

CUMBERLAND HOSPITAL FOR CHILDREN AND ADOLESCENTS
CMS – Immediate Jeopardy – Plan of Correction

TAG	FINDING	PLAN OF CORRECTION	PERSON RESPONSIBLE DISCUSSION	COMPLETION DATE
A115	<p>PATIENT RIGHTS Immediate Jeopardy Conditional Finding</p> <p>The facility failed to meet one or more federal health, safety and/or quality regulations.</p>	<p>Cumberland Hospital will correct the immediate jeopardy findings on 12/1/2020 with the corrective actions as stated to correct the conditional level findings under CMS Condition of Participation tag A144.</p>	<p>PERSON RESPONSIBLE: Chief Executive Officer</p>	<p>12-01-20</p>
A144	<p>PATIENTS RIGHTS: CARE IN A SAFE SETTING</p> <p>Observed #1: a medication cart was unlocked on unit 6B allowing patient access to medications. A patient accessed the unlocked cart on two separate occasions, 10/31/2020 and 11/4/2020.</p> <p>Staff did not put a plan in place after becoming aware of the first incident; this allowed recurrence. The patient shared medication with another patient who was on suicide precautions.</p> <p>There is evidence that a serious adverse outcome occurred, or a serious adverse outcome is likely as a result of the identified noncompliance</p>	<ul style="list-style-type: none"> Day shift nurses were in-serviced on medication cart storage, safety, and keeping carts locked at all times by the Assistant Director of Nursing immediately upon receiving the immediate jeopardy notification. Further, all nurses arriving for shifts this evening and night will be provided with the same training prior to beginning their shifts. The Assistant Director of Nursing and the Chief Nursing Officer completed unit rounds immediately upon receipt of the immediate jeopardy notification to assess the status of medication carts. All carts were noted to be properly secured and in the locked position at the time of these observations. 	<p>PERSON RESPONSIBLE: Chief Nursing Officer</p>	<p>12-01-2020</p>

Presented 12/9/2020
12:20pm
Reviewed → 12:48pm

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<p>as follows: the patients were put at risk for adverse drug reaction, overdose, aggravation of underlying conditions, and/or death.</p> <p>There is a need for immediate action to include prevention of further occurrences, to maintain patient safety, and to prevent patient harm, injury or death.</p>	<ul style="list-style-type: none"> The Chief Operating Officer revised the Observation Rounds Audit tool for Unit Coordinators and Nursing Supervisors to include observations of medication carts once per shift by a nurse manager. Observation status will include that unit medication carts were locked and properly secured upon observation. Occurrences of unlocked or improperly secured medication carts observed, will require immediate action by the manager performing the observation. Actions will include securing the cart, identifying the staff responsible for the error, and corrective action (up to disciplinary action) for the staff responsible for the cart at the time of observation. 	
	<ul style="list-style-type: none"> As additional corrective action for observed noncompliance of a secured (locked) medication cart, the pharmacist will be notified by the observing manager to perform an immediate reconciliation of the medications contained in the cart. If an observation of noncompliance is made during off-hours, the expectation is that the pharmacist on call is notified by 	

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	<p>the nursing supervisor and a reconciliation of the medication cart observed will be performed by the pharmacist during their next in-person shift.</p> <ul style="list-style-type: none"> Staff nurses arriving for shifts after 12/1/2020 will be educated on medication cart safety prior to reporting to the unit for their scheduled shift until all staff nurses have received the training. 		
<p>Observed #2: There was an event of alleged staff abuse to a patient on 12/1/2020. There is a need for immediate action to include prevention of further occurrences, to maintain patient safety, and to prevent patient harm, injury or death.</p> <p>On 12/1/2020 at 17:15, a Cumberland Hospital Unit Coordinator (Nurse Manager) received a report from a patient on Unit 7A that a staff member “grabbed her and shoved her into a chair and yelled at her.” The Unit Coordinator was on the unit at the time of the occurrence and heard a loud disruption on the unit but did not personally witness the alleged abuse.</p>	<p>On 12/1/2020 – Cumberland Hospital took immediate action to investigate the alleged incident of staff abuse to a patient as follows:</p> <ul style="list-style-type: none"> The Unit Coordinator immediately responded to the area of the unit disruption and removed the staff member from the vicinity of the patient. The Unit Coordinator interviewed the patient in her room to determine the cause of the disruption. The patient alleged that a staff member had abused her by grabbing her, pushing her into a chair and yelling at her. Per Cumberland Policy on Suspected Abuse and Neglect of a Patient, the Unit Coordinator 	<p>PERSON RESPONSIBLE: Chief Nursing Officer</p>	<p>12/1/2020</p>

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	<p>notified the senior supervisor on duty of the occurrence and suspended the employee pending further investigation of the allegation. The employee immediately left the facility and did not work another shift at the facility.</p> <ul style="list-style-type: none"> The attending physician and the patient's legal guardian were notified of the incident. The associated allegation was entered into the facility's internal incident reporting system for further follow-up and investigation. 		
	<p>In the morning of 12/2/2020, the facility's Risk Manager was notified by the Assistant Director of Nursing of the allegation of abuse and suspension of the employee. The Risk Manager completed an investigation and determined that the allegation of staff abuse to a patient was substantiated. Elements of the investigation included the following:</p> <ul style="list-style-type: none"> A camera review of the incident. Interviews with the patient, unit coordinator, and other staff members present on the unit at the time of the occurrence. The Assistant Director of Nursing initiated disciplinary action for the 		12/2/2020

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		<p>employee based on the substantiated findings noted by the Director of Risk Management.</p> <ul style="list-style-type: none"> The Director of Risk Management notified New Kent County Social Services of the incident of substantiated patient abuse. <p>On 12/4/2020, based on the substantiated findings, the employee was terminated. From 12/1 to her termination on 12/4/2020, the employee did not have any contact with Cumberland patients following the incident with the complaining patient.</p> <p>To immediately prevent further occurrences of patient abuse and to maintain patient safety on patient care units, evening shift patient care staff were re-educated on “Avoiding Power Struggles” and “Abuse and Neglect” by the Assistant Director of Nursing upon receiving the immediate jeopardy notification. Further, all nurses arriving for shifts subsequent to jeopardy notification will be provided with the same training prior to beginning their shifts.</p>		<p>12/4/2020</p> <p>12/4/2020 - Present</p>
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<p>A263</p>	<p>QUALITY ASSESSMENT – PERFORMANCE IMPROVEMENT</p> <p>Observed #3: The facility failed to develop a plan of action, sufficiently comprehensive, to mitigate and prevent reoccurrences of issues.</p>	<p>The facility’s Director of Regulatory Compliance, Chief Operating Officer and Chief Executive Officer, as core members of the facility’s Quality Improvement Committee, met on 12/7/2020 to discuss the immediate jeopardy quality findings identified by the agency. The core team retrospectively reviewed recent and ongoing corrective action plans and determined that while numerous improvements have been made in terms of incident identification, incident management and required reporting, the facility’s actions to-date continue to require focus in order to achieve a desired reduction in occurrences of incidents involving Cumberland staff members. The team determined that in order for its cumulative actions to be sustainable as long-term solutions, the facility’s quality leaders need to expeditiously enhance the culture of quality and patient safety amongst its direct care staff members. The team further agreed to proceed with initiatives to facilitate changes in staff’s perspectives, behaviors, and actions to fully align with the organization’s commitment to quality patient care,</p>	<p>PERSON RESPONSIBLE: Director of Regulatory Compliance</p>
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		<p>reduction of serious incidents, and a culture of patient safety.</p> <p>The plan for comprehensive quality improvement and culture of staff accountability includes the following initiatives:</p> <p>1. Intensive Staff Training: On 12/7/2020, the facility's CEO contacted UHS's Assistant Vice President of Clinical Training and Education for scheduling of an outside resource to provide intensive staff training to Cumberland's direct patient care staff. The request for training included topics related to preventing and managing power struggles with patients, milieu management, verbal de-escalation, and abuse and neglect recognition. The training is intended to extend staff's knowledge and expertise in managing challenging patient behaviors. The facility was assigned a corporate educator and course content was suggested. The facility has scheduled this education for all direct care staff commencing 12/11/2020 and to conclude not later than 12/31/2020. The intensive education plan further specifies that this custom-designed curriculum, entitled "Prevention First Training" will be a required new-hire orientation</p>		

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		<p>course for all direct care staff as well as required annual training for existing staff continuing education and staff development.</p> <p>An program description of the “Prevention First” training specifies the curriculum as follows:</p> <ul style="list-style-type: none"> ✓ Training to non-direct care staff in de-escalation and crisis awareness. ✓ Immediate training support to facilities and staff during COVID-19. ✓ Provides non classroom training for staff who are not required to have BMS training, but need skills in preventing and managing crisis situations. ✓ Provides videos and a consistent message for staff, and includes waiting room and nursing station scenarios as examples. ✓ Can be used as remedial training for employees at any time. ✓ Focuses on Verbal De-escalation, Crisis Prevention and Workplace Violence Prevention. ✓ Cost-effective and streamlined to prepare your entire organization to deal with the unpredictable reality of crises. 		
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		<p>2. Dual Reporting of Incidents: The quality improvement corrective action plan will also include development of a process for dual reporting of serious incidents to the local social services agency as well as the state regulatory agency who has deemed oversight of the facility's compliance with CMS Conditions of Participation. The analysis of previously investigated incidents at the facility by the core quality team discovered that on multiple occasions, the facility identified, investigated, managed and reported known incidents appropriately to the local social services agency but that the local agency was reporting to the state oversight agency without the results of either their own or the facility's results of the investigations or corrective actions; leading to a second regulatory investigation by the deemed state agency; which were frequently disposed as "substantiated" complaints but with no deficient practice at the facility.</p> <p>The facility will correct the redundancy in complaint investigations by having the Director of Quality and newly hired Director of Risk Management, process the final</p>		
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		<p>results of internal investigations on reportable serious incidents jointly. The Director of Risk Management will report serious incidents to the local Social Services agency and to the Regulatory Oversight agency, ensuring that incident reporting is consistent, timely and contains evidence of a complete internal investigation with disposition, findings (if any), evidence of standards compliance, and corrective actions taken, as applicable. The facility established this process by a planning meeting with the Director of Quality, Director of Risk Management, Chief Operating Officer and Chief Executive Officer on 12/8/2020.</p>		
		<p>3. Establishment of a Performance Improvement Executive Committee: The core team further addressed the identified deficiency in quality assessment conditions by establishing a Performance Improvement Executive Committee, which will provide explicit oversight of the facility's internal quality control initiatives, including but not limited to, the immediate improvement initiative to reduce the number of serious incidents directly involving patient care staff employed by the facility.</p>		

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		<p>The members of the Performance Improvement Executive Committee are Cumberland’s Chief Executive Officer, Chief Operating Officer, Director of Quality, Director of Risk Management, Chief Nursing Officer and Divisional Director of Clinical Services. The addition of the Divisional Director of Clinical Services on the committee will provide external expertise on regulatory matters to include the facility’s sustained compliance with CMS Conditions of Participation. The committee will meet on a weekly basis. The meeting agenda will include: compliance rates with direct care staff training requirements, remedial training needs, scheduling of external training resources if needed, the current status of internal investigations, corrective actions taken as a result of substantiated investigations, monitoring of corrective action plans, and status of external reporting requirements as applicable.</p> <p>The activities of the Performance Improvement Executive Committee will further be summarized and reported to the facility’s Governing Board as an agenda item at the Board’s quarterly scheduled meeting.</p>		
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		<p>4. Condition of Participation- Focused Mock Surveys</p> <p>As additional reinforcement of the core team's commitment to correcting repeated quality concerns within the facility, the core team resolved to engage the Corporate Divisional Director of Clinical Services to perform quarterly mock surveys at the facility for a period of one year. The purpose of the mock surveys will specifically focus on assessing the facility's compliance with CMS Conditions of Participation, starting with the areas of concern. The first mock survey will be done beginning in 1st Quarter of calendar year 2021. The Director's findings and observations will be communicated to the Performance Improvement Executive Committee via an action-item report. The report will be reviewed during the weekly meeting until the identified deficiencies are corrected. The facility will further include a plan for sustainability in response to corrective actions taken.</p>		
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