at 6:48 P.M. to 11:31 P.M. was viewed with Staff Member #1.  The video surveillance review on 2/19/19 revealed: Patient #1 being placed in seclusion by two Staff Members, Staff Members #11 (Registered Nurse) and #12. Patient #1's egress from the room was blocked from 6:48 P.M. until 11:31 P.M. (4 hours and 43 minutes) by various staff members.  The egress door was blocked in the following ways: at times the door was held by a staff member's foot, arm or body; blocked by a chair	A 162	A tag 162  The Chief Nursing Officer reviewed and affirmed the facility's Restraint and Seclusion policy to ensure that the policy addressed compliance to the CMS regulations.  The Chief Nursing Officer conducted training with direct care staff including nurses and technicians covering the definition of seclusion, expectations for obtaining physician's orders within 30 minutes of the procedure, completing the face-to-face assessment in the required time frame along with timely notifying the physician the results of the assessment and monitoring the patient for one hour following administration of an emergency medication during group meetings and/or individually. Staff members completed a post test and signed an acknowledgment of understanding of the policies on use of restrictive procedures and their adherence to this policy.  <b>Monitoring for Compliance:</b> The CNO implemented a process to ensure review of all restraint and seclusion episodes is conducted. The review will include monitoring for correct technique during restrictive procedures as well as for thorough documentation of restraint, seclusions and medication restraints.	3/11/19  4/1/19  3/15/19	

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A 162	<p>Continued From page 4</p> <p>while a staff member sat in the chair; locked door both while staff stepped away from the door or while staff sat beside or directly in front of the doorway; and sitting with the door open but blocking Patient #1's egress.</p> <p>Patient #1 was removed from seclusion at 11:31 P.M. A physician's order for seclusion was obtained at 10:30 P.M.</p> <p>The nurse's note dated 1/18/19 at 11:05 P.M. documents, "Patient was in time out at the beginning of shift. Patient rolled around on the floor, kicked walls, door casing and floor. Patient paced around time out room charging door and running into walls. Patient charged door and was secluded at 21:49 (9:49 P.M.). Patient was given Thorazine 50 mg IM at 22:54 (10:54 P.M.) which was effective. Benadryl 50 mg Im was given at 23:15 (11:15 P.M.)..."</p> <p>The Physician's orders dated 1/18/19 at 10:54 P.M. included Thorazine for severe agitation and Benadryl for extreme agitation.</p> <p>On 2/19/19 at approximately 3 P.M., Staff Member #3 stated, "I didn't know [patient] was secluded until about 9:30 P.M. or so."</p> <p>The Hospital Policy on Restrictive Procedures, with a revision date of 04/2018, was provided by Staff Member #3 and documents the following information:</p> <p>Page 10 section C defines Seclusion as "the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. If a patient is restricted to a room alone and staff are physically</p>	A 162	<p>The process includes expectations for obtaining a physician's order within 30 minutes of the initiation of the restraint or seclusion, the required elements of the physician order, notification of the Nursing Supervisor of the event and the need to complete the 1 hour face to face and notification of the physician of the results of the 1 hour face to face, as well as monitoring of the patient for one hour after administration of a chemical restraint. The review will be completed at the time of the event by a member of the nursing management team. Any deficiencies will be reviewed immediately with the involved staff. The expectation is 100% compliance.</p> <p>Aggregated data will be reported monthly to the Performance Improvement Committee, Medical Executive Committee and the Governing Board</p> <p>Responsible Person: Chief Nursing Officer</p>		

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A 162	<p>Continued From page 5</p> <p>intervening to prevent the patient from leaving the room or giving the perception that threatens the patient with physical intervention if the patient attempts to leave the room, the room is considered locked, whether or not the door is actually locked or not."</p> <p>Page 11 Authorization: #25 A: documents the following: "An RN (registered nurse) conducts the clinical assessment, authorizes the use of restrictive procedures and immediately (within 30 minutes) contacts the physician for a verbal order which she/he writes in the Physician Order Sheet for Restrictive Procedures. This order must be taken by an RN. The Physician's order will include:</p> <p>The reason for using restraint/seclusion including specific behaviors and safety issues, The type of restraint or seclusion used, Time limits not to exceed 4 hours for adults, 2 hours for children and adolescents ages 9-17 and 1 hour for children under the age of 9, Behavioral criteria for discontinuation/release of restraint/seclusion, The RN and MD names with dates and times of the telephone order.</p> <p>B. The nurse must contact the Nursing Supervisor immediately to conduct a physical assessment of the patient....</p> <p>F. RN Supervisor shall perform the One Hour Face-to-Face Assessment within one hour of the initiation of the restrictive procedure. The attending physician who is responsible for the care of the patient , must be consulted as soon as possible (within 30 minutes) after completion of the evaluation. The consultation should include a discussion of the findings of the one hour evaluation, the need for other interventions</p>	A 162			

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A 162	Continued From page 6 or treatments and the continued need or discontinue the use of restraint/seclusion. The consultation must always be conducted prior to a renewal of the order.... Page 16 Observation of Patient #30:... Section A: Assessing (to be done every 15 minutes) by the RN include: 1. Vital signs (at least every 2 hours) 2. Nutrition 3. Hydration (offered every 2 hours) 4. Circulation 5. ROM (range of motion) (at least every hour) 6. Elimination (offered every 2 hours) 7. Injuries/adverse events 8. Psychological Status/Behavior  #31 For Emergency Medications the patient will be monitored for 1-hour or per the physician order. Assessment including vital signs will be taken immediately following administration of the Emergency Medication and then every 15 minutes for one hour. The physician will be notified of any significant findings...."	A 162			
A 168	PATIENT RIGHTS: RESTRAINT OR SECLUSION CFR(s): 482.13(e)(5)  The use of restraint or seclusion must be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient as specified under §482.12(c) and authorized to order restraint or seclusion by hospital policy in accordance with State law.	A 168	A tag 168  The Chief Nursing Officer reviewed and affirmed that the facility's restraint and seclusion policy required that the RN obtain a physician's orders within 30 minutes of the initiation of a seclusion or restraint episode.	3/11/19	

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A 168	<p>Continued From page 7</p> <p>This STANDARD is not met as evidenced by: Based on video surveillance review, interview and documentation review, the facility staff failed to ensure one of one patients, Patient #1, had a physician's order for seclusion within 30 minutes of initiating seclusion.</p> <p>The findings include:</p> <p>On 2/19/19 at approximately 10:00 A.M., a video of Patient #1's seclusion incident on 1/18/19 at 6:48 P.M. to 11:31 P.M. was viewed with Staff Member #1.</p> <p>The video showed Patient #1 being placed in seclusion by two Staff Members, Staff Members #11 (Registered Nurse) and #12. Patient #1's egress was blocked from 6:48 P.M. until 11:31 P.M. (4 hours and 43 minutes); during these times the door was held by a foot, blocked by a chair and staff sitting in the chair, locked or staff sitting directly in front of the doorway blocking Patient #1's egress. Patient #1 was removed from seclusion at 11:31 P.M. A physician's order for seclusion was obtained at 10:30 P.M.</p> <p>The nurse's note dated 1/18/19 at 23:05 (11:05 P.M.) documents, "Patient was in time out at the beginning of shift. Patient rolled around on the floor, kicked walls, door casing and floor. Patient paced around time out room charging door and running into walls. Patient charged door and was secluded at 21:49 (9:49 P.M.). Patient was given Thorazine 50 mg IM at 22:54 (10:54 P.M.) which was effective. Benadryl 50 mg Im was given at 23:15 (11:15 P.M.)..."</p> <p>The Hospital Policy on Restrictive Procedures, with a revision date of 04/2018, was provided by</p>	A 168	<p>The Chief Nursing Officer conducted training via group meetings and/or individually for direct care staff including nurses and techs regarding the appropriate implementation of the policy to include the requirement to obtain an order within 30 minutes of implementation of seclusion. Staff completed a post test and signed an acknowledgment of understanding of the policy on use of restraint and seclusion and their adherence to this policy.</p> <p><b>Monitoring for Compliance:</b> The CNO implemented a process that a review of all restraint and seclusion documentation will be completed at the time of the event to include obtaining the physician's order for the restraint or seclusion within 30 minutes of the initiation of the restraint/seclusion by a member of the nursing management team. Any deficiencies will be reviewed immediately with the involved staff. The expectation is 100% compliance.</p> <p>The Risk Manager implemented a review process to audit all restraint/seclusion episodes which occur in camera view. This review will be completed within 96 hours of the event and will include monitoring for safe use of restraint or seclusion technique.</p> <p>The aggregated data will be reviewed at Performance Improvement, Medical Executive and Governing Body Committees. Ongoing non-compliance will be addressed through additional training and/or disciplinary action as appropriate.</p> <p>Responsible Person: Chief Nursing Officer</p>	4/1/19	3/15/19

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A 168	<p>Continued From page 8</p> <p>Staff Member #3 and documents the following information:</p> <p>Page 10 section C defines Seclusion as "the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. If a patient is restricted to a room alone and staff are physically intervening to prevent the patient from leaving the room or giving the perception that threatens the patient with physical intervention if the patient attempts to leave the room, the room is considered locked, whether or not the door is actually locked or not."</p> <p>Page 11 Authorization: #25 A: documents the following: "An RN (registered nurse) conducts the clinical assessment, authorizes the use of restrictive procedures and immediately (within 30 minutes) contacts the physician for a verbal order which she/he writes in the Physician Order Sheet for Restrictive Procedures. This order must be taken by an RN. The Physician's order will include:</p> <p>The reason for using restraint/seclusion including specific behaviors and safety issues The type of restraint or seclusion used Time limits not to exceed 4 hours for adults, 2 hours for children and adolescents ages 9-17 and 1 hour for children under the age of 9 Behavioral criteria for discontinuation/release of restraint/seclusion The RN and MD names with dates and times of the telephone order</p> <p>F. RN Supervisor shall perform the One Hour Face-to-Face Assessment within one hour of the initiation of the restrictive procedure. The attending physician who is responsible for the care of the patient, must be consulted as soon as possible (within 30 minutes) after completion</p>	A 168			

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NAME OF PROVIDER OR SUPPLIER  CUMBERLAND HOSPITAL LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 168	Continued From page 9 of the evaluation. The consultation should include a discussion of the findings of the one hour evaluation, the need for other interventions or treatments and the continued need or discontinue the use of restraint/seclusion. The consultation must always be conducted prior to a renewal of the order...."	A 168			
A 175	<p>The findings were reviewed with Staff Members #2 and #3 at 4:00 P.M. during the exit interview.</p> <p><b>PATIENT RIGHTS: RESTRAINT OR SECLUSION</b> CFR(s): 482.13(e)(10)</p> <p>The condition of the patient who is restrained or secluded must be monitored by a physician, other licensed independent practitioner or trained staff that have completed the training criteria specified in paragraph (f) of this section at an interval determined by hospital policy.</p> <p>This STANDARD is not met as evidenced by: Based on video surveillance review, interview and documentation review, the facility staff failed to ensure one of one secluded patients, Patient #1, was assessed by a Registered Nurse (RN) or physician and provided and/or offered hydration, nutrition and elimination per the facility policy.</p> <p>The findings include:</p> <p>On 2/19/19 at approximately 10:00 A.M. a video of Patient #1's seclusion incident on 1/18/19 at 6:48 P.M. to 11:31 P.M. was viewed with Staff Member #1. The video review revealed the following:</p>	A 175	<p>A tag 175</p> <p>The Chief Nursing officer reviewed and affirmed that the facility's restraint and seclusion policy requires that the patient be offered hydration, nutrition, and the bathroom every two hours and the requirement that the RN will document results of assessing the patient every 15 minutes on the restraint/seclusion form.</p> <p>The Chief Nursing Officer conducted training during group meetings and/or individually for direct care staff including nurses and techs. The training covered the requirement that the patient be monitored by a registered nurse every 15 minutes and that this observation is documented. The training also included the requirement that patients are offered hydration, nutrition, and use of the bathroom every two hours. Staff completed a post test and signed an acknowledgment of understanding of the policy and their adherence to this policy.</p>	<p>3/11/19</p> <p>4/1/19</p>	

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A 175	<p>Continued From page 10</p> <p>Patient #1 was placed in seclusion on 1/18/19 by two Staff Members, Staff Members #11 (Registered Nurse) and #12, from 6:48 P.M. until 11:31 P.M. (4 hours and 43 minutes). Patient #1 was monitored by various staff members during these times. The video shows no evidence that Patient #1 was ever offered hydration or the use of a bathroom. There is no documentation in the medical record of Patient #1 being offered hydration or the bathroom until 11:03 P.M. on 1/18/19.</p> <p>The video shows Staff Member #8 entering the hallway where Patient #1 is secluded at 10:43 P.M. At that time, Staff Member #8 stands at the entrance hallway and does not go to or look into the seclusion room where Patient #1 is located. Staff Member #8 does not observe Patient #1 until 10:50 P.M. when Staff Member #8 enters the seclusion room with a syringe.</p> <p>On 1/18/19, Staff Member #8 documents assessment of Patient # 1 on the Restrictive Procedure RN Assessment every 15 minutes from 9:49 P.M. until 11:16 P.M.</p> <p>The nurse's note dated 1/18/19 at 23:05 (11:05 P.M.) documents, "Patient was in time out at the beginning of shift. Patient rolled around on the floor, kicked walls, door casing and floor. Patient paced around time out room charging door and running into walls. Patient charged door and was secluded at 21:49 (9:49 P.M.). Patient was given Thorazine 50 mg IM at 22:54 (10:54 P.M.) which was effective. Benadryl 50 mg Im was given at 23:15 (11:15 P.M.)..."</p> <p>Staff Member #3 stated, "I didn't know he was secluded until about 9:30 P.M. or so."</p>	A 175	<p><b>Monitoring for Compliance:</b></p> <p>The CNO implemented a process which provides for a review of all restraint and seclusion documentation. A review of the episode documentation will be completed at the time of the event by a member of the nursing management team. Any deficiencies will be remediated immediately with the involved staff. The expectation is 100% compliance. Additionally, the Risk Manager implemented a process to review all restraint/seclusion episodes which occur in camera view. This review will be completed within 96 hours of the event and will include monitoring for safe use and appropriate technique during restraint or seclusion procedures.</p> <p>The aggregated data will be reviewed at Performance Improvement, Medical Executive and Governing Body committees. Ongoing non-compliance will be addressed through additional training and/or disciplinary action as appropriate.</p> <p>Responsible Person: Chief Nursing Officer</p>	3/15/19

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A 175	<p>Continued From page 11</p> <p>The RN who is present during the seclusion does not make any documentation as to why Patient #1 was placed in seclusion. There is no documentation by an RN until 9:49 P.M. by Staff Member #8.</p> <p>The Hospital Policy on Restrictive Procedures, with a revision date of 04/2018, was provided by Staff Member #3 and documents the following information:</p> <p>Page 10 section C defines Seclusion as "the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. If a patient is restricted to a room alone and staff are physically intervening to prevent the patient from leaving the room or giving the perception that threatens the patient with physical intervention if the patient attempts to leave the room, the room is considered locked, whether or not the door is actually locked or not."</p> <p>Page 11 Authorization: #25 A: documents the following: "An RN (registered nurse) conducts the clinical assessment, authorizes the use of restrictive procedures and immediately (within 30 minutes) contacts the physician for a verbal order which she/he writes in the Physician Order Sheet for Restrictive Procedures. This order must be taken by an RN. The Physician's order will include:</p> <p>The reason for using restraint/seclusion including specific behaviors and safety issues, The type of restraint or seclusion used, Time limits not to exceed 4 hours for adults, 2 hours for children and adolescents ages 9-17 and 1 hour for children under the age of 9,</p>	A 175		

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A 175	Continued From page 12 Behavioral criteria for discontinuation/release of restraint/seclusion, The RN and MD names with dates and times of the telephone order.  B. The nurse must contact the Nursing Supervisor immediately to conduct a physical assessment of the patient.... F. RN Supervisor shall perform the One Hour Face-to-Face Assessment within one hour of the initiation of the restrictive procedure. The attending physician who is responsible for the care of the patient , must be consulted as soon as possible (within 30 minutes) after completion of the evaluation. The consultation should include a discussion of the findings of the one hour evaluation, the need fro other interventions or treatments and the continued need or discontinue the use of restraint/seclusion. The consultation must always be conducted prior to a renewal of the order....  Page 16 Observation of Patient #30:... Section A: Assessing (to be done every 15 minutes) by the RN include: 1. Vital signs (at least every 2 hours) 2. Nutrition 3. Hydration (offered every 2 hours) 4. Circulation 5. ROM (range of motion) (at least every hour 6. Elimination (offered every 2 hours) 7. Injuries/adverse events 8. Psychological Status/Behavior"  The findings were reviewed with Staff Members #2 and #3 at 4:00 P.M. during the exit interview.	A 175			
A 179	PATIENT RIGHTS: RESTRAINT OR SECLUSION	A 179			

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A 179	<p>Continued From page 13 CFR(s): 482.13(e)(12)</p> <p>[the patient must be seen face-to-face within 1 hour after the initiation of the intervention -- ]</p> <p>§482.13(e)(12)(ii)To evaluate -</p> <ol style="list-style-type: none"> <li>1. The patient's immediate situation;</li> <li>2. The patient's reaction to the intervention;</li> <li>3. The patient's medical and behavioral condition; and</li> <li>4. The need to continue or terminate the restraint or seclusion.</li> </ol> <p>This STANDARD is not met as evidenced by: Based on video surveillance review, interview and documentation review, the facility staff failed to ensure one of one patients, Patient #1, was assessed by a trained staff member within one hour of initiating seclusion.</p> <p>The findings include:</p> <p>On 2/19/19 at approximately 10:00 A.M., a video of Patient #1's seclusion incident on 1/18/19 at 6:48 P.M. to 11:31 P.M. was viewed with Staff Member #1.</p> <p>The video revealed Patient #1 being placed in seclusion by two Staff Members, Staff Members #11 (Registered Nurse) and #12 (a Behavioral Tech).</p> <p>Medical record review revealed: No documentation by a registered nurse (RN) about why Patient #1 was placed in seclusion. An RN assessment of Patient #1 at 9:49 P.M. Staff Member #6 (Nursing Supervisor) failed to document the date and time of Patient #1's assessment. Staff Member #6 documented that</p>	A 179	<p>A tag 179</p> <p>The Chief Nursing Officer reviewed and affirmed that the facility's policy for Restraint and Seclusion included the requirement that the Face to Face assessment by trained staff is conducted within one hour of a seclusion or restraint episode. The CNO also confirmed that the policy states documentation of the rationale for use of seclusion and restraint is provided and that the nursing supervisor document the date and time in which the 1 hour face to face assessment was completed.</p> <p>The Chief Nursing Officer conducted training via group meetings and/or individually with nurses to re-educate them on the requirement that the 1 hour face to face must be completed within 1 hour by a Registered Nurse. The training also included requirement that the results of the 1 hour face to face are documented on the restraint/seclusion form as well as including the date and time completed and the date and time the result of the assessment was reported to the physician. The training also stated that documentation for the rationale for use of seclusion/restraint must be included. Nurses completed a post test and signed an acknowledgment of understanding of the policy on use of restrictive procedures and their adherence to this policy.</p> <p><b>Monitoring for Compliance:</b> The CNO implemented a process that a review of all restraint and seclusion documentation will be completed at the time of the event by a member of the nursing management team. Any deficiencies will be reviewed immediately with the involved staff. The expectation is 100% compliance.</p>	<p>3/11/19</p> <p>4/1/19</p> <p>3/15/19</p>

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A 179	<p>Continued From page 14</p> <p>the seclusion started at 9:49 P.M. The video shows Staff Member #6 in the area of the seclusion room at 9:44 P.M. and exiting at 9:45 P.M.</p> <p>Staff Member #6 was interviewed via telephone on 2/19/19 at approximately 3:30 P.M. and stated, "I don't recall the incident with [Name of Patient #1]. Sometimes the staff don't inform me they have a patient in time out. So until I make rounds, I don't know they have gone into seclusion to do my assessment."</p> <p>The Hospital Policy on Restrictive Procedures, with a revision date of 04/2018, was provided by Staff Member #3 and documents the following information:</p> <p>Page 11 Authorization: #25 A: documents the following: "An RN (registered nurse) conducts the clinical assessment, authorizes the use of restrictive procedures and immediately (within 30 minutes) contacts the physician for a verbal order which she/he writes in the Physician Order Sheet for Restrictive Procedures. This order must be taken by an RN. The Physician's order will include:</p> <p>The reason for using restraint/seclusion including specific behaviors and safety issues The type of restraint or seclusion used Time limits not to exceed 4 hours for adults, 2 hours for children and adolescents ages 9-17 and 1 hour for children under the age of 9 Behavioral criteria for discontinuation/release of restraint/seclusion The RN and MD names with dates and times of the telephone order</p> <p>B. The nurse must contact the Nursing</p>	A 179	<p>The Risk Manager implemented a review process to review all restraint/seclusion episodes which occur in camera view. This review will be completed within 96 hours of the event and will include monitoring for safe use of hands-on technique and appropriate staff to patient interaction.</p> <p>The aggregated data will be reviewed at Performance Improvement, Medical Executive and Governing Body Committees. Ongoing non-compliance will be addressed through additional training and/or disciplinary action as appropriate.</p> <p>Responsible Person: Chief Nursing Officer</p>	3/15/19	

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A 179	Continued From page 15 Supervisor immediately to conduct a physical assessment of the patient....  F. RN Supervisor shall perform the One Hour Face-to-Face Assessment within one hour of the initiation of the restrictive procedure. The attending physician who is responsible for the care of the patient, must be consulted as soon as possible (within 30 minutes) after completion of the evaluation. The consultation should include a discussion of the findings of the one hour evaluation, the need for other interventions or treatments and the continued need or discontinue the use of restraint/seclusion. The consultation must always be conducted prior to a renewal of the order...."	A 179			
A 186	PATIENT RIGHTS: RESTRAINT OR SECLUSION CFR(s): 482.13(e)(16)(iii)  [there must be documentation in the patient's medical record of]  Alternatives or other less restrictive interventions attempted (as applicable);  This STANDARD is not met as evidenced by: Based on document review and interview, the facility staff failed to document all alternatives or less restrictive interventions attempted prior to seclusion for one of one patients, Patient #1.  The findings include:  Patient #1's medical record was reviewed on	A 186	A tag 186  The Chief Nursing Officer reviewed and affirmed that the policy for Restraint and Seclusion clearly addresses the requirement that less restrictive intervention is to be attempted prior to use of restrictive intervention and documented in the patient's record.  The Chief Nursing Officer conducted training via group meetings and/or individually for nurses and techs on the requirements that less restrictive intervention are to be attempted prior to use of restrictive intervention and documented in the patient's record. Staff completed a post test and signed an acknowledgment of understanding of their adherence to this policy.	3/11/19  4/1/19	

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A 186	<p>Continued From page 16</p> <p>2/19/19 and there was no information documented about what types of interventions had been tried on 1/18/19 prior to seclusion. On 1/18/19 at 23:03 (11:03 P.M.) a note documents: "Pt (Patient) began to run around the unit and was non complaint with staff redirections. Pt had PA (physical aggression) twice toward staff. Pt throwing himself on the floor and running in and out of peers' rooms. Pt was talking to self and laughing. Pt walked into timeout."</p> <p>Staff Member #8 was interviewed via telephone on 2/19/19 at 2:09 P.M. and stated, "When I came on duty at 7:00 P.M. (Name of Patient #1) was already in the timeout room. I was not aware at that time he was actually in seclusion. I do not know what was done prior to placing him in timeout."</p> <p>The Hospital Policy on Restrictive Procedures, with a revision date of 04/2018, was provided by Staff Member #3 and documents the following information: Page 2 Philosophy/Patient Rights Section #3 "...Whenever possible, staff must attempt to first implement less restrictive verbal and nonverbal de-escalation, as well as CPI personal safety techniques, prior to considering the use of seclusion or restraint. Seclusion and restraint must only be used for the minimum amount of time necessary to regain safety, and, may not, under any circumstances be used as: discipline punishment as a threat or coercion for staff convenience retaliation by staff because there are not enough staff on duty because the patient is noncompliant or because</p>	A 186	<p><b>Monitoring for Compliance:</b> The CNO implemented a process that a review of all restraint and seclusion documentation will be completed at the time of the event by a member of the nursing management team. Any deficiencies will be reviewed immediately with the involved staff. The expectation is 100% compliance.</p> <p>The Risk Manager implemented a process to review all restraint/seclusion episodes which occur in camera view. This review will be completed within 96 hours of the event and will include monitoring for safe use of restraint/seclusion technique and appropriate staff to patient interaction.</p> <p>The aggregated data will be reviewed at Performance Improvement, Medical Executive and Governing Body Committees. Ongoing non-compliance will be addressed through additional training and/or disciplinary action as appropriate.</p> <p>Responsible Person: Chief Nursing Officer</p>	3/15/19  3/15/19	

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A 188	Continued From page 17 property is being damaged (Note: it is only when any action, including destroying or damaging property, puts the patient or others at risk, that seclusion or restraint is considered an appropriate staff response)."	A 188			
A 188	<p>The findings were reviewed with Staff Members #2 and #3 at 4:00 P.M. during the exit interview.</p> <p><b>PATIENT RIGHTS: RESTRAINT OR SECLUSION</b> CFR(s): 482.13(e)(16)(v)</p> <p>[there must be documentation in the patient's medical record of the following:]</p> <p>The patient's response to the intervention(s) used, including the rationale for continued use of the intervention.</p> <p>This STANDARD is not met as evidenced by: Based on video surveillance review, interview and documentation review, the facility staff failed to ensure they documented patient response to seclusion, medical restraint and the continued rationale for the use of seclusion for one of one patient, Patient #1.</p> <p>The findings include:</p> <p>On 2/19/19 at approximately 10:00 A.M., a video of Patient #1's seclusion incident on 1/18/19 at 6:48 P.M. to 11:31 P.M. was viewed with Staff Member #1. The video revealed the following: At 10:52 P.M., Staff Member #8 and Staff Member #10 enter the seclusion room with Staff Member #8 carrying a syringe. The Medication Administration Record (MAR) indicates Patient #1 received an injection of Thorazine 50 mg at 22:54</p>	A 188	<p>A tag 188</p> <p>The Chief Nursing Officer reviewed and affirmed that the policy for Restraint and Seclusion clearly addresses the requirement that justification for the continuation of restraint or seclusion must be documented in the patient's record as well as documentation of the patient's response to chemical restraint and seclusion.</p> <p>The Chief Nursing Officer conducted training via group meetings and/or individually for nurses and techs on the requirements that justification for the continuation as well as the response to restraint or seclusion must be documented in the patient's record. Staff completed a post test and signed an acknowledgment of understanding of these requirements their adherence to this policy.</p> <p><b>Monitoring for Compliance:</b> The CNO implemented a process for review of all restraint and seclusion documentation. Documentation of restrictive procedures will be reviewed at the time of the event by a member of the nursing management team. Any deficiencies will be addressed immediately with the involved staff. The expectation is 100% compliance.</p>	<p>3/11/19</p> <p>4/1/19</p> <p>3/15/19</p>	

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A 188	<p>Continued From page 18</p> <p>(10:54 P.M.). Both Staff Members #8 and #10 exit the seclusion room and the room in re-locked.</p> <p>11:15 P.M., Staff Member #8 and Staff Member #14 enter the seclusion room with Staff Member #8 carrying a syringe. The Medication Administration Record (MAR) indicates Patient #1 received an injection of Benadryl 50 mg at 23:00 (11:00 P.M.). Upon exiting the seclusion room, the door is left open but Staff Member #14 remains seated in front of the doorway blocking Patient #1's egress. From 11:16 to 11:30 P.M., Patient #1 paces the floor, lies down on the floor, converses with the Staff Member #14, and makes no attempts to exit the seclusion room.</p> <p>At 11:30 P.M., Staff Member #8 enters the hallway where the seclusion room is located and at 11:31 P.M. Patient #1 exits the seclusion room.</p> <p>There is no documentation beyond 11:16 P.M. indicating why Patient #1 remained in seclusion.</p> <p>On 2/19/19 at various times, the findings were shared with Staff Member #3 who stated, "I could not find documentation other than what you have been given."</p> <p>The Hospital Policy on Restrictive Procedures with a revision date of 04/2018 was provided by Staff Member #3 and documents the following information: Page 10 Definition: Section #23; C. defines Seclusion as "the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving. If a patient is restricted to a room alone and staff are physically intervening to prevent the patient from</p>	A 188	<p>The Risk Manager implemented a process to review all restraint/seclusion episodes which occur in camera view. This review will be completed within 96 hours of the event and will include monitoring for safe use of restraint/seclusion technique.</p> <p>The aggregated data will be reviewed at Performance Improvement, Medical Executive and Governing Body Committees. Ongoing non-compliance will be addressed through additional training and/or disciplinary action as appropriate.</p> <p>Responsible Person: Chief Nursing Officer</p>	3/15/19	

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MAR 19 2019  
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DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/28/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  493300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 02/19/2019
NAME OF PROVIDER OR SUPPLIER  CUMBERLAND HOSPITAL LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 188	Continued From page 19 leaving the room or giving the perception that threatens the patient with physical intervention if the patient attempts to leave the room, the room is considered locked, whether or not the door is actually locked or not."  F. RN Supervisor shall perform the One Hour Face-to-Face Assessment within one hour of the initiation of the restrictive procedure. The attending physician who is responsible for the care of the patient, must be consulted as soon as possible (within 30 minutes) after completion of the evaluation. The consultation should include a discussion of the findings of the one hour evaluation, the need for other interventions or treatments and the continued need or discontinue the use of restraint/seclusion. The consultation must always be conducted prior to a renewal of the order...."	A 188			
A 194	The findings were reviewed with Staff Members #2 and #3 at 4:00 P.M. during the exit interview. <b>PATIENT RIGHTS: RESTRAINT OR SECLUSION</b> CFR(s): 482.13(f)  Restraint or Seclusion: Staff Training Requirements. The patient has the right to safe implementation of restraint or seclusion by trained staff.  This STANDARD is not met as evidenced by: Based on video surveillance review, interview and documentation review, the facility staff failed to ensure safe application of seclusion for one of one patient, Patient #1.	A 194	A tag 194  The Chief Nursing Officer reviewed and affirmed that the training for restraint and seclusion includes the proper technique for the safe use of seclusion and restraint.  The Chief Nursing Officer confirmed that nursing initial orientation training and annual training includes content on the safe use of seclusions. Safe seclusion is taught in the Addressing Challenging Behaviors curriculum and restraints via the CPI curriculum.	3/11/19	

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PRINTED: 02/26/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  483300	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 02/19/2019
NAME OF PROVIDER OR SUPPLIER  CUMBERLAND HOSPITAL LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 9407 CUMBERLAND ROAD NEW KENT, VA 23124		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
A 194	<p>Continued From page 20</p> <p>The findings include:</p> <p>On 2/18/19 at approximately 10:00 A.M. a video of Patient #1's seclusion incident on 1/18/19 from 6:48 P.M. to 11:31 P.M. was viewed with Staff Member #1. The video revealed the following occurrence on that date and during those times: 6:48 P.M. Patient #1 was placed in timeout. At 6:49 P.M. Patient #1 was observed, via the video, lying on the floor slithering out the door of the timeout room. Staff Member #12 was observed stepping over Patient #1, grabbing the sleeve of his/her jacket and pulling him/her in the timeout room. Staff Member #11, the registered nurse, was observed holding onto the door frame and the door while pushing Patient #1 on or about the head with his/her foot.</p> <p>On 2/19/19 at approximately 3:00 P.M., Staff Member #3 provided Staff Member #8 training information related to managing patients. Staff Member #3 stated, "[Staff Member #11] received her initial training on 7/12/18 and had an annual competency review on 11/11/18 show proficiency in all areas." Training and competency assessments included seclusion and restraint review and observation.</p> <p>On 2/19/19 at 4:00 P.M., the findings were reviewed with Staff Members #2 and #3 who confirmed actions will be taken to include reporting to the appropriate agencies.</p>	A 194	<p>The Chief Nursing Officer conducted training via group meetings and/or individually for all nurses on the safe implementation of restraint. Staff completed a post test and signed an acknowledgment of course content understanding.</p> <p>The Chief Nursing Officer conducted training via group meetings and/or individually for all nurses on the safe implementation of seclusion. Staff completed a post test and signed an acknowledgment of course content understanding.</p>	4/1/19	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>493300</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>04/08/2019</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CUMBERLAND HOSPITAL LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>9407 CUMBERLAND ROAD</b> <b>NEW KENT, VA 23124</b>
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{A 000}	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Medicare/Medicaid Hospital Re-visit survey was conducted April 8, 2019 by two (2) Medical Facilities Inspectors from the Virginia Department of Health's Office of Licensure and Certification.</p> <p>Document review, interview and investigation determined the facility's compliance.</p> <p>The facility was determined to be in compliance with the following Federal regulations as stated in 42 CFR Part §482. Conditions of Participation for Hospitals.</p>	{A 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.