EMANUEL
MEDICAL CENTER

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June 21st, 2018

Attn: Karen Roe, RN, MHA
Certification and Enforcement Branch
Centers for Medicare & Medicaid Services
701 5th Ae, Suite 1600, M/S-400
Seattle, WA 98104
CMS_RO10_CEB@cms.hhs.gov

Dear Ms. Roe,

The following Plan of Correction is in response to survey #OR14492 conducted at Unity Center for Behavioral Health 4/26/2018-4/27/2018 and 5/15/18-5/22/2018. The report was received on 6/11/2018.

The following Condition of Participation was evaluated:

Patient's Rights, CFR 482.13

Please see the completed Plan of Correction for the site's response to the findings from the investigation.

If you have any questions, you may contact Legacy's Accreditation & Clinical Compliance team at 503-415-5235.

Sincerely,

Trent Green
President
Legacy Emanuel Medical Center
Unity Center for Behavioral Health

Enclosures: Plan of Correction

CC: Karyn Thrapp, RN, BSN, Lead Patient Safety Surveyor
      Wendy Edwards, RN, BSN, Patient Safety Surveyor

A043 Condition | Governing Body | Includes A115, A263, A385, A700

Plan of Correction

Compliance with A043 will be achieved on or before 7/26/18 through implementation of the plans of corrections for patient rights, steps taken to ensure QAPI integration for all plans, reeducation of Nursing staff to ensure compliance with supervision requirements, and mitigation and monitoring plans to ensure the safety of the environment of care. Unity leadership is assigned as the responsible party on many of the corrective actions and will be responsible for overseeing implementation of plans of correction for all cited deficiencies.

A115

A144 and A145

Plan of Correction A144

Procedure/Process for Implementation

Physical and Structural Hazards

The following actions were taken prior to the end of the survey on 5/21/18: gaps in hand/grab bars in patient bathrooms were caulked, safety suite door closures were removed, plastic utensil dispensers were removed from dining areas on the inpatient units. Caulking of the ligature points at the top of the hinges on patient bathrooms doors was completed on 6/4/18.

Responsible Party: Facilities Manager

All patient care areas will be assessed for blind spots when visualized via camera. Identified camera blind spots will be addressed by moving or adjusting the cameras and adding additional cameras where needed. For blind spots that cannot be mitigated, if a patient makes intentional use of blind spots, preventing staff from proper monitoring per policy, the provider or charge nurse will be notified and the need for constant observation will be discussed and implemented as needed.

Responsible Party: Safety and Security Manager in consultation with Facilities Manager; Unity Director of Patient Care Services

The process for Facilities staff to complete work orders on patient care units currently includes checking in with the Charge RN prior to beginning the work and checking out with the Charge RN prior to leaving. The process will be updated to include determining whether the work completed poses a patient safety risk and implementing a mitigation plan as needed. This information will be documented in the work order.

Responsible Party: Facilities Manager in consultation with Unity Director of Patient Care Services

Facilities and nursing staff will be educated on the new process for work order completion.

Responsible Party: Facilities Manager in consultation with Unity Director of Patient Care Services

To mitigate the risk associated with seclusion room rings, patients observed using the physical environment to inflict self-harm will be continuously observed while in seclusion.

Responsible Party: Unity Director of Patient Care Services

Identification and Mitigation of Ligature Risks and Unsafe Items

Legacy policy #902.3107 "Personal Belongings and Unsafe Items on Inpatient Psychiatric Units" was revised on 5/20/18 to categorize potentially unsafe items into four categories: never allowed, used during group, used with staff supervision, and allowed unmonitored unless an extreme risk. Items used during group or requiring staff supervision will be secured unless in use by patients.

Responsible Party: Unity Director of Patient Care Services

Legacy policy #300.06 "Security Management Plan" will be updated to include an addendum outlining the process for conducting environmental risk assessments on behavioral health units to identify potential ligature risks and unsafe items that a patient could use to harm themselves or others.
Responsible Party: Unity Director of Patient Care Services in consultation with the Environment of Care Manager

Legacy's Hazard Surveillance Rounds and Analyses will be updated to include ligature risks and unsafe items. These rounds are conducted quarterly.
Responsible Party: Environment of Care Manager

Environmental safety rounds to identify potential ligature risks and unsafe items began on 5/20/18 in accordance with revised policy #902.3107. These rounds will be made twice a day on the units.
Responsible Party: Unity Director of Patient Care Services

Environmental safety concerns and events pertaining to ligature risks and/or other unsafe items in the environment will be added as a standing agenda item to and reported out at the leadership safety huddle.
Responsible Party: Unity Director of Patient Care Services

A comprehensive environmental risk assessment to identify ligature risks and unsafe items will be completed and reviewed on a quarterly basis by unit leadership or designee.
Responsible Party: Unity Director of Patient Care Services

High risk issues identified during the leadership safety huddle and the quarterly environmental risk assessment will be reported up to the Unity Leadership Council for review and mitigation plan development.
Responsible Party: Vice President of Unity

Documentation of patient safety with potentially unsafe items will be entered daily into the electronic health record.
Responsible Party: Unity Director of Patient Care Services in consultation with Informatics

Elopement Prevention and Patient Monitoring
Legacy standards of care #902.1000 and #902.7002 were updated on 5/20/18 to outline the new patient safety rounding process: Staff are required to conduct, at a minimum, hourly in-person checks. Between 2300-0700, staff are required to monitor location and status of patient every 30 minutes. The checks now include visualization of patient breathing (rise of the chest) and documentation of patient status.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #902.3200 "Safe Transportation of Patients and Prevention of Elopement" was developed on 5/20/18 to require a minimum of one staff member to accompany patients through the facility.
Responsible Party: Unity Director of Patient Care Services

Legacy guideline #902.5111 "Counseling and Therapy Therapeutic Group Guideline" was revised on 5/20/18 to require a minimum of two staff members to accompany patients to the outdoor garden. For garden visits, there will be patient counts at defined points during the walk to and from the garden.
Responsible Party: Counseling and Therapy Supervisor

Legacy policy #300.02 "Access Control to Sensitive Areas" will be updated to include Unity.
Responsible Party: Safety and Security Manager

Unity guidelines "RN Station Guideline" and "Patient Supervision Requirements by Room" will be updated to require open nurse's stations to be supervised by staff at all times and include more concise language around supervision in rooms.
Responsible Party: Unity Director of Patient Care Services

Unity guideline for close supervision will be updated to add clarity to the definitions for patient behavior that requires increased observation versus behavior for which increased observation may be considered.
Responsible Party: Unity Director of Patient Care Services

Response to Medical Emergencies (Code M)
Unity policy #902.300 "Medical Emergency Response" was revised on 5/20/18 to standardize the process and ensure consistency across the facility. This included developing more defined roles during a Code M for both staff and providers as well as standardizing medical supplies brought to Code M's through implementation of an emergency cart on each unit.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #300.05 "Emergency Codes Policy" will be updated to state that codes unique to a site will be addressed in a unique, site-specific policy.
Responsible Party: Environment of Care Manager

A Code M cart daily checklist was developed and implemented on 5/21/18 to ensure required supplies such as suction device, O2 tubing, Ambu bags, masks, protective personal equipment, manual blood pressure, and stethoscope are in the cart and not expired. The checklist also requires staff to check that all blood glucose supplies are available, labeled appropriately, and not expired.
Responsible Party: Unity Director of Patient Care Services

A flowsheet for documenting response to patient medical emergencies (Code M) was implemented in the electronic health record on 6/14/18.
Responsible Party: Unity Director of Patient Care Services in consultation with Informatics

Unsafe Items Brought to Patient Units
Legacy's policy #300.06.01 "Visitor Behavior Management" will be updated to remove the allowance for security personnel to carry pocket knives.
Responsible Party: Environment of Care Manager

Legacy's policy #300.14 "Weapons Policy" will be updated to allow security officers to carry pepper gel and handcuffs.
Responsible Party: Environment of Care Manager

A visitor card outlining expectations for visitors, including prohibited items and storage of personal belongings in lockers, will be developed and provided to visitors at Patient Access prior to entering the patient care area.
Responsible Party: Unity Director of Patient Care Services

Staff Education: Care in a Safe Setting
Unity staff with direct patient contact will be educated on identification of ligature risks and unsafe items in the environment, response to medical emergencies (Code M), and processes for patient monitoring and elopement prevention.
Responsible Party: Unit or department leadership

Monitoring and Tracking Procedures
Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.
Responsible Party: Unit or department leadership

> A minimum of 90% of Nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Unity Director of Patient Care Services.

A minimum of 90% of Social Work and Counseling/Therapy staff will complete the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

A minimum of 90% of Safety and Security staff will complete the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Safety and Security Manager

A minimum of 90% of Folktime peer support staff will complete education on identification of ligature risk and unsafe items in the environment by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

50 charts will be audited per month for 3 months to assess compliance with hourly safety rounding documentation. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

50 Code M cart daily checks will be audited per month for 3 months to assess compliance with Code M cart daily checks. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

All safety event reports related to ligature risk or unsafe items, attempted suicide or self-harm, patient elopements or attempted elopements will be investigated, and a mitigation plan will be implemented for any ongoing risks.
Responsible Party: Unit leadership, all units

Leadership Council minutes will be reviewed by the leadership team to ensure safety concerns flow from the safety huddle and quarterly comprehensive risk assessments and are addressed appropriately.
Responsible Party: Vice President, Unity

QAPI Integration
All new or updated policies, procedures, and standards of care outlined above will be reviewed at a minimum of every three years unless otherwise specified.

The Vice President of Unity determines standing agenda items for Leadership Council, and environmental safety concerns will be added as a standing agenda item.
Responsible Party: Vice President of Unity

Education on patient care in a safe setting, including identification and mitigation of ligature risks and unsafe items; response to medical emergencies; patient monitoring; and elopement prevention will be incorporated into the orientation process for staff.
Responsible Party: Unity Director of Patient Care Services

Department education records will be reviewed annually for every staff member as part of their annual review process.
Responsible Party: Department leadership or designee

Plan of Correction A145

To ensure compliance with A145, the scope of abuse investigations will be widened to include patient on patient incidences of abuse, and safety event reports will be monitored to ensure incidences of alleged or actual cases of abuse and neglect are appropriately addressed. All actions will be implemented on or before 7/26/2018.

Procedure/Process for Implementation

Legacy's policy #900.3312 "Mandatory Reporting of Suspected Abuse or Neglect" will be updated to include information regarding abuse allegations that involve patient on patient incidents. The following will also be added to the policy: link to the abuse investigation toolkit and reference to Legacy policy #100.38 on managing grievances.
Responsible Party: Manager, Risk Management

Legacy's policy #100.76 "Patient Rights and Responsibilities" will be updated to include: "The patient has the right to be free from all forms of abuse and harassment" as required by CFR 482.13(c)(3).
Responsible Party: Chief Compliance Officer

Legacy guidelines will be developed for investigating abuse allegations and actual cases of abuse involving patient on patient harm.
Responsible Party: Manager, Risk Management

Unit leadership and staff will be reeducated on safety event reporting, including events that should be reported, harm scoring, and required investigation elements to be completed and documented.
Responsible Party: Unity Director of Patient Care Services

Monitoring and Tracking Procedures

A minimum of 90% of staff will be reeducated on safety event reporting, including events that should be reported, harm scoring, and required investigation elements to be completed and documented by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

50 applicable safety event reports will be audited per month for 3 months to ensure all elements of safety event reports are completed and allegations and cases of abuse or neglect are investigated and documented per standard process. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

QAPI Integration

Legacy's policy #100.76 will be reviewed at least every 3 years and with changes in regulatory guidelines.

Unity employees and staff receive education on inappropriate behavior and abuse upon hire.
Responsible Party: Unit/department leadership

A168 and A175

Plan of Correction A168

Procedure/Process for Implementation

Registered Nurses will be reeducated on the restraint/seclusion order requirements.
Responsible Party: Unity Director of Patient Care Services

Providers will be reeducated on the restraint/seclusion order requirements.
Responsible Party: Unity Chief Medical Officer

Monitoring and Tracking Procedures

A minimum of 90% of Registered Nurses will complete education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

A minimum of 90% of providers will complete education listed above by 7/20/18. Providers unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Chief Medical Officer

Charge RNs conduct real-time restraint/seclusion chart audits for all patients in restraint or seclusion each shift.
Responsible Party: Charge RNs, all units

50 charts will be audited per month for 3 months to assess compliance with restraint/seclusion requirements. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

QAPI Integration

Legacy's policy #900.5274 "Restraint and Seclusion for Patient Safety" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Restraint/seclusion requirements are included in staff orientation and annual education.

Plan of Correction A175
Procedure/Process for Implementation

Staff who apply and/or monitor restraints and seclusion will be reeducated on the restraint/seclusion policy and standard of care, which include requirements around implementation, assessment, monitoring, and documentation of restraint/seclusion.
Responsible Party: Unity Director of Patient Care Services

Monitoring and Tracking Procedures

A minimum of 90% of nursing staff will complete education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

Charge RNs conduct real-time restraint/seclusion chart audits for all patients in restraint or seclusion each shift.
Responsible Party: Charge RNs, all units

50 charts will be audited per month for 3 months to assess compliance with restraint/seclusion requirements. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

QAPI Integration

Legacy's policy #900.5274 "Restraint and Seclusion for Patient Safety" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Legacy's standard of care 900.1012 "Use of Restraint and Seclusion" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Restraint/seclusion requirements are included in staff orientation and annual education.

Plan of Correction A196

Procedure/Process for Implementation

Unity orientation and annual education on restraint/seclusion will be reviewed and revised to include types of restraints, how to use them and first aid techniques related to restraint/seclusion.
<u>Responsible Party:</u> Clinical Nurse Specialist

Unity restraint competency checklist will be revised to reflect training and demonstrated competency in the use of all types of restraints used in the hospital.
<u>Responsible Party:</u> Clinical Nurse Specialist

Monitoring and Tracking Procedures

Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.
<u>Responsible Party:</u> Unit and department leadership

> A minimum of 90% of Nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> <u>Responsible Party:</u> Unity Director of Patient Care Services

> A minimum of 90% of Safety and Security Officers will completed the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> <u>Responsible Party:</u> Safety and Security Manager

QAPI Integration

Legacy's policy #900.5274 "Restraint and Seclusion for Patient Safety" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Unity orientation and annual education content on restraints/seclusion will be reviewed and revised if indicated annually to ensure training captures all restraint types used at the facility and stays up-to-date.
<u>Responsible Party:</u> Clinical Nurse Specialist

Department education records will be reviewed annually for every staff member as part of their annual review process.
<u>Responsible Party:</u> Department leadership or designee

Plan of Correction A202 and A206

Procedure/Process for Implementation

Unity orientation and annual education on restraint/seclusion will be reviewed and revised to include types of restraints, how to use them and first aid techniques related to restraint/seclusion.
<u>Responsible Party:</u> Clinical Nurse Specialist

Unity restraint competency checklist will be revised to reflect training and demonstrated competency in the use of all types of restraints used in the hospital.
<u>Responsible Party:</u> Clinical Nurse Specialist

Monitoring and Tracking Procedures

Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.

Responsible Party: Unit and department leadership

A minimum of 90% of Nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.

Responsible Party: Unity Director of Patient Care Services

A minimum of 90% of Safety and Security Officers will completed the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.

Responsible Party: Safety and Security Manager

QAPI Integration

Legacy's policy #900.5274 "Restraint and Seclusion for Patient Safety" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Unity orientation and annual education content on restraints/seclusion will be reviewed and revised if indicated annually to ensure training captures all restraint types used at the facility and stays up-to-date.

Responsible Party: Clinical Nurse Specialist

Department education records will be reviewed annually for every staff member as part of their annual review process.

Responsible Party: Department leadership or designee

A117 and A123

Plan of Correction A117

Procedure/Process for Implementation

Information on Patient Rights (Findings 1-2)

Legacy's policy #100.76 "Patient Rights and Responsibilities" will be updated to include: "The patient has the right to be free from all forms of abuse and harassment" as required by CFR 482.13(c)(3).

Responsible Party: Chief Compliance Officer

Legacy's patient rights brochure will be updated to include "The patient has the right to be free from all forms of abuse and harassment"

Responsible Party: Chief Compliance Officer

Important Message from Medicare (Findings 3-7)

Legacy policy #100.64 "Utilization Management Plan" will be updated to include the Patient Access department's role in providing the admission IMM and the Care Management department's role in providing the discharge IMM.

Responsible Party: Director of Care Management

Unity Utilization Management staff, Social Work staff, and Care Coordination Specialists will be educated on the Legacy Care Management guideline "Delivery of the Important Message from Medicare". This guideline provides detailed instructions on how to deliver the IMM form per Medicare requirements. It also provides instructions for accessing the most up-to-date form.

Responsible Party: Director of Unity Services

Patient Access staff will be reeducated on the process for providing IMM forms to Medicare beneficiaries upon admission.

Responsible Party: Unity Patient Access Manager

Monitoring and Tracking Procedures

A minimum of 90% of Utilization Management staff, Social Work staff, and Care Coordinator Specialists will complete the IMM form education by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

A minimum of 90% of Patient Access staff will complete the IMM form education by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Patient Access Manager

50 Medicare beneficiary charts will be audited per month for 3 months to ensure IMM forms are provided to patients and completed. The target for compliance is 90%. If 90% compliance is not achieved, the Director of Unity Services will conduct an analysis to assess areas of non-compliance. Director of Unity Services or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Director of Unity Services or designee

QAPI Integration

The Care Management department runs a weekly report auditing IMM form compliance. The Director of Unity Services receives this report each week. If there are gaps, involved staff will identify and address gaps and root causes.
Responsible Party: Director of Unity Services

Legacy's policy #100.76 will be reviewed at least every three years and with changes in regulatory guidelines.

Legacy's policy #100.64 will be reviewed at least every three years and with changes in regulatory guidelines.

Plan of Correction A123

Procedure/Process for Implementation

Legacy's policy #100.38 "Managing Patient's Complaints and Grievances" will be reviewed and revised as appropriate to include a grievance definition and what constitutes a grievance verbatim from CFR 482.13 interpretive guidelines.
Responsible Party: Manager, Risk Management

Legacy's policy #100.20 "Management of Patient Belongings" will be updated to include the process for managing lost patient belongings and refer to Legacy policy #100.38 on grievances for managing cases where the lost belonging issue cannot be resolved prior to discharge.
Responsible Party: Chief Compliance Officer

Legacy's policy #900.3312 "Mandatory Reporting of Suspected Abuse or Neglect" will be updated to include information regarding abuse allegations that involve patient on patient incidents. The following will also be added to the policy: link to the abuse investigation toolkit and reference to Legacy policy #100.38 on managing grievances.
Responsible Party: Manager, Risk Management

Legacy's policy #100.76 "Patient Rights and Responsibilities" will be updated to include: "The patient has the right to be free from all forms of abuse and harassment" as required by CFR 482.13(c)(3).
Responsible Party: Chief Compliance Officer

Risk Management will review current processes and identify any gaps in system for responding to patient on patient abuse allegations.
Responsible Party: Manager, Risk Management

Legacy guidelines will be developed for investigating abuse allegations and actual cases of abuse involving patient on patient harm.
Responsible Party: Manager, Risk Management

Unit leadership and staff will be reeducated on safety event reporting, including events that should be reported, harm scoring, and required investigation elements to be completed and documented.
Responsible Party: Unity Director of Patient Care Services

Risk Management staff will be reeducated on the process for responding to allegations and cases of abuse.
Responsible Party: Manager, Risk Management

Risk Management and Patient Relations staff will be reeducated on required elements of the written grievance notice.
Responsible Party: Manager, Risk Management

Patient Relations will treat patient belongings as grievances.
Responsible Party: Unity Patient Relations Specialist

Staff with direct patient contact will be educated on Legacy's grievance policy and process for escalating patient concerns received verbally or in writing.
Responsible Party: Manager, Risk Management

Monitoring and Tracking Procedures

A minimum of 90% of Risk Management staff will be reeducated on responding to allegations and cases of abuse by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Manager, Risk Management

Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.
Responsible Party: Unit or department leadership

> A minimum of 90% of Patient Relations staff will be reeducated on grievance written response elements and treating lost patient belongings as grievances by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Manager, Risk Management

> A minimum of 90% of Folktime peer support staff will be educated on Legacy's grievance policy and process for escalating patient concerns by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Director of Unity Services

> A minimum of 90% of Nursing staff will be educated on Legacy's grievance policy and process for escalating patient concerns by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Unity Director of Patient Care Services

> A minimum of 90% of Safety and Security staff will be educated on Legacy's grievance policy and process for escalating patient concerns by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Safety and Security Manager

30 grievance case files will be audited per month for 3 months to ensure compliance with grievance response and documentation requirements. The target for compliance is 90%. If 90% compliance is not achieved, the Manager of Risk Management will conduct an analysis to assess areas of non-compliance. Manager of Risk Management will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Manager, Risk Management

100% of abuse cases will be audited for three months to ensure compliance with grievance response and documentation requirements. The target for compliance is 90%. If 90% compliance is not achieved, the Manager of Risk Management will conduct an analysis to assess areas of non-compliance. Manager of Risk Management will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Manager, Risk Management

A minimum of 90% of staff will be reeducated on safety event reporting, including events that should be reported, harm scoring, and required investigation elements to be completed and documented by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

50 applicable safety event reports will be audited per month for 3 months to ensure all elements of safety event reports are completed and allegations and cases of abuse or neglect are investigated and documented per standard process. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

QAPI Integration
Education on Legacy's complaints and grievances policy and process will be incorporated into Unity staff orientation.
Responsible Party: Manager, Risk Management

A standard work confirmation process will be implemented to ensure grievance responses include all required elements.
Responsible Party: Manager, Risk Management

Legacy's policy #100.38 will be reviewed at least every three years and with changes in regulatory guidelines.

Legacy's policy #100.76 will be reviewed at least every 3 years and with changes in regulatory guidelines.

Unity employees and staff receive education on inappropriate behavior and abuse upon hire.
Responsible Party: Unit/department leadership

A263

A385 Plan of Correction

Plan of Correction A395

Procedure/Process for Implementation

Medical Emergency Response
Unity policy #902.300 "Medical Emergency Response" was revised on 5/20/18 to standardize the process and ensure consistency across the facility. This included developing more defined roles during a Code M for both staff and providers as well as standardizing medical supplies brought to Code M's through implementation of an emergency cart on each unit.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #300.05 "Emergency Codes Policy" will be updated to state that codes unique to a site will be addressed in a unique, site-specific policy.
Responsible Party: Environment of Care Manager

A Code M cart daily checklist was developed and implemented on 5/21/18 to ensure required supplies such as suction device, O2 tubing, Ambu bags, masks, protective personal equipment, manual blood pressure, and stethoscope are in the cart and not expired. The checklist also requires staff to check that all blood glucose supplies are available, labeled

appropriately, and not expired.
Responsible Party: Unity Director of Patient Care Services

A flowsheet for documenting response to patient medical emergencies (Code M) was implemented in the electronic health record on 6/14/18.
Responsible Party: Unity Director of Patient Care Services in consultation with Informatics

Patient Monitoring
Legacy standards of care #902.1000 and #902.7002 were updated on 5/20/18 to outline the new patient safety rounding process: Staff are required to conduct, at a minimum, hourly in-person checks. Between 2300-0700, staff are required to monitor location and status of patient every 30 minutes. The checks now include visualization of patient breathing (rise of the chest) and documentation of patient status.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #902.3200 "Safe Transportation of Patients and Prevention of Elopement" was developed on 5/20/18 to require a minimum of one staff member to accompany patients through the facility.
Responsible Party: Unity Director of Patient Care Services

Unity guidelines "RN Station Guideline" and "Patient Supervision Requirements by Room" will be updated to require open nurse's stations to be supervised by staff at all times and include more concise language around supervision in rooms.
Responsible Party: Unity Director of Patient Care Services

Unity guideline for close supervision will be updated to add clarity to the definitions for patient behavior that requires increased observation versus behavior for which increased observation may be considered.
Responsible Party: Unity Director of Patient Care Services

Unity Nursing staff with direct patient contact will be educated on identification of ligature risks and unsafe items in the environment, response to medical emergencies (Code M), and processes for patient monitoring and elopement prevention.
Responsible Party: Unit or department leadership

RN Supervision of Nursing Care
The standards of care for Unity will be revised to include criteria for conducting nursing assessments and taking patient vital signs. This will include daily head-to-toe physical assessments, which includes criteria for conducting skin checks.
Responsible Party: Unity Director of Patient Care Services

A new process for rehab orders was implemented on 6/4/18. Orders for the rehab department (including Physical Therapy, Occupational Therapy, and Speech-Language Pathology) are now routed directly to the department through the electronic health record. The timeframe expectations for implementing the orders will match the expectations for medical units within the organization.
Responsible Party: Unity Director of Patient Care Services in consultation with Counseling and Therapy Supervisor

Nursing staff will be educated on assessment and care of wounds and required documentation.
Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on patient assessment content, documentation expectations and frequency.
Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on patient supervision and monitoring, including when patients are engaging in high-risk activities.
Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on documentation and practice expectations as they relate to following provider orders.
Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on development and documentation of nursing care plans to ensure they are reviewed and updated to reflect patient care needs.
Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on the restraint/seclusion policy, which include criteria for restraint application and restraint/seclusion order requirements.
Responsible Party: Unity Director of Patient Care Services

Monitoring and Tracking Procedures

A minimum of 90% of registered nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

Unit leadership or delegate will audit 50 charts per month for 3 months to assess nursing compliance with following provider orders. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

Unit leadership or delegate will audit 50 charts per month for 3 months to assess compliance with nursing assessment requirements, including skin assessments. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

Unit leadership or delegate will audit 50 charts per month for 3 months to ensure automated process for rehab services is effective and consults are done in a timely manner. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

Unit leadership or delegate will audit 50 charts per month for 3 months to ensure compliance with nursing care plan assessments. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

QAPI Integration

Registered Nurses receive training on wound care, restraint/seclusion, assessment content, documentation expectations and frequency, patient supervision and monitoring, including when patients are engaging in high-risks activities as part of their onboarding process.
Responsible Party: Unity Director of Patient Care Services

Rehab orders for Unity have been integrated into the daily workflow for the rehab department through implementation of the new automated process.

Procedure/Process for Implementation

Guidelines will be developed to help guide staff and providers on knowing when to implement "cheeking" precautions. Precautions will be implemented based on patient history and clinician judgement and communicated via nursing communication orders.

Responsible Party: Unity Director of Patient Care Services

Registered nurses will be reeducated on policies and procedures related to medication order, specifically what constitutes a complete order and following the order. They will also be reeducation on medication administration practices.

Responsible Party: Unity Director of Patient Care Services

Providers will be reeducated on policies and procedures related to medication ordering, specifically what constitutes a complete medication order.

Responsible Party: Unity Chief Medical Officer

Monitoring and Tracking Procedures

A minimum of 90% of registered nursing staff will complete education on medication orders and administration by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.

Responsible Party: Unity Director of Patient Care Services

A minimum of 90% of providers will complete the education listed above by 7/20/18. Providers unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.

Responsible Party: Unity Chief Medical Officer

Unit leadership or delegate will audit 50 charts per month for 3 months to assess nursing staff compliance with medication orders. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.

Responsible Party: Unit leadership or designee

50 charts will be audited per month for 3 months to assess provider compliance with entering complete medication orders. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.

Responsible Party: Unity Chief Medical Officer

Safety event reports related to patients "cheeking" medications will be investigated. This will include electronic health record review to determine whether the patient has a history of this behavior and whether "cheeking" precautions were implemented for the patient.

Responsible Party: Unit/department leadership

QAPI Integration

Legacy policy #900.3102 "Medications: Administration" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Legacy policy #900.3233 "Medications: Orders" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Plan of Correction

To ensure compliance with A700, processes will be review and implemented for monitoring the physical hazards in the environment and monitoring patients in the environment of care.

Procedure/Process for Implementation

Physical and Structural Hazards

The following actions were taken prior to the end of the survey on 5/21/18: gaps in hand/grab bars in patient bathrooms were caulked, safety suite door closures were removed, plastic utensil dispensers were removed from dining areas on the inpatient units. Caulking of the ligature points at the top of the hinges on patient bathrooms doors was completed on 6/4/18.
Responsible Party: Facilities Manager

All patient care areas will be assessed for blind spots when visualized via camera. Identified camera blind spots will be addressed by moving or adjusting the cameras and adding additional cameras where needed. For blind spots that cannot be mitigated, if a patient makes intentional use of blind spots, preventing staff from proper monitoring per policy, the provider or charge nurse will be notified and the need for constant observation will be discussed and implemented as needed.
Responsible Party: Safety and Security Manager in consultation with Facilities Manager; Unity Director of Patient Care Services

The process for Facilities staff to complete work orders on patient care units currently includes checking in with the Charge RN prior to beginning the work and checking out with the Charge RN prior to leaving. The process will be updated to include determining whether the work completed poses a patient safety risk and implementing a mitigation plan as needed. This information will be documented in the work order.
Responsible Party: Facilities Manager in consultation with Unity Director of Patient Care Services

Facilities and nursing staff will be educated on the new process for work order completion.
Responsible Party: Facilities Manager in consultation with Unity Director of Patient Care Services

To mitigate the risk associated with seclusion room rings, patients observed using the physical environment to inflict self-harm will be continuously observed while in seclusion.
Responsible Party: Unity Director of Patient Care Services

Identification and Mitigation of Ligature Risks and Unsafe Items

Legacy policy #300.06 "Security Management Plan" will be updated to include an addendum outlining the process for conducting environmental risk assessments on behavioral health units to identify potential ligature risks and unsafe items that a patient could use to harm themselves or others.
Responsible Party: Unity Director of Patient Care Services in consultation with the Environment of Care Manager

Legacy's Hazard Surveillance Rounds and Analyses will be updated to include ligature risks and unsafe items. These rounds are conducted quarterly.
Responsible Party: Environment of Care Manager

Environmental safety rounds to identify potential ligature risks and unsafe items began on 5/20/18 in accordance with revised policy #902.3107. These rounds will be made twice a day on the units.
Responsible Party: Unity Director of Patient Care Services

Environmental safety concerns and events pertaining to ligature risks and/or other unsafe items in the environment will be added as a standing agenda item to and reported out at the leadership safety huddle.
Responsible Party: Unity Director of Patient Care Services

A comprehensive environmental risk assessment to identify ligature risks and unsafe items will be completed and reviewed on a quarterly basis by unit leadership or designee.
Responsible Party: Unity Director of Patient Care Services

High risk issues identified during the leadership safety huddle and the quarterly environmental risk assessment will be reported up to the Unity Leadership Council for review and mitigation plan development.
Responsible Party: Vice President of Unity

Documentation of patient safety with potentially unsafe items will be entered daily into the electronic health record.
Responsible Party: Unity Director of Patient Care Services in consultation with Informatics

Elopement Prevention and Patient Monitoring
Legacy standards of care #902.1000 and #902.7002 were updated on 5/20/18 to outline the new patient safety rounding process: Staff are required to conduct, at a minimum, hourly in-person checks. Between 2300-0700, staff are required to monitor location and status of patient every 30 minutes. The checks now include visualization of patient breathing (rise of the chest) and documentation of patient status.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #902.3200 "Safe Transportation of Patients and Prevention of Elopement" was developed on 5/20/18 to require a minimum of one staff member to accompany patients through the facility.
Responsible Party: Unity Director of Patient Care Services

Legacy guideline #902.5111 "Counseling and Therapy Therapeutic Group Guideline" was revised on 5/20/18 to require a minimum of two staff members to accompany patients to the outdoor garden. For garden visits, there will be patient counts at defined points during the walk to and from the garden.
Responsible Party: Counseling and Therapy Supervisor

Legacy policy #300.02 "Access Control to Sensitive Areas" will be updated to include Unity.
Responsible Party: Safety and Security Manager

Unity guidelines "RN Station Guideline" and "Patient Supervision Requirements by Room" will be updated to require open nurse's stations to be supervised by staff at all times and include more concise language around supervision in rooms.
Responsible Party: Unity Director of Patient Care Services

Unity guideline for close supervision will be updated to add clarity to the definitions for patient behavior that requires increased observation versus behavior for which increased observation may be considered.

Staff Education: Care in a Safe Setting
Unity staff with direct patient contact will be educated on identification of ligature risks and unsafe items in the environment.
Responsible Party: Unit or department leadership

Monitoring and Tracking Procedures
Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.
Responsible Party: Unit or department leadership

> A minimum of 90% of Nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Unity Director of Patient Care Services.

A minimum of 90% of Social Work and Counseling/Therapy staff will complete the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

A minimum of 90% of Safety and Security staff will complete the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Safety and Security Manager

A minimum of 90% of Folktime peer support staff will complete education on identification of ligature risk and unsafe items in the environment by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

50 charts will be audited per month for 3 months to assess compliance with hourly safety rounding documentation. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

All safety event reports related to ligature risk or unsafe items, attempted suicide or self-harm, patient elopements or attempted elopements will be investigated, and a mitigation plan will be implemented for any ongoing risks.
Responsible Party: Unit leadership, all units

Leadership Council minutes will be reviewed by the leadership team to ensure safety concerns flow from the safety huddle and quarterly comprehensive risk assessments and are addressed appropriately.
Responsible Party: Vice President, Unity

QAPI Integration
All new or updated policies, procedures, and standards of care outlined above will be reviewed at a minimum of every three years unless otherwise specified.

The Vice President of Unity determines standing agenda items for Leadership Council, and environmental safety concerns will be added as a standing agenda item.
Responsible Party: Vice President of Unity

Education on patient care in a safe setting, including identification and mitigation of ligature risks and unsafe items; response to medical emergencies; patient monitoring; and elopement prevention will be incorporated into the orientation process for staff.
Responsible Party: Unity Director of Patient Care Services

Department education records will be reviewed annually for every staff member as part of their annual review process.
Responsible Party: Department leadership or designee

A115 Condition | Patient Rights | Includes A144/A145, A168/A175, A196/A202/A206, A117/A123, A132

Plan of Correction

Compliance with A115 will be achieve on or before 7/26/18 through implementation of plans of correction related to a patient rights. This includes corrective actions that will be taken to ensure the safety and security of the environment of care, appropriate patient monitoring in high-risk areas and during high-risk activities, consistent response to medical emergencies, comprehensive investigations in response to alleged or actual abuse/neglect cases, implementation and use of restraint/seclusion according to regulatory requirements, consistent response to patient complaints and grievances, and provision of patient rights, including rights for Medicare beneficiaries and the right to an advance directive.

A144 and A145

Plan of Correction A144

Procedure/Process for Implementation

Physical and Structural Hazards

The following actions were taken prior to the end of the survey on 5/21/18: gaps in hand/grab bars in patient bathrooms were caulked, safety suite door closures were removed, plastic utensil dispensers were removed from dining areas on the inpatient units. Caulking of the ligature points at the top of the hinges on patient bathrooms doors was completed on 6/4/18.
Responsible Party: Facilities Manager

All patient care areas will be assessed for blind spots when visualized via camera. Identified camera blind spots will be addressed by moving or adjusting the cameras and adding additional cameras where needed. For blind spots that cannot be mitigated, if a patient makes intentional use of blind spots, preventing staff from proper monitoring per policy, the provider or charge nurse will be notified and the need for constant observation will be discussed and implemented as needed.
Responsible Party: Safety and Security Manager in consultation with Facilities Manager; Unity Director of Patient Care Services

The process for Facilities staff to complete work orders on patient care units currently includes checking in with the Charge RN prior to beginning the work and checking out with the Charge RN prior to leaving. The process will be updated to include determining whether the work completed poses a patient safety risk and implementing a mitigation plan as needed. This information will be documented in the work order.
Responsible Party: Facilities Manager in consultation with Unity Director of Patient Care Services

Facilities and nursing staff will be educated on the new process for work order completion.
Responsible Party: Facilities Manager in consultation with Unity Director of Patient Care Services

To mitigate the risk associated with seclusion room rings, patients observed using the physical environment to inflict self-harm will be continuously observed while in seclusion.
Responsible Party: Unity Director of Patient Care Services

Identification and Mitigation of Ligature Risks and Unsafe Items

Legacy policy #902.3107 "Personal Belongings and Unsafe Items on Inpatient Psychiatric Units" was revised on 5/20/18 to categorize potentially unsafe items into four categories: never allowed, used during group, used with staff supervision, and allowed unmonitored unless an extreme risk. Items used during group or requiring staff supervision will

be secured unless in use by patients.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #300.06 "Security Management Plan" will be updated to include an addendum outlining the process for conducting environmental risk assessments on behavioral health units to identify potential ligature risks and unsafe items that a patient could use to harm themselves or others.
Responsible Party: Unity Director of Patient Care Services in consultation with the Environment of Care Manager

Legacy's Hazard Surveillance Rounds and Analyses will be updated to include ligature risks and unsafe items. These rounds are conducted quarterly.
Responsible Party: Environment of Care Manager

Environmental safety rounds to identify potential ligature risks and unsafe items began on 5/20/18 in accordance with revised policy #902.3107. These rounds will be made twice a day on the units.
Responsible Party: Unity Director of Patient Care Services

Environmental safety concerns and events pertaining to ligature risks and/or other unsafe items in the environment will be added as a standing agenda item to and reported out at the leadership safety huddle.
Responsible Party: Unity Director of Patient Care Services

A comprehensive environmental risk assessment to identify ligature risks and unsafe items will be completed and reviewed on a quarterly basis by unit leadership or designee.
Responsible Party: Unity Director of Patient Care Services

High risk issues identified during the leadership safety huddle and the quarterly environmental risk assessment will be reported up to the Unity Leadership Council for review and mitigation plan development.
Responsible Party: Vice President of Unity

Documentation of patient safety with potentially unsafe items will be entered daily into the electronic health record.
Responsible Party: Unity Director of Patient Care Services in consultation with Informatics

Elopement Prevention and Patient Monitoring

Legacy standards of care #902.1000 and #902.7002 were updated on 5/20/18 to outline the new patient safety rounding process: Staff are required to conduct, at a minimum, hourly in-person checks. Between 2300-0700, staff are required to monitor location and status of patient every 30 minutes. The checks now include visualization of patient breathing (rise of the chest) and documentation of patient status.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #902.3200 "Safe Transportation of Patients and Prevention of Elopement" was developed on 5/20/18 to require a minimum of one staff member to accompany patients through the facility.
Responsible Party: Unity Director of Patient Care Services

Legacy guideline #902.5111 "Counseling and Therapy Therapeutic Group Guideline" was revised on 5/20/18 to require a minimum of two staff members to accompany patients to the outdoor garden. For garden visits, there will be patient counts at defined points during the walk to and from the garden.
Responsible Party: Counseling and Therapy Supervisor

Legacy policy #300.02 "Access Control to Sensitive Areas" will be updated to include Unity.
Responsible Party: Safety and Security Manager

Unity guidelines "RN Station Guideline" and "Patient Supervision Requirements by Room" will be updated to require open nurse's stations to be supervised by staff at all times and include more concise language around supervision in

rooms.
Responsible Party: Unity Director of Patient Care Services

Unity guideline for close supervision will be updated to add clarity to the definitions for patient behavior that requires increased observation versus behavior for which increased observation may be considered.
Responsible Party: Unity Director of Patient Care Services

Response to Medical Emergencies (Code M)

Unity policy #902.300 "Medical Emergency Response" was revised on 5/20/18 to standardize the process and ensure consistency across the facility. This included developing more defined roles during a Code M for both staff and providers as well as standardizing medical supplies brought to Code M's through implementation of an emergency cart on each unit.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #300.05 "Emergency Codes Policy" will be updated to state that codes unique to a site will be addressed in a unique, site-specific policy.
Responsible Party: Environment of Care Manager

A Code M cart daily checklist was developed and implemented on 5/21/18 to ensure required supplies such as suction device, O2 tubing, Ambu bags, masks, protective personal equipment, manual blood pressure, and stethoscope are in the cart and not expired. The checklist also requires staff to check that all blood glucose supplies are available, labeled appropriately, and not expired.
Responsible Party: Unity Director of Patient Care Services

A flowsheet for documenting response to patient medical emergencies (Code M) was implemented in the electronic health record on 6/14/18.
Responsible Party: Unity Director of Patient Care Services in consultation with Informatics

Unsafe Items Brought to Patient Units

Legacy's policy #300.06.01 "Visitor Behavior Management" will be updated to remove the allowance for security personnel to carry pocket knives.
Responsible Party: Environment of Care Manager

Legacy's policy #300.14 "Weapons Policy" will be updated to allow security officers to carry pepper gel and handcuffs.
Responsible Party: Environment of Care Manager

A visitor card outlining expectations for visitors, including prohibited items and storage of personal belongings in lockers, will be developed and provided to visitors at Patient Access prior to entering the patient care area.
Responsible Party: Unity Director of Patient Care Services

Staff Education: Care in a Safe Setting

Unity staff with direct patient contact will be educated on identification of ligature risks and unsafe items in the environment, response to medical emergencies (Code M), and processes for patient monitoring and elopement prevention.
Responsible Party: Unit or department leadership

Monitoring and Tracking Procedures

Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.
Responsible Party: Unit or department leadership

A minimum of 90% of Nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services.

A minimum of 90% of Social Work and Counseling/Therapy staff will complete the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

A minimum of 90% of Safety and Security staff will complete the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Safety and Security Manager

A minimum of 90% of Folktime peer support staff will complete education on identification of ligature risk and unsafe items in the environment by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

50 charts will be audited per month for 3 months to assess compliance with hourly safety rounding documentation. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

50 Code M cart daily checks will be audited per month for 3 months to assess compliance with Code M cart daily checks. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

All safety event reports related to ligature risk or unsafe items, attempted suicide or self-harm, patient elopements or attempted elopements will be investigated, and a mitigation plan will be implemented for any ongoing risks.
Responsible Party: Unit leadership, all units

Leadership Council minutes will be reviewed by the leadership team to ensure safety concerns flow from the safety huddle and quarterly comprehensive risk assessments and are addressed appropriately.
Responsible Party: Vice President, Unity

QAPI Integration
All new or updated policies, procedures, and standards of care outlined above will be reviewed at a minimum of every three years unless otherwise specified.

The Vice President of Unity determines standing agenda items for Leadership Council, and environmental safety concerns will be added as a standing agenda item.
Responsible Party: Vice President of Unity

Education on patient care in a safe setting, including identification and mitigation of ligature risks and unsafe items; response to medical emergencies; patient monitoring; and elopement prevention will be incorporated into the orientation process for staff.
Responsible Party: Unity Director of Patient Care Services

Department education records will be reviewed annually for every staff member as part of their annual review process.
Responsible Party: Department leadership or designee

Plan of Correction A145

To ensure compliance with A145, the scope of abuse investigations will be widened to include patient on patient incidences of abuse, and safety event reports will be monitored to ensure incidences of alleged or actual cases of abuse and neglect are appropriately addressed. All actions will be implemented on or before 7/26/2018.

Procedure/Process for Implementation

Legacy's policy #900.3312 "Mandatory Reporting of Suspected Abuse or Neglect" will be updated to include information regarding abuse allegations that involve patient on patient incidents. The following will also be added to the policy: link to the abuse investigation toolkit and reference to Legacy policy #100.38 on managing grievances.
Responsible Party: Manager, Risk Management

Legacy's policy #100.76 "Patient Rights and Responsibilities" will be updated to include: "The patient has the right to be free from all forms of abuse and harassment" as required by CFR 482.13(c)(3).
Responsible Party: Chief Compliance Officer

Legacy guidelines will be developed for investigating abuse allegations and actual cases of abuse involving patient on patient harm.
Responsible Party: Manager, Risk Management

Unit leadership and staff will be reeducated on safety event reporting, including events that should be reported, harm scoring, and required investigation elements to be completed and documented.
Responsible Party: Unity Director of Patient Care Services

Monitoring and Tracking Procedures

A minimum of 90% of staff will be reeducated on safety event reporting, including events that should be reported, harm scoring, and required investigation elements to be completed and documented by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

50 applicable safety event reports will be audited per month for 3 months to ensure all elements of safety event reports are completed and allegations and cases of abuse or neglect are investigated and documented per standard process. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

QAPI Integration

Legacy's policy #100.76 will be reviewed at least every 3 years and with changes in regulatory guidelines.

Unity employees and staff receive education on inappropriate behavior and abuse upon hire.
Responsible Party: Unit/department leadership

A168 and A175

Plan of Correction A168

Procedure/Process for Implementation

Registered Nurses will be reeducated on the restraint/seclusion order requirements.
Responsible Party: Unity Director of Patient Care Services

Providers will be reeducated on the restraint/seclusion order requirements.
Responsible Party: Unity Chief Medical Officer

Monitoring and Tracking Procedures

A minimum of 90% of Registered Nurses will complete education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

A minimum of 90% of providers will complete education listed above by 7/20/18. Providers unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Chief Medical Officer

Charge RNs conduct real-time restraint/seclusion chart audits for all patients in restraint or seclusion each shift.
Responsible Party: Charge RNs, all units

50 charts will be audited per month for 3 months to assess compliance with restraint/seclusion requirements. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

QAPI Integration

Legacy's policy #900.5274 "Restraint and Seclusion for Patient Safety" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Restraint/seclusion requirements are included in staff orientation and annual education.

Plan of Correction A175

Procedure/Process for Implementation

Staff who apply and/or monitor restraints and seclusion will be reeducated on the restraint/seclusion policy and standard of care, which include requirements around implementation, assessment, monitoring, and documentation of restraint/seclusion.
Responsible Party: Unity Director of Patient Care Services

Monitoring and Tracking Procedures

A minimum of 90% of nursing staff will complete education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

Charge RNs conduct real-time restraint/seclusion chart audits for all patients in restraint or seclusion each shift.
Responsible Party: Charge RNs, all units

50 charts will be audited per month for 3 months to assess compliance with restraint/seclusion requirements. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

Legacy's policy #900.5274 "Restraint and Seclusion for Patient Safety" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Legacy's standard of care 900.1012 "Use of Restraint and Seclusion" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Restraint/seclusion requirements are included in staff orientation and annual education.

A196, A202, A206

Plan of Correction A196

Procedure/Process for Implementation

Unity orientation and annual education on restraint/seclusion will be reviewed and revised to include types of restraints, how to use them and first aid techniques related to restraint/seclusion.
Responsible Party: Clinical Nurse Specialist

Unity restraint competency checklist will be revised to reflect training and demonstrated competency in the use of all types of restraints used in the hospital.
Responsible Party: Clinical Nurse Specialist

Monitoring and Tracking Procedures

Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.
Responsible Party: Unit and department leadership

> A minimum of 90% of Nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Unity Director of Patient Care Services

> A minimum of 90% of Safety and Security Officers will completed the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Safety and Security Manager

QAPI Integration

Legacy's policy #900.5274 "Restraint and Seclusion for Patient Safety" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Unity orientation and annual education content on restraints/seclusion will be reviewed and revised if indicated annually to ensure training captures all restraint types used at the facility and stays up-to-date.
Responsible Party: Clinical Nurse Specialist

Department education records will be reviewed annually for every staff member as part of their annual review process.
Responsible Party: Department leadership or designee

Plan of Correction A202 and A206

Procedure/Process for Implementation

Unity orientation and annual education on restraint/seclusion will be reviewed and revised to include types of restraints, how to use them and first aid techniques related to restraint/seclusion.
Responsible Party: Clinical Nurse Specialist

Unity restraint competency checklist will be revised to reflect training and demonstrated competency in the use of all types of restraints used in the hospital.
Responsible Party: Clinical Nurse Specialist

Monitoring and Tracking Procedures

Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.
Responsible Party: Unit and department leadership

A minimum of 90% of Nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

A minimum of 90% of Safety and Security Officers will completed the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Safety and Security Manager

QAPI Integration

Legacy's policy #900.5274 "Restraint and Seclusion for Patient Safety" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Unity orientation and annual education content on restraints/seclusion will be reviewed and revised if indicated annually to ensure training captures all restraint types used at the facility and stays up-to-date.
Responsible Party: Clinical Nurse Specialist

Department education records will be reviewed annually for every staff member as part of their annual review process.
Responsible Party: Department leadership or designee

A117 and A123

Plan of Correction A117

Procedure/Process for Implementation

Information on Patient Rights (Findings 1-2)

Legacy's policy #100.76 "Patient Rights and Responsibilities" will be updated to include: "The patient has the right to be free from all forms of abuse and harassment" as required by CFR 482.13(c)(3).
Responsible Party: Chief Compliance Officer

Legacy's patient rights brochure will be updated to include "The patient has the right to be free from all forms of abuse and harassment"
Responsible Party: Chief Compliance Officer

Important Message from Medicare (Findings 3-7)

Legacy policy #100.64 "Utilization Management Plan" will be updated to include the Patient Access department's role in providing the admission IMM and the Care Management department's role in providing the discharge IMM.
Responsible Party: Director of Care Management

Unity Utilization Management staff, Social Work staff, and Care Coordination Specialists will be educated on the Legacy Care Management guideline "Delivery of the Important Message from Medicare". This guideline provides detailed instructions on how to deliver the IMM form per Medicare requirements. It also provides instructions for accessing the most up-to-date form.
Responsible Party: Director of Unity Services

Patient Access staff will be reeducated on the process for providing IMM forms to Medicare beneficiaries upon admission.
Responsible Party: Unity Patient Access Manager

Monitoring and Tracking Procedures

A minimum of 90% of Utilization Management staff, Social Work staff, and Care Coordinator Specialists will complete the IMM form education by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

A minimum of 90% of Patient Access staff will complete the IMM form education by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Patient Access Manager

50 Medicare beneficiary charts will be audited per month for 3 months to ensure IMM forms are provided to patients and completed. The target for compliance is 90%. If 90% compliance is not achieved, the Director of Unity Services will conduct an analysis to assess areas of non-compliance. Director of Unity Services or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Director of Unity Services or designee

QAPI Integration

The Care Management department runs a weekly report auditing IMM form compliance. The Director of Unity Services receives this report each week. If there are gaps, involved staff will identify and address gaps and root causes.
Responsible Party: Director of Unity Services

Legacy's policy #100.76 will be reviewed at least every three years and with changes in regulatory guidelines.

Legacy's policy #100.64 will be reviewed at least every three years and with changes in regulatory guidelines.

Plan of Correction A123
Procedure/Process for Implementation

Legacy's policy #100.38 "Managing Patient's Complaints and Grievances" will be reviewed and revised as appropriate to include a grievance definition and what constitutes a grievance verbatim from CFR 482.13 interpretive guidelines.
Responsible Party: Manager, Risk Management

Legacy's policy #100.20 "Management of Patient Belongings" will be updated to include the process for managing lost patient belongings and refer to Legacy policy #100.38 on grievances for managing cases where the lost belonging issue cannot be resolved prior to discharge.
Responsible Party: Chief Compliance Officer

Legacy's policy #900.3312 "Mandatory Reporting of Suspected Abuse or Neglect" will be updated to include information regarding abuse allegations that involve patient on patient incidents. The following will also be added to the policy: link to the abuse investigation toolkit and reference to Legacy policy #100.38 on managing grievances.
Responsible Party: Manager, Risk Management

Legacy's policy #100.76 "Patient Rights and Responsibilities" will be updated to include: "The patient has the right to be free from all forms of abuse and harassment" as required by CFR 482.13(c)(3).
Responsible Party: Chief Compliance Officer

Risk Management will review current processes and identify any gaps in system for responding to patient on patient abuse allegations.
Responsible Party: Manager, Risk Management

Legacy guidelines will be developed for investigating abuse allegations and actual cases of abuse involving patient on patient harm.
Responsible Party: Manager, Risk Management

Unit leadership and staff will be reeducated on safety event reporting, including events that should be reported, harm scoring, and required investigation elements to be completed and documented.
Responsible Party: Unity Director of Patient Care Services

Risk Management staff will be reeducated on the process for responding to allegations and cases of abuse.
Responsible Party: Manager, Risk Management

Risk Management and Patient Relations staff will be reeducated on required elements of the written grievance notice.
Responsible Party: Manager, Risk Management

Patient Relations will treat patient belongings as grievances.
Responsible Party: Unity Patient Relations Specialist

Staff with direct patient contact will be educated on Legacy's grievance policy and process for escalating patient concerns received verbally or in writing.
Responsible Party: Manager, Risk Management

Monitoring and Tracking Procedures

A minimum of 90% of Risk Management staff will be reeducated on responding to allegations and cases of abuse by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Manager, Risk Management

Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.
Responsible Party: Unit or department leadership

> A minimum of 90% of Patient Relations staff will be reeducated on grievance written response elements and treating lost patient belongings as grievances by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Manager, Risk Management

> A minimum of 90% of Folktime peer support staff will be educated on Legacy's grievance policy and process for escalating patient concerns by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Director of Unity Services

> A minimum of 90% of Nursing staff will be educated on Legacy's grievance policy and process for escalating patient concerns by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Unity Director of Patient Care Services

> A minimum of 90% of Safety and Security staff will be educated on Legacy's grievance policy and process for escalating patient concerns by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Safety and Security Manager

30 grievance case files will be audited per month for 3 months to ensure compliance with grievance response and documentation requirements. The target for compliance is 90%. If 90% compliance is not achieved, the Manager of Risk Management will conduct an analysis to assess areas of non-compliance. Manager of Risk Management will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Manager, Risk Management

100% of abuse cases will be audited for three months to ensure compliance with grievance response and documentation requirements. The target for compliance is 90%. If 90% compliance is not achieved, the Manager of Risk Management will conduct an analysis to assess areas of non-compliance. Manager of Risk Management will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Manager, Risk Management

A minimum of 90% of staff will be reeducated on safety event reporting, including events that should be reported, harm scoring, and required investigation elements to be completed and documented by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

50 applicable safety event reports will be audited per month for 3 months to ensure all elements of safety event reports are completed and allegations and cases of abuse or neglect are investigated and documented per standard process. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

QAPI Integration
Education on Legacy's complaints and grievances policy and process will be incorporated into Unity staff orientation.
Responsible Party: Manager, Risk Management

A standard work confirmation process will be implemented to ensure grievance responses include all required elements.
Responsible Party: Manager, Risk Management

Legacy's policy #100.38 will be reviewed at least every three years and with changes in regulatory guidelines.

Legacy's policy #100.76 will be reviewed at least every 3 years and with changes in regulatory guidelines.

Unity employees and staff receive education on inappropriate behavior and abuse upon hire.
Responsible Party: Unit/department leadership

A117 Standard | Patient Rights

Plan of Correction

To ensure compliance with A117, policies and procedures will be updated to include patient rights language required by CFR 482.13(c)(3) and additional guidance on regulatory requirements for the Important Message from Medicare (IMM). The patient rights brochure will also be updated to include required regulatory language. Staff will be reeducated on the IMM process, and the process will be monitored. All actions will be implemented on or before 7/26/2018.

Procedure/Process for Implementation

Information on Patient Rights (Findings 1-2)

Legacy's policy #100.76 "Patient Rights and Responsibilities" will be updated to include: "The patient has the right to be free from all forms of abuse and harassment" as required by CFR 482.13(c)(3).
Responsible Party: Chief Compliance Officer

Legacy's patient rights brochure will be updated to include "The patient has the right to be free from all forms of abuse and harassment"
Responsible Party: Chief Compliance Officer

Important Message from Medicare (Findings 3-7)

Legacy policy #100.64 "Utilization Management Plan" will be updated to include the Patient Access department's role in providing the admission IMM and the Care Management department's role in providing the discharge IMM.
Responsible Party: Director of Care Management

Unity Utilization Management staff, Social Work staff, and Care Coordination Specialists will be educated on the Legacy Care Management guideline "Delivery of the Important Message from Medicare". This guideline provides detailed instructions on how to deliver the IMM form per Medicare requirements. It also provides instructions for accessing the most up-to-date form.
Responsible Party: Director of Unity Services

Patient Access staff will be reeducated on the process for providing IMM forms to Medicare beneficiaries upon admission.
Responsible Party: Unity Patient Access Manager

Monitoring and Tracking Procedures

A minimum of 90% of Utilization Management staff, Social Work staff, and Care Coordinator Specialists will complete the IMM form education by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

A minimum of 90% of Patient Access staff will complete the IMM form education by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Patient Access Manager

50 Medicare beneficiary charts will be audited per month for 3 months to ensure IMM forms are provided to patients and completed. The target for compliance is 90%. If 90% compliance is not achieved, the Director of Unity Services will conduct an analysis to assess areas of non-compliance. Director of Unity Services or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Director of Unity Services or designee

QAPI Integration

The Care Management department runs a weekly report auditing IMM form compliance. The Director of Unity Services receives this report each week. If there are gaps, involved staff will identify and address gaps and root causes.

Responsible Party: Director of Unity Services

Legacy's policy #100.76 will be reviewed at least every three years and with changes in regulatory guidelines.

Legacy's policy #100.64 will be reviewed at least every three years and with changes in regulatory guidelines.

A123 Standard | Patient Rights: Notice of Grievance Decision | Includes A145

Plan of Correction

To ensure compliance with A123, policies/procedures and processes for handling patient grievances as well as cases of alleged or actual abuse (referred to in A145) will be reviewed to meet regulatory requirements. Staff will be educated on any changes. All actions will be implemented on or before 7/26/2018.

Procedure/Process for Implementation

Legacy's policy #100.38 "Managing Patient's Complaints and Grievances" will be reviewed and revised as appropriate to include a grievance definition and what constitutes a grievance verbatim from CFR 482.13 interpretive guidelines.
Responsible Party: Manager, Risk Management

Legacy's policy #100.20 "Management of Patient Belongings" will be updated to include the process for managing lost patient belongings and refer to Legacy policy #100.38 on grievances for managing cases where the lost belonging issue cannot be resolved prior to discharge.
Responsible Party: Chief Compliance Officer

Legacy's policy #900.3312 "Mandatory Reporting of Suspected Abuse or Neglect" will be updated to include information regarding abuse allegations that involve patient on patient incidents. The following will also be added to the policy: link to the abuse investigation toolkit and reference to Legacy policy #100.38 on managing grievances.
Responsible Party: Manager, Risk Management

Legacy's policy #100.76 "Patient Rights and Responsibilities" will be updated to include: "The patient has the right to be free from all forms of abuse and harassment" as required by CFR 482.13(c)(3).
Responsible Party: Chief Compliance Officer

Risk Management will review current processes and identify any gaps in system for responding to patient on patient abuse allegations.
Responsible Party: Manager, Risk Management

Legacy guidelines will be developed for investigating abuse allegations and actual cases of abuse involving patient on patient harm.
Responsible Party: Manager, Risk Management

Unit leadership and staff will be reeducated on safety event reporting, including events that should be reported, harm scoring, and required investigation elements to be completed and documented.
Responsible Party: Unity Director of Patient Care Services

Risk Management staff will be reeducated on the process for responding to allegations and cases of abuse.
Responsible Party: Manager, Risk Management

Risk Management and Patient Relations staff will be reeducated on required elements of the written grievance notice.
Responsible Party: Manager, Risk Management

Patient Relations will treat patient belongings as grievances.
Responsible Party: Unity Patient Relations Specialist

Staff with direct patient contact will be educated on Legacy's grievance policy and process for escalating patient concerns received verbally or in writing.
Responsible Party: Manager, Risk Management

Monitoring and Tracking Procedures

A minimum of 90% of Risk Management staff will be reeducated on responding to allegations and cases of abuse by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Manager, Risk Management

Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.
Responsible Party: Unit or department leadership

> A minimum of 90% of Patient Relations staff will be reeducated on grievance written response elements and treating lost patient belongings as grievances by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Manager, Risk Management

> A minimum of 90% of Folktime peer support staff will be educated on Legacy's grievance policy and process for escalating patient concerns by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Director of Unity Services

> A minimum of 90% of Nursing staff will be educated on Legacy's grievance policy and process for escalating patient concerns by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Unity Director of Patient Care Services

> A minimum of 90% of Safety and Security staff will be educated on Legacy's grievance policy and process for escalating patient concerns by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Safety and Security Manager

30 grievance case files will be audited per month for 3 months to ensure compliance with grievance response and documentation requirements. The target for compliance is 90%. If 90% compliance is not achieved, the Manager of Risk Management will conduct an analysis to assess areas of non-compliance. Manager of Risk Management will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Manager, Risk Management

100% of abuse cases will be audited for three months to ensure compliance with grievance response and documentation requirements. The target for compliance is 90%. If 90% compliance is not achieved, the Manager of Risk Management will conduct an analysis to assess areas of non-compliance. Manager of Risk Management will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Manager, Risk Management

A minimum of 90% of staff will be reeducated on safety event reporting, including events that should be reported, harm scoring, and required investigation elements to be completed and documented by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

50 applicable safety event reports will be audited per month for 3 months to ensure all elements of safety event reports are completed and allegations and cases of abuse or neglect are investigated and documented per standard process. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is

achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

QAPI Integration

Education on Legacy's complaints and grievances policy and process will be incorporated into Unity staff orientation.
Responsible Party: Manager, Risk Management

A standard work confirmation process will be implemented to ensure grievance responses include all required elements.
Responsible Party: Manager, Risk Management

Legacy's policy #100.38 will be reviewed at least every three years and with changes in regulatory guidelines.

Legacy's policy #100.76 will be reviewed at least every 3 years and with changes in regulatory guidelines.

Unity employees and staff receive education on inappropriate behavior and abuse upon hire.
Responsible Party: Unit/department leadership

A132 Standard | Patient Rights: Informed Decision

Plan of Correction

To ensure compliance with A132, staff will be reeducated and a plan for auditing patient charts to assess compliance with advance directive requirements will be implemented. All actions will be implemented on or before 7/26/2018.

Procedure/Process for Implementation

Reeducate Patient Access staff and Registered Nurses on policy and procedure for asking if patients have an advance directive and offering information on advance directives if the patient does not have one.
Responsible Party: Unity Director of Patient Care Services and Unity Patient Access Manager

Monitoring and Tracking Procedures

A minimum of 90% of Patient Access staff will be reeducated on Legacy's advance directive policy by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Patient Access Manager

A minimum of 90% of Registered Nurses will be reeducated on Legacy's advance directive policy by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

50 charts will be audited per month for 3 months to assess compliance with advance directive documentation requirements. The target for compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all adult units

QAPI Integration

Education on advance directives will be incorporated into Unity staff orientation.
Responsible Party: Unity Director of Patient Care Services and Unity Patient Access Manager

Legacy's policy #100.06 will be reviewed at least every three years and with changes in regulatory guidelines.

A144 Standard | Patient Rights: Care in Safe Setting

Plan of Correction

To ensure compliance with A144, policies/procedures and processes will be revised or developed to ensure patients receive care in a safe setting. These will include processes for identifying and mitigating ligature risks and unsafe items in the environment, monitoring patients in-person and more frequently based on assessed risk, transporting patients through the facility, and responding to patient medical emergencies. All actions will be implemented on or before 7/26/2018.

Procedure/Process for Implementation

Physical and Structural Hazards

The following actions were taken prior to the end of the survey on 5/21/18: gaps in hand/grab bars in patient bathrooms were caulked, safety suite door closures were removed, plastic utensil dispensers were removed from dining areas on the inpatient units. Caulking of the ligature points at the top of the hinges on patient bathrooms doors was completed on 6/4/18.
Responsible Party: Facilities Manager

All patient care areas will be assessed for blind spots when visualized via camera. Identified camera blind spots will be addressed by moving or adjusting the cameras and adding additional cameras where needed. For blind spots that cannot be mitigated, if a patient makes intentional use of blind spots, preventing staff from proper monitoring per policy, the provider or charge nurse will be notified and the need for constant observation will be discussed and implemented as needed.
Responsible Party: Safety and Security Manager in consultation with Facilities Manager; Unity Director of Patient Care Services

The process for Facilities staff to complete work orders on patient care units currently includes checking in with the Charge RN prior to beginning the work and checking out with the Charge RN prior to leaving. The process will be updated to include determining whether the work completed poses a patient safety risk and implementing a mitigation plan as needed. This information will be documented in the work order.
Responsible Party: Facilities Manager in consultation with Unity Director of Patient Care Services

Facilities and nursing staff will be educated on the new process for work order completion.
Responsible Party: Facilities Manager in consultation with Unity Director of Patient Care Services

To mitigate the risk associated with seclusion room rings, patients observed using the physical environment to inflict self-harm will be continuously observed while in seclusion.
Responsible Party: Unity Director of Patient Care Services

Identification and Mitigation of Ligature Risks and Unsafe Items

Legacy policy #902.3107 "Personal Belongings and Unsafe Items on Inpatient Psychiatric Units" was revised on 5/20/18 to categorize potentially unsafe items into four categories: never allowed, used during group, used with staff supervision, and allowed unmonitored unless an extreme risk. Items used during group or requiring staff supervision will be secured unless in use by patients.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #300.06 "Security Management Plan" will be updated to include an addendum outlining the process for conducting environmental risk assessments on behavioral health units to identify potential ligature risks and unsafe

items that a patient could use to harm themselves or others.
Responsible Party: Unity Director of Patient Care Services in consultation with the Environment of Care Manager

Legacy's Hazard Surveillance Rounds and Analyses will be updated to include ligature risks and unsafe items. These rounds are conducted quarterly.
Responsible Party: Environment of Care Manager

Environmental safety rounds to identify potential ligature risks and unsafe items began on 5/20/18 in accordance with revised policy #902.3107. These rounds will be made twice a day on the units.
Responsible Party: Unity Director of Patient Care Services

Environmental safety concerns and events pertaining to ligature risks and/or other unsafe items in the environment will be added as a standing agenda item to and reported out at the leadership safety huddle.
Responsible Party: Unity Director of Patient Care Services

A comprehensive environmental risk assessment to identify ligature risks and unsafe items will be completed and reviewed on a quarterly basis by unit leadership or designee.
Responsible Party: Unity Director of Patient Care Services

High risk issues identified during the leadership safety huddle and the quarterly environmental risk assessment will be reported up to the Unity Leadership Council for review and mitigation plan development.
Responsible Party: Vice President of Unity

Documentation of patient safety with potentially unsafe items will be entered daily into the electronic health record.
Responsible Party: Unity Director of Patient Care Services in consultation with Informatics

Elopement Prevention and Patient Monitoring

Legacy standards of care #902.1000 and #902.7002 were updated on 5/20/18 to outline the new patient safety rounding process: Staff are required to conduct, at a minimum, hourly in-person checks. Between 2300-0700, staff are required to monitor location and status of patient every 30 minutes. The checks now include visualization of patient breathing (rise of the chest) and documentation of patient status.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #902.3200 "Safe Transportation of Patients and Prevention of Elopement" was developed on 5/20/18 to require a minimum of one staff member to accompany patients through the facility.
Responsible Party: Unity Director of Patient Care Services

Legacy guideline #902.5111 "Counseling and Therapy Therapeutic Group Guideline" was revised on 5/20/18 to require a minimum of two staff members to accompany patients to the outdoor garden. For garden visits, there will be patient counts at defined points during the walk to and from the garden.
Responsible Party: Counseling and Therapy Supervisor

Legacy policy #300.02 "Access Control to Sensitive Areas" will be updated to include Unity.
Responsible Party: Safety and Security Manager

Unity guidelines "RN Station Guideline" and "Patient Supervision Requirements by Room" will be updated to require open nurse's stations to be supervised by staff at all times and include more concise language around supervision in rooms.
Responsible Party: Unity Director of Patient Care Services

Unity guideline for close supervision will be updated to add clarity to the definitions for patient behavior that requires increased observation versus behavior for which increased observation may be considered.
Responsible Party: Unity Director of Patient Care Services

Response to Medical Emergencies (Code M)

Unity policy #902.300 "Medical Emergency Response" was revised on 5/20/18 to standardize the process and ensure consistency across the facility. This included developing more defined roles during a Code M for both staff and providers as well as standardizing medical supplies brought to Code M's through implementation of an emergency cart on each unit.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #300.05 "Emergency Codes Policy" will be updated to state that codes unique to a site will be addressed in a unique, site-specific policy.
Responsible Party: Environment of Care Manager

A Code M cart daily checklist was developed and implemented on 5/21/18 to ensure required supplies such as suction device, O2 tubing, Ambu bags, masks, protective personal equipment, manual blood pressure, and stethoscope are in the cart and not expired. The checklist also requires staff to check that all blood glucose supplies are available, labeled appropriately, and not expired.
Responsible Party: Unity Director of Patient Care Services

A flowsheet for documenting response to patient medical emergencies (Code M) was implemented in the electronic health record on 6/14/18.
Responsible Party: Unity Director of Patient Care Services in consultation with Informatics

Unsafe Items Brought to Patient Units

Legacy's policy #300.06.01 "Visitor Behavior Management" will be updated to remove the allowance for security personnel to carry pocket knives.
Responsible Party: Environment of Care Manager

Legacy's policy #300.14 "Weapons Policy" will be updated to allow security officers to carry pepper gel and handcuffs.
Responsible Party: Environment of Care Manager

A visitor card outlining expectations for visitors, including prohibited items and storage of personal belongings in lockers, will be developed and provided to visitors at Patient Access prior to entering the patient care area.
Responsible Party: Unity Director of Patient Care Services

Staff Education: Care in a Safe Setting

Unity staff with direct patient contact will be educated on identification of ligature risks and unsafe items in the environment, response to medical emergencies (Code M), and processes for patient monitoring and elopement prevention.
Responsible Party: Unit or department leadership

Monitoring and Tracking Procedures

Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.
Responsible Party: Unit or department leadership

> A minimum of 90% of Nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Unity Director of Patient Care Services.

A minimum of 90% of Social Work and Counseling/Therapy staff will complete the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

A minimum of 90% of Safety and Security staff will complete the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Safety and Security Manager

A minimum of 90% of Folktime peer support staff will complete education on identification of ligature risk and unsafe items in the environment by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

50 charts will be audited per month for 3 months to assess compliance with hourly safety rounding documentation. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

50 Code M cart daily checks will be audited per month for 3 months to assess compliance with Code M cart daily checks. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

All safety event reports related to ligature risk or unsafe items, attempted suicide or self-harm, patient elopements or attempted elopements will be investigated, and a mitigation plan will be implemented for any ongoing risks.
Responsible Party: Unit leadership, all units

Leadership Council minutes will be reviewed by the leadership team to ensure safety concerns flow from the safety huddle and quarterly comprehensive risk assessments and are addressed appropriately.
Responsible Party: Vice President, Unity

QAPI Integration

All new or updated policies, procedures, and standards of care outlined above will be reviewed at a minimum of every three years unless otherwise specified.

The Vice President of Unity determines standing agenda items for Leadership Council, and environmental safety concerns will be added as a standing agenda item.
Responsible Party: Vice President of Unity

Education on patient care in a safe setting, including identification and mitigation of ligature risks and unsafe items; response to medical emergencies; patient monitoring; and elopement prevention will be incorporated into the orientation process for staff.
Responsible Party: Unity Director of Patient Care Services

Department education records will be reviewed annually for every staff member as part of their annual review process.
Responsible Party: Department leadership or designee

A145 Standard | Patient Rights: Free from Abuse/Harassment

Plan of Correction

To ensure compliance with A145, the scope of abuse investigations will be widened to include patient on patient incidences of abuse, and safety event reports will be monitored to ensure incidences of alleged or actual cases of abuse and neglect are appropriately addressed. All actions will be implemented on or before 7/26/2018.

Procedure/Process for Implementation

Legacy's policy #900.3312 "Mandatory Reporting of Suspected Abuse or Neglect" will be updated to include information regarding abuse allegations that involve patient on patient incidents. The following will also be added to the policy: link to the abuse investigation toolkit and reference to Legacy policy #100.38 on managing grievances.
Responsible Party: Manager, Risk Management

Legacy's policy #100.76 "Patient Rights and Responsibilities" will be updated to include: "The patient has the right to be free from all forms of abuse and harassment" as required by CFR 482.13(c)(3).
Responsible Party: Chief Compliance Officer

Legacy guidelines will be developed for investigating abuse allegations and actual cases of abuse involving patient on patient harm.
Responsible Party: Manager, Risk Management

Unit leadership and staff will be reeducated on safety event reporting, including events that should be reported, harm scoring, and required investigation elements to be completed and documented.
Responsible Party: Unity Director of Patient Care Services

Monitoring and Tracking Procedures

A minimum of 90% of staff will be reeducated on safety event reporting, including events that should be reported, harm scoring, and required investigation elements to be completed and documented by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

50 applicable safety event reports will be audited per month for 3 months to ensure all elements of safety event reports are completed and allegations and cases of abuse or neglect are investigated and documented per standard process. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

QAPI Integration

Legacy's policy #100.76 will be reviewed at least every 3 years and with changes in regulatory guidelines.

Unity employees and staff receive education on inappropriate behavior and abuse upon hire.
Responsible Party: Unit/department leadership

A168 Standard | Patient Rights: Restraint or Seclusion

Plan of Correction

To ensure compliance with A168 restraint and seclusion requirements related to provider orders, education will be provided to both providers and nursing staff on the hospital's restraint/seclusion policy. All actions will be implemented on or before 7/26/2018.

Procedure/Process for Implementation

Registered Nurses will be reeducated on the restraint/seclusion order requirements.
Responsible Party: Unity Director of Patient Care Services

Providers will be reeducated on the restraint/seclusion order requirements.
Responsible Party: Unity Chief Medical Officer

Monitoring and Tracking Procedures

A minimum of 90% of Registered Nurses will complete education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

A minimum of 90% of providers will complete education listed above by 7/20/18. Providers unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Chief Medical Officer

Charge RNs conduct real-time restraint/seclusion chart audits for all patients in restraint or seclusion each shift.
Responsible Party: Charge RNs, all units

50 charts will be audited per month for 3 months to assess compliance with restraint/seclusion requirements. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

QAPI Integration

Legacy's policy #900.5274 "Restraint and Seclusion for Patient Safety" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Restraint/seclusion requirements are included in staff orientation and annual education.

A175 Standard | Patient Rights: Restraint or Seclusion

Plan of Correction

To ensure compliance with A175 restraint and seclusion requirements, education will be provided to nursing staff on the hospital's restraint/seclusion policy and restraint/seclusion standard of care. All actions will be implemented on or before 7/26/2018.

Procedure/Process for Implementation

Staff who apply and/or monitor restraints and seclusion will be reeducated on the restraint/seclusion policy and standard of care, which include requirements around implementation, assessment, monitoring, and documentation of restraint/seclusion.
Responsible Party: Unity Director of Patient Care Services

Monitoring and Tracking Procedures

A minimum of 90% of nursing staff will complete education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

Charge RNs conduct real-time restraint/seclusion chart audits for all patients in restraint or seclusion each shift.
Responsible Party: Charge RNs, all units

50 charts will be audited per month for 3 months to assess compliance with restraint/seclusion requirements. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

QAPI Integration

Legacy's policy #900.5274 "Restraint and Seclusion for Patient Safety" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Legacy's standard of care 900.1012 "Use of Restraint and Seclusion" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Restraint/seclusion requirements are included in staff orientation and annual education.

A196 Standard | Patient Rights: Restraint or Seclusion | Refer to A202

Plan of Correction

In order to ensure compliance with A206 as well as hospital policies and procedures around restraint/seclusion training, the restraint/seclusion education and training program will be reviewed and revised to meet regulatory requirements, including demonstrated competency with all restraint types used in the facility. All actions will be implemented on or before 7/26/2018.

Procedure/Process for Implementation

Unity orientation and annual education on restraint/seclusion will be reviewed and revised to include types of restraints, how to use them and first aid techniques related to restraint/seclusion.
Responsible Party: Clinical Nurse Specialist

Unity restraint competency checklist will be revised to reflect training and demonstrated competency in the use of all types of restraints used in the hospital.
Responsible Party: Clinical Nurse Specialist

Monitoring and Tracking Procedures

Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.
Responsible Party: Unit and department leadership

> A minimum of 90% of Nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Unity Director of Patient Care Services
>
> A minimum of 90% of Safety and Security Officers will completed the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Safety and Security Manager

QAPI Integration

Legacy's policy #900.5274 "Restraint and Seclusion for Patient Safety" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Unity orientation and annual education content on restraints/seclusion will be reviewed and revised if indicated annually to ensure training captures all restraint types used at the facility and stays up-to-date.
Responsible Party: Clinical Nurse Specialist

Department education records will be reviewed annually for every staff member as part of their annual review process.
Responsible Party: Department leadership or designee

A202 Standard | Patient Rights: Restraint or Seclusion

Plan of Correction

In order to ensure compliance with A202 as well as hospital policies and procedures around restraint/seclusion training, the restraint/seclusion education and training program will be reviewed and revised to meet regulatory requirements, including demonstrated competency with all restraint types used in the facility. All actions will be implemented on or before 7/26/2018.

Procedure/Process for Implementation

Unity orientation and annual education on restraint/seclusion will be reviewed and revised to include types of restraints, how to use them and first aid techniques related to restraint/seclusion.
Responsible Party: Clinical Nurse Specialist

Unity restraint competency checklist will be revised to reflect training and demonstrated competency in the use of all types of restraints used in the hospital.
Responsible Party: Clinical Nurse Specialist

Monitoring and Tracking Procedures

Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.
Responsible Party: Unit and department leadership

> A minimum of 90% of Nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Unity Director of Patient Care Services

> A minimum of 90% of Safety and Security Officers will completed the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Safety and Security Manager

QAPI Integration

Legacy's policy #900.5274 "Restraint and Seclusion for Patient Safety" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Unity orientation and annual education content on restraints/seclusion will be reviewed and revised if indicated annually to ensure training captures all restraint types used at the facility and stays up-to-date.
Responsible Party: Clinical Nurse Specialist

Department education records will be reviewed annually for every staff member as part of their annual review process.
Responsible Party: Department leadership or designee

A206 Standard | Patient Rights: Restraint or Seclusion

Plan of Correction
In order to ensure compliance with A206 and hospital policies and procedures around restraint/seclusion training, the restraint/seclusion education and training program will be reviewed and revised to meet regulatory requirements, including restraint first aid training. All actions will be implemented on or before 7/26/2018.

Procedure/Process for Implementation
Unity orientation and annual education materials for staff who apply and/or monitor restraint/seclusion will be updated to include training and competency on the use of first aid techniques for restraint/seclusion. (By virtue of licensure and education, registered nurses already meet first aid competency.)
Responsible Party: Clinical Nurse Specialist

Monitoring and Tracking Procedures
All personnel files of staff persons that apply and/or monitor restraint and seclusion will be audited by 7/26/18 to ensure completion of restraint first aid training and presence of an up-to-date BLS certificate.
Responsible Party: Unit and department leadership

A minimum of 90% of Nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

A minimum of 90% of Safety and Security Officers will completed the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Safety and Security Manager

QAPI Integration
Staff receive restraint/seclusion education and training upon hire and on an annual basis thereafter.

Unity orientation and annual education content on restraints/seclusion will be reviewed and revised if indicated annually and with changes in regulatory guidelines.
Responsible Party: Clinical Nurse Specialist

Department education records will be reviewed annually for every staff member as part of their annual review process.
Responsible Party: Department leadership or designee

A263 Condition | QAPI | Refer to A043, A115, A385, A700

Plan of Correction

Compliance with A263 will be achieved on or before 7/26/18 through QAPI integration plans outlined for each deficient tag. This includes making onboarding and ongoing education more robust for staff and providers to ensure all training/education requirements are met and maintained. Policies and procedures will also be updated as needed to provide guidance on complying with patient rights requirements, ensuring nursing assessment and care is provided appropriately, and maintaining the safety of the physical environment.

A115

A144 and A145

Plan of Correction A144

Procedure/Process for Implementation

Physical and Structural Hazards

The following actions were taken prior to the end of the survey on 5/21/18: gaps in hand/grab bars in patient bathrooms were caulked, safety suite door closures were removed, plastic utensil dispensers were removed from dining areas on the inpatient units. Caulking of the ligature points at the top of the hinges on patient bathrooms doors was completed on 6/4/18.
Responsible Party: Facilities Manager

All patient care areas will be assessed for blind spots when visualized via camera. Identified camera blind spots will be addressed by moving or adjusting the cameras and adding additional cameras where needed. For blind spots that cannot be mitigated, if a patient makes intentional use of blind spots, preventing staff from proper monitoring per policy, the provider or charge nurse will be notified and the need for constant observation will be discussed and implemented as needed.
Responsible Party: Safety and Security Manager in consultation with Facilities Manager; Unity Director of Patient Care Services

The process for Facilities staff to complete work orders on patient care units currently includes checking in with the Charge RN prior to beginning the work and checking out with the Charge RN prior to leaving. The process will be updated to include determining whether the work completed poses a patient safety risk and implementing a mitigation plan as needed. This information will be documented in the work order.
Responsible Party: Facilities Manager in consultation with Unity Director of Patient Care Services

Facilities and nursing staff will be educated on the new process for work order completion.
Responsible Party: Facilities Manager in consultation with Unity Director of Patient Care Services

To mitigate the risk associated with seclusion room rings, patients observed using the physical environment to inflict self-harm will be continuously observed while in seclusion.
Responsible Party: Unity Director of Patient Care Services

Identification and Mitigation of Ligature Risks and Unsafe Items

Legacy policy #902.3107 "Personal Belongings and Unsafe Items on Inpatient Psychiatric Units" was revised on 5/20/18 to categorize potentially unsafe items into four categories: never allowed, used during group, used with staff supervision, and allowed unmonitored unless an extreme risk. Items used during group or requiring staff supervision will be secured unless in use by patients.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #300.06 "Security Management Plan" will be updated to include an addendum outlining the process for conducting environmental risk assessments on behavioral health units to identify potential ligature risks and unsafe items that a patient could use to harm themselves or others.
Responsible Party: Unity Director of Patient Care Services in consultation with the Environment of Care Manager

Legacy's Hazard Surveillance Rounds and Analyses will be updated to include ligature risks and unsafe items. These rounds are conducted quarterly.
Responsible Party: Environment of Care Manager

Environmental safety rounds to identify potential ligature risks and unsafe items began on 5/20/18 in accordance with revised policy #902.3107. These rounds will be made twice a day on the units.
Responsible Party: Unity Director of Patient Care Services

Environmental safety concerns and events pertaining to ligature risks and/or other unsafe items in the environment will be added as a standing agenda item to and reported out at the leadership safety huddle.
Responsible Party: Unity Director of Patient Care Services

A comprehensive environmental risk assessment to identify ligature risks and unsafe items will be completed and reviewed on a quarterly basis by unit leadership or designee.
Responsible Party: Unity Director of Patient Care Services

High risk issues identified during the leadership safety huddle and the quarterly environmental risk assessment will be reported up to the Unity Leadership Council for review and mitigation plan development.
Responsible Party: Vice President of Unity

Documentation of patient safety with potentially unsafe items will be entered daily into the electronic health record.
Responsible Party: Unity Director of Patient Care Services in consultation with Informatics

Elopement Prevention and Patient Monitoring
Legacy standards of care #902.1000 and #902.7002 were updated on 5/20/18 to outline the new patient safety rounding process: Staff are required to conduct, at a minimum, hourly in-person checks. Between 2300-0700, staff are required to monitor location and status of patient every 30 minutes. The checks now include visualization of patient breathing (rise of the chest) and documentation of patient status.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #902.3200 "Safe Transportation of Patients and Prevention of Elopement" was developed on 5/20/18 to require a minimum of one staff member to accompany patients through the facility.
Responsible Party: Unity Director of Patient Care Services

Legacy guideline #902.5111 "Counseling and Therapy Therapeutic Group Guideline" was revised on 5/20/18 to require a minimum of two staff members to accompany patients to the outdoor garden. For garden visits, there will be patient counts at defined points during the walk to and from the garden.
Responsible Party: Counseling and Therapy Supervisor

Legacy policy #300.02 "Access Control to Sensitive Areas" will be updated to include Unity.
Responsible Party: Safety and Security Manager

Unity guidelines "RN Station Guideline" and "Patient Supervision Requirements by Room" will be updated to require open nurse's stations to be supervised by staff at all times and include more concise language around supervision in rooms.
Responsible Party: Unity Director of Patient Care Services

Unity guideline for close supervision will be updated to add clarity to the definitions for patient behavior that requires increased observation versus behavior for which increased observation may be considered.
Responsible Party: Unity Director of Patient Care Services

Response to Medical Emergencies (Code M)
Unity policy #902.300 "Medical Emergency Response" was revised on 5/20/18 to standardize the process and ensure consistency across the facility. This included developing more defined roles during a Code M for both staff and providers as well as standardizing medical supplies brought to Code M's through implementation of an emergency cart on each unit.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #300.05 "Emergency Codes Policy" will be updated to state that codes unique to a site will be addressed in a unique, site-specific policy.
Responsible Party: Environment of Care Manager

A Code M cart daily checklist was developed and implemented on 5/21/18 to ensure required supplies such as suction device, O2 tubing, Ambu bags, masks, protective personal equipment, manual blood pressure, and stethoscope are in the cart and not expired. The checklist also requires staff to check that all blood glucose supplies are available, labeled appropriately, and not expired.
Responsible Party: Unity Director of Patient Care Services

A flowsheet for documenting response to patient medical emergencies (Code M) was implemented in the electronic health record on 6/14/18.
Responsible Party: Unity Director of Patient Care Services in consultation with Informatics

Unsafe Items Brought to Patient Units
Legacy's policy #300.06.01 "Visitor Behavior Management" will be updated to remove the allowance for security personnel to carry pocket knives.
Responsible Party: Environment of Care Manager

Legacy's policy #300.14 "Weapons Policy" will be updated to allow security officers to carry pepper gel and handcuffs.
Responsible Party: Environment of Care Manager

A visitor card outlining expectations for visitors, including prohibited items and storage of personal belongings in lockers, will be developed and provided to visitors at Patient Access prior to entering the patient care area.
Responsible Party: Unity Director of Patient Care Services

Staff Education: Care in a Safe Setting
Unity staff with direct patient contact will be educated on identification of ligature risks and unsafe items in the environment, response to medical emergencies (Code M), and processes for patient monitoring and elopement prevention.
Responsible Party: Unit or department leadership

Monitoring and Tracking Procedures
Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.
Responsible Party: Unit or department leadership

> A minimum of 90% of Nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Unity Director of Patient Care Services.

A minimum of 90% of Social Work and Counseling/Therapy staff will complete the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

A minimum of 90% of Safety and Security staff will complete the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Safety and Security Manager

A minimum of 90% of Folktime peer support staff will complete education on identification of ligature risk and unsafe items in the environment by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

50 charts will be audited per month for 3 months to assess compliance with hourly safety rounding documentation. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

50 Code M cart daily checks will be audited per month for 3 months to assess compliance with Code M cart daily checks. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

All safety event reports related to ligature risk or unsafe items, attempted suicide or self-harm, patient elopements or attempted elopements will be investigated, and a mitigation plan will be implemented for any ongoing risks.
Responsible Party: Unit leadership, all units

Leadership Council minutes will be reviewed by the leadership team to ensure safety concerns flow from the safety huddle and quarterly comprehensive risk assessments and are addressed appropriately.
Responsible Party: Vice President, Unity

QAPI Integration
All new or updated policies, procedures, and standards of care outlined above will be reviewed at a minimum of every three years unless otherwise specified.

The Vice President of Unity determines standing agenda items for Leadership Council, and environmental safety concerns will be added as a standing agenda item.
Responsible Party: Vice President of Unity

Education on patient care in a safe setting, including identification and mitigation of ligature risks and unsafe items; response to medical emergencies; patient monitoring; and elopement prevention will be incorporated into the orientation process for staff.
Responsible Party: Unity Director of Patient Care Services

Department education records will be reviewed annually for every staff member as part of their annual review process.
Responsible Party: Department leadership or designee

Plan of Correction A145

To ensure compliance with A145, the scope of abuse investigations will be widened to include patient on patient incidences of abuse, and safety event reports will be monitored to ensure incidences of alleged or actual cases of abuse and neglect are appropriately addressed. All actions will be implemented on or before 7/26/2018.

Procedure/Process for Implementation

Legacy's policy #900.3312 "Mandatory Reporting of Suspected Abuse or Neglect" will be updated to include information regarding abuse allegations that involve patient on patient incidents. The following will also be added to the policy: link to the abuse investigation toolkit and reference to Legacy policy #100.38 on managing grievances.
Responsible Party: Manager, Risk Management

Legacy's policy #100.76 "Patient Rights and Responsibilities" will be updated to include: "The patient has the right to be free from all forms of abuse and harassment" as required by CFR 482.13(c)(3).
Responsible Party: Chief Compliance Officer

Legacy guidelines will be developed for investigating abuse allegations and actual cases of abuse involving patient on patient harm.
Responsible Party: Manager, Risk Management

Unit leadership and staff will be reeducated on safety event reporting, including events that should be reported, harm scoring, and required investigation elements to be completed and documented.
Responsible Party: Unity Director of Patient Care Services

Monitoring and Tracking Procedures

A minimum of 90% of staff will be reeducated on safety event reporting, including events that should be reported, harm scoring, and required investigation elements to be completed and documented by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

50 applicable safety event reports will be audited per month for 3 months to ensure all elements of safety event reports are completed and allegations and cases of abuse or neglect are investigated and documented per standard process. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

QAPI Integration

Legacy's policy #100.76 will be reviewed at least every 3 years and with changes in regulatory guidelines.

Unity employees and staff receive education on inappropriate behavior and abuse upon hire.
Responsible Party: Unit/department leadership

A168 and A175

Plan of Correction A168

Procedure/Process for Implementation

Registered Nurses will be reeducated on the restraint/seclusion order requirements.
Responsible Party: Unity Director of Patient Care Services

Providers will be reeducated on the restraint/seclusion order requirements.
Responsible Party: Unity Chief Medical Officer

Monitoring and Tracking Procedures

A minimum of 90% of Registered Nurses will complete education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

A minimum of 90% of providers will complete education listed above by 7/20/18. Providers unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Chief Medical Officer

Charge RNs conduct real-time restraint/seclusion chart audits for all patients in restraint or seclusion each shift.
Responsible Party: Charge RNs, all units

50 charts will be audited per month for 3 months to assess compliance with restraint/seclusion requirements. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

QAPI Integration

Legacy's policy #900.5274 "Restraint and Seclusion for Patient Safety" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Restraint/seclusion requirements are included in staff orientation and annual education.

Plan of Correction A175

Procedure/Process for Implementation

Staff who apply and/or monitor restraints and seclusion will be reeducated on the restraint/seclusion policy and standard of care, which include requirements around implementation, assessment, monitoring, and documentation of restraint/seclusion.
Responsible Party: Unity Director of Patient Care Services

Monitoring and Tracking Procedures

A minimum of 90% of nursing staff will complete education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

Charge RNs conduct real-time restraint/seclusion chart audits for all patients in restraint or seclusion each shift.
Responsible Party: Charge RNs, all units

50 charts will be audited per month for 3 months to assess compliance with restraint/seclusion requirements. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

QAPI Integration

Legacy's policy #900.5274 "Restraint and Seclusion for Patient Safety" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Legacy's standard of care 900.1012 "Use of Restraint and Seclusion" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Restraint/seclusion requirements are included in staff orientation and annual education.

Plan of Correction A196

Procedure/Process for Implementation

Unity orientation and annual education on restraint/seclusion will be reviewed and revised to include types of restraints, how to use them and first aid techniques related to restraint/seclusion.
<u>Responsible Party:</u> Clinical Nurse Specialist

Unity restraint competency checklist will be revised to reflect training and demonstrated competency in the use of all types of restraints used in the hospital.
<u>Responsible Party:</u> Clinical Nurse Specialist

Monitoring and Tracking Procedures

Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.
<u>Responsible Party:</u> Unit and department leadership

> A minimum of 90% of Nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> <u>Responsible Party:</u> Unity Director of Patient Care Services

> A minimum of 90% of Safety and Security Officers will completed the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> <u>Responsible Party:</u> Safety and Security Manager

QAPI Integration

Legacy's policy #900.5274 "Restraint and Seclusion for Patient Safety" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Unity orientation and annual education content on restraints/seclusion will be reviewed and revised if indicated annually to ensure training captures all restraint types used at the facility and stays up-to-date.
<u>Responsible Party:</u> Clinical Nurse Specialist

Department education records will be reviewed annually for every staff member as part of their annual review process.
<u>Responsible Party:</u> Department leadership or designee

Plan of Correction A202 and A206

Procedure/Process for Implementation

Unity orientation and annual education on restraint/seclusion will be reviewed and revised to include types of restraints, how to use them and first aid techniques related to restraint/seclusion.
<u>Responsible Party:</u> Clinical Nurse Specialist

Unity restraint competency checklist will be revised to reflect training and demonstrated competency in the use of all types of restraints used in the hospital.
<u>Responsible Party:</u> Clinical Nurse Specialist

Monitoring and Tracking Procedures

Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.

Responsible Party: Unit and department leadership

A minimum of 90% of Nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.

Responsible Party: Unity Director of Patient Care Services

A minimum of 90% of Safety and Security Officers will completed the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.

Responsible Party: Safety and Security Manager

QAPI Integration

Legacy's policy #900.5274 "Restraint and Seclusion for Patient Safety" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Unity orientation and annual education content on restraints/seclusion will be reviewed and revised if indicated annually to ensure training captures all restraint types used at the facility and stays up-to-date.

Responsible Party: Clinical Nurse Specialist

Department education records will be reviewed annually for every staff member as part of their annual review process.

Responsible Party: Department leadership or designee

A117 and A123

Plan of Correction A117

Procedure/Process for Implementation

Information on Patient Rights (Findings 1-2)

Legacy's policy #100.76 "Patient Rights and Responsibilities" will be updated to include: "The patient has the right to be free from all forms of abuse and harassment" as required by CFR 482.13(c)(3).

Responsible Party: Chief Compliance Officer

Legacy's patient rights brochure will be updated to include "The patient has the right to be free from all forms of abuse and harassment"

Responsible Party: Chief Compliance Officer

Important Message from Medicare (Findings 3-7)

Legacy policy #100.64 "Utilization Management Plan" will be updated to include the Patient Access department's role in providing the admission IMM and the Care Management department's role in providing the discharge IMM.

Responsible Party: Director of Care Management

Unity Utilization Management staff, Social Work staff, and Care Coordination Specialists will be educated on the Legacy Care Management guideline "Delivery of the Important Message from Medicare". This guideline provides detailed instructions on how to deliver the IMM form per Medicare requirements. It also provides instructions for accessing the most up-to-date form.

Responsible Party: Director of Unity Services

Patient Access staff will be reeducated on the process for providing IMM forms to Medicare beneficiaries upon admission.

Responsible Party: Unity Patient Access Manager

Monitoring and Tracking Procedures

A minimum of 90% of Utilization Management staff, Social Work staff, and Care Coordinator Specialists will complete the IMM form education by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

A minimum of 90% of Patient Access staff will complete the IMM form education by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Patient Access Manager

50 Medicare beneficiary charts will be audited per month for 3 months to ensure IMM forms are provided to patients and completed. The target for compliance is 90%. If 90% compliance is not achieved, the Director of Unity Services will conduct an analysis to assess areas of non-compliance. Director of Unity Services or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Director of Unity Services or designee

QAPI Integration

The Care Management department runs a weekly report auditing IMM form compliance. The Director of Unity Services receives this report each week. If there are gaps, involved staff will identify and address gaps and root causes.
Responsible Party: Director of Unity Services

Legacy's policy #100.76 will be reviewed at least every three years and with changes in regulatory guidelines.

Legacy's policy #100.64 will be reviewed at least every three years and with changes in regulatory guidelines.

Plan of Correction A123
Procedure/Process for Implementation

Legacy's policy #100.38 "Managing Patient's Complaints and Grievances" will be reviewed and revised as appropriate to include a grievance definition and what constitutes a grievance verbatim from CFR 482.13 interpretive guidelines.
Responsible Party: Manager, Risk Management

Legacy's policy #100.20 "Management of Patient Belongings" will be updated to include the process for managing lost patient belongings and refer to Legacy policy #100.38 on grievances for managing cases where the lost belonging issue cannot be resolved prior to discharge.
Responsible Party: Chief Compliance Officer

Legacy's policy #900.3312 "Mandatory Reporting of Suspected Abuse or Neglect" will be updated to include information regarding abuse allegations that involve patient on patient incidents. The following will also be added to the policy: link to the abuse investigation toolkit and reference to Legacy policy #100.38 on managing grievances.
Responsible Party: Manager, Risk Management

Legacy's policy #100.76 "Patient Rights and Responsibilities" will be updated to include: "The patient has the right to be free from all forms of abuse and harassment" as required by CFR 482.13(c)(3).
Responsible Party: Chief Compliance Officer

Risk Management will review current processes and identify any gaps in system for responding to patient on patient abuse allegations.
Responsible Party: Manager, Risk Management

Legacy guidelines will be developed for investigating abuse allegations and actual cases of abuse involving patient on patient harm.
Responsible Party: Manager, Risk Management

Unit leadership and staff will be reeducated on safety event reporting, including events that should be reported, harm scoring, and required investigation elements to be completed and documented.
Responsible Party: Unity Director of Patient Care Services

Risk Management staff will be reeducated on the process for responding to allegations and cases of abuse.
Responsible Party: Manager, Risk Management

Risk Management and Patient Relations staff will be reeducated on required elements of the written grievance notice.
Responsible Party: Manager, Risk Management

Patient Relations will treat patient belongings as grievances.
Responsible Party: Unity Patient Relations Specialist

Staff with direct patient contact will be educated on Legacy's grievance policy and process for escalating patient concerns received verbally or in writing.
Responsible Party: Manager, Risk Management

Monitoring and Tracking Procedures

A minimum of 90% of Risk Management staff will be reeducated on responding to allegations and cases of abuse by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Manager, Risk Management

Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.
Responsible Party: Unit or department leadership

> A minimum of 90% of Patient Relations staff will be reeducated on grievance written response elements and treating lost patient belongings as grievances by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Manager, Risk Management

> A minimum of 90% of Folktime peer support staff will be educated on Legacy's grievance policy and process for escalating patient concerns by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Director of Unity Services

> A minimum of 90% of Nursing staff will be educated on Legacy's grievance policy and process for escalating patient concerns by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Unity Director of Patient Care Services

> A minimum of 90% of Safety and Security staff will be educated on Legacy's grievance policy and process for escalating patient concerns by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Safety and Security Manager

30 grievance case files will be audited per month for 3 months to ensure compliance with grievance response and documentation requirements. The target for compliance is 90%. If 90% compliance is not achieved, the Manager of Risk Management will conduct an analysis to assess areas of non-compliance. Manager of Risk Management will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Manager, Risk Management

100% of abuse cases will be audited for three months to ensure compliance with grievance response and documentation requirements. The target for compliance is 90%. If 90% compliance is not achieved, the Manager of Risk Management will conduct an analysis to assess areas of non-compliance. Manager of Risk Management will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Manager, Risk Management

A minimum of 90% of staff will be reeducated on safety event reporting, including events that should be reported, harm scoring, and required investigation elements to be completed and documented by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

50 applicable safety event reports will be audited per month for 3 months to ensure all elements of safety event reports are completed and allegations and cases of abuse or neglect are investigated and documented per standard process. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

QAPI Integration
Education on Legacy's complaints and grievances policy and process will be incorporated into Unity staff orientation.
Responsible Party: Manager, Risk Management

A standard work confirmation process will be implemented to ensure grievance responses include all required elements.
Responsible Party: Manager, Risk Management

Legacy's policy #100.38 will be reviewed at least every three years and with changes in regulatory guidelines.

Legacy's policy #100.76 will be reviewed at least every 3 years and with changes in regulatory guidelines.

Unity employees and staff receive education on inappropriate behavior and abuse upon hire.
Responsible Party: Unit/department leadership

A385

Procedure/Process for Implementation

Medical Emergency Response
Unity policy #902.300 "Medical Emergency Response" was revised on 5/20/18 to standardize the process and ensure consistency across the facility. This included developing more defined roles during a Code M for both staff and providers as well as standardizing medical supplies brought to Code M's through implementation of an emergency cart on each unit.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #300.05 "Emergency Codes Policy" will be updated to state that codes unique to a site will be addressed in a unique, site-specific policy.
Responsible Party: Environment of Care Manager

A Code M cart daily checklist was developed and implemented on 5/21/18 to ensure required supplies such as suction device, O2 tubing, Ambu bags, masks, protective personal equipment, manual blood pressure, and stethoscope are in the cart and not expired. The checklist also requires staff to check that all blood glucose supplies are available, labeled appropriately, and not expired.
Responsible Party: Unity Director of Patient Care Services

A flowsheet for documenting response to patient medical emergencies (Code M) was implemented in the electronic health record on 6/14/18.
Responsible Party: Unity Director of Patient Care Services in consultation with Informatics

Patient Monitoring
Legacy standards of care #902.1000 and #902.7002 were updated on 5/20/18 to outline the new patient safety rounding process: Staff are required to conduct, at a minimum, hourly in-person checks. Between 2300-0700, staff are required to monitor location and status of patient every 30 minutes. The checks now include visualization of patient breathing (rise of the chest) and documentation of patient status.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #902.3200 "Safe Transportation of Patients and Prevention of Elopement" was developed on 5/20/18 to require a minimum of one staff member to accompany patients through the facility.
Responsible Party: Unity Director of Patient Care Services

Unity guidelines "RN Station Guideline" and "Patient Supervision Requirements by Room" will be updated to require open nurse's stations to be supervised by staff at all times and include more concise language around supervision in rooms.
Responsible Party: Unity Director of Patient Care Services

Unity guideline for close supervision will be updated to add clarity to the definitions for patient behavior that requires increased observation versus behavior for which increased observation may be considered.
Responsible Party: Unity Director of Patient Care Services

Unity Nursing staff with direct patient contact will be educated on identification of ligature risks and unsafe items in the environment, response to medical emergencies (Code M), and processes for patient monitoring and elopement prevention.
Responsible Party: Unit or department leadership

RN Supervision of Nursing Care
The standards of care for Unity will be revised to include criteria for conducting nursing assessments and taking patient vital signs. This will include daily head-to-toe physical assessments, which includes criteria for conducting skin checks.
Responsible Party: Unity Director of Patient Care Services

A new process for rehab orders was implemented on 6/4/18. Orders for the rehab department (including Physical Therapy, Occupational Therapy, and Speech-Language Pathology) are now routed directly to the department through the electronic health record. The timeframe expectations for implementing the orders will match the expectations for medical units within the organization.
Responsible Party: Unity Director of Patient Care Services in consultation with Counseling and Therapy Supervisor

Nursing staff will be educated on assessment and care of wounds and required documentation.
Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on patient assessment content, documentation expectations and frequency.
Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on patient supervision and monitoring, including when patients are engaging in high-risk activities.
Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on documentation and practice expectations as they relate to following provider orders.
Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on development and documentation of nursing care plans to ensure they are reviewed and updated to reflect patient care needs.
Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on the restraint/seclusion policy, which include criteria for restraint application and restraint/seclusion order requirements.
Responsible Party: Unity Director of Patient Care Services

Monitoring and Tracking Procedures

A minimum of 90% of registered nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

Unit leadership or delegate will audit 50 charts per month for 3 months to assess nursing compliance with following provider orders. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

Unit leadership or delegate will audit 50 charts per month for 3 months to assess compliance with nursing assessment requirements, including skin assessments. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

Unit leadership or delegate will audit 50 charts per month for 3 months to ensure automated process for rehab services is effective and consults are done in a timely manner. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

Unit leadership or delegate will audit 50 charts per month for 3 months to ensure compliance with nursing care plan assessments. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

QAPI Integration

Registered Nurses receive training on wound care, restraint/seclusion, assessment content, documentation expectations and frequency, patient supervision and monitoring, including when patients are engaging in high-risks activities as part of their onboarding process.
Responsible Party: Unity Director of Patient Care Services

Rehab orders for Unity have been integrated into the daily workflow for the rehab department through implementation of the new automated process.

Procedure/Process for Implementation

Guidelines will be developed to help guide staff and providers on knowing when to implement "cheeking" precautions. Precautions will be implemented based on patient history and clinician judgement and communicated via nursing communication orders.

Responsible Party: Unity Director of Patient Care Services

Registered nurses will be reeducated on policies and procedures related to medication order, specifically what constitutes a complete order and following the order. They will also be reeducation on medication administration practices.

Responsible Party: Unity Director of Patient Care Services

Providers will be reeducated on policies and procedures related to medication ordering, specifically what constitutes a complete medication order.

Responsible Party: Unity Chief Medical Officer

Monitoring and Tracking Procedures

A minimum of 90% of registered nursing staff will complete education on medication orders and administration by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.

Responsible Party: Unity Director of Patient Care Services

A minimum of 90% of providers will complete the education listed above by 7/20/18. Providers unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.

Responsible Party: Unity Chief Medical Officer

Unit leadership or delegate will audit 50 charts per month for 3 months to assess nursing staff compliance with medication orders. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.

Responsible Party: Unit leadership or designee

50 charts will be audited per month for 3 months to assess provider compliance with entering complete medication orders. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.

Responsible Party: Unity Chief Medical Officer

Safety event reports related to patients "cheeking" medications will be investigated. This will include electronic health record review to determine whether the patient has a history of this behavior and whether "cheeking" precautions were implemented for the patient.

Responsible Party: Unit/department leadership

QAPI Integration

Legacy policy #900.3102 "Medications: Administration" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Legacy policy #900.3233 "Medications: Orders" will be reviewed at least every 3 years and with changes in regulatory guidelines.

A700

Procedure/Process for Implementation

Physical and Structural Hazards

The following actions were taken prior to the end of the survey on 5/21/18: gaps in hand/grab bars in patient bathrooms were caulked, safety suite door closures were removed, plastic utensil dispensers were removed from dining areas on the inpatient units. Caulking of the ligature points at the top of the hinges on patient bathrooms doors was completed on 6/4/18.

Responsible Party: Facilities Manager

All patient care areas will be assessed for blind spots when visualized via camera. Identified camera blind spots will be addressed by moving or adjusting the cameras and adding additional cameras where needed. For blind spots that cannot be mitigated, if a patient makes intentional use of blind spots, preventing staff from proper monitoring per policy, the provider or charge nurse will be notified and the need for constant observation will be discussed and implemented as needed.

Responsible Party: Safety and Security Manager in consultation with Facilities Manager; Unity Director of Patient Care Services

The process for Facilities staff to complete work orders on patient care units currently includes checking in with the Charge RN prior to beginning the work and checking out with the Charge RN prior to leaving. The process will be updated to include determining whether the work completed poses a patient safety risk and implementing a mitigation plan as needed. This information will be documented in the work order.

Responsible Party: Facilities Manager in consultation with Unity Director of Patient Care Services

Facilities and nursing staff will be educated on the new process for work order completion.

Responsible Party: Facilities Manager in consultation with Unity Director of Patient Care Services

To mitigate the risk associated with seclusion room rings, patients observed using the physical environment to inflict self-harm will be continuously observed while in seclusion.

Responsible Party: Unity Director of Patient Care Services

Identification and Mitigation of Ligature Risks and Unsafe Items

Legacy policy #300.06 "Security Management Plan" will be updated to include an addendum outlining the process for conducting environmental risk assessments on behavioral health units to identify potential ligature risks and unsafe items that a patient could use to harm themselves or others.

Responsible Party: Unity Director of Patient Care Services in consultation with the Environment of Care Manager

Legacy's Hazard Surveillance Rounds and Analyses will be updated to include ligature risks and unsafe items. These rounds are conducted quarterly.

Responsible Party: Environment of Care Manager

Environmental safety rounds to identify potential ligature risks and unsafe items began on 5/20/18 in accordance with revised policy #902.3107. These rounds will be made twice a day on the units.

Responsible Party: Unity Director of Patient Care Services

Environmental safety concerns and events pertaining to ligature risks and/or other unsafe items in the environment will be added as a standing agenda item to and reported out at the leadership safety huddle.

Responsible Party: Unity Director of Patient Care Services

A comprehensive environmental risk assessment to identify ligature risks and unsafe items will be completed and reviewed on a quarterly basis by unit leadership or designee.

Responsible Party: Unity Director of Patient Care Services

High risk issues identified during the leadership safety huddle and the quarterly environmental risk assessment will be reported up to the Unity Leadership Council for review and mitigation plan development.
Responsible Party: Vice President of Unity

Documentation of patient safety with potentially unsafe items will be entered daily into the electronic health record.
Responsible Party: Unity Director of Patient Care Services in consultation with Informatics

Elopement Prevention and Patient Monitoring

Legacy standards of care #902.1000 and #902.7002 were updated on 5/20/18 to outline the new patient safety rounding process: Staff are required to conduct, at a minimum, hourly in-person checks. Between 2300-0700, staff are required to monitor location and status of patient every 30 minutes. The checks now include visualization of patient breathing (rise of the chest) and documentation of patient status.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #902.3200 "Safe Transportation of Patients and Prevention of Elopement" was developed on 5/20/18 to require a minimum of one staff member to accompany patients through the facility.
Responsible Party: Unity Director of Patient Care Services

Legacy guideline #902.5111 "Counseling and Therapy Therapeutic Group Guideline" was revised on 5/20/18 to require a minimum of two staff members to accompany patients to the outdoor garden. For garden visits, there will be patient counts at defined points during the walk to and from the garden.
Responsible Party: Counseling and Therapy Supervisor

Legacy policy #300.02 "Access Control to Sensitive Areas" will be updated to include Unity.
Responsible Party: Safety and Security Manager

Unity guidelines "RN Station Guideline" and "Patient Supervision Requirements by Room" will be updated to require open nurse's stations to be supervised by staff at all times and include more concise language around supervision in rooms.
Responsible Party: Unity Director of Patient Care Services

Unity guideline for close supervision will be updated to add clarity to the definitions for patient behavior that requires increased observation versus behavior for which increased observation may be considered.

Staff Education: Care in a Safe Setting

Unity staff with direct patient contact will be educated on identification of ligature risks and unsafe items in the environment.
Responsible Party: Unit or department leadership

Monitoring and Tracking Procedures

Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.
Responsible Party: Unit or department leadership

> A minimum of 90% of Nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Unity Director of Patient Care Services.

> A minimum of 90% of Social Work and Counseling/Therapy staff will complete the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
> Responsible Party: Director of Unity Services

A minimum of 90% of Safety and Security staff will complete the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Safety and Security Manager

A minimum of 90% of Folktime peer support staff will complete education on identification of ligature risk and unsafe items in the environment by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

50 charts will be audited per month for 3 months to assess compliance with hourly safety rounding documentation. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

All safety event reports related to ligature risk or unsafe items, attempted suicide or self-harm, patient elopements or attempted elopements will be investigated, and a mitigation plan will be implemented for any ongoing risks.
Responsible Party: Unit leadership, all units

Leadership Council minutes will be reviewed by the leadership team to ensure safety concerns flow from the safety huddle and quarterly comprehensive risk assessments and are addressed appropriately.
Responsible Party: Vice President, Unity

QAPI Integration
All new or updated policies, procedures, and standards of care outlined above will be reviewed at a minimum of every three years unless otherwise specified.

The Vice President of Unity determines standing agenda items for Leadership Council, and environmental safety concerns will be added as a standing agenda item.
Responsible Party: Vice President of Unity

Education on patient care in a safe setting, including identification and mitigation of ligature risks and unsafe items; response to medical emergencies; patient monitoring; and elopement prevention will be incorporated into the orientation process for staff.
Responsible Party: Unity Director of Patient Care Services

Department education records will be reviewed annually for every staff member as part of their annual review process.
Responsible Party: Department leadership or designee

A385 Condition | Nursing Services | Includes A395, A405

Plan of Correction

To ensure compliance with A385, policies/procedures and processes will be reviewed to ensure nursing services are provided in a safe and appropriate manner. All actions will be implemented on or before 7/26/2018.

Plan of Correction A395

Procedure/Process for Implementation

Medical Emergency Response

Unity policy #902.300 "Medical Emergency Response" was revised on 5/20/18 to standardize the process and ensure consistency across the facility. This included developing more defined roles during a Code M for both staff and providers as well as standardizing medical supplies brought to Code M's through implementation of an emergency cart on each unit.

Responsible Party: Unity Director of Patient Care Services

Legacy policy #300.05 "Emergency Codes Policy" will be updated to state that codes unique to a site will be addressed in a unique, site-specific policy.

Responsible Party: Environment of Care Manager

A Code M cart daily checklist was developed and implemented on 5/21/18 to ensure required supplies such as suction device, O2 tubing, Ambu bags, masks, protective personal equipment, manual blood pressure, and stethoscope are in the cart and not expired. The checklist also requires staff to check that all blood glucose supplies are available, labeled appropriately, and not expired.

Responsible Party: Unity Director of Patient Care Services

A flowsheet for documenting response to patient medical emergencies (Code M) was implemented in the electronic health record on 6/14/18.

Responsible Party: Unity Director of Patient Care Services in consultation with Informatics

Patient Monitoring

Legacy standards of care #902.1000 and #902.7002 were updated on 5/20/18 to outline the new patient safety rounding process: Staff are required to conduct, at a minimum, hourly in-person checks. Between 2300-0700, staff are required to monitor location and status of patient every 30 minutes. The checks now include visualization of patient breathing (rise of the chest) and documentation of patient status.

Responsible Party: Unity Director of Patient Care Services

Legacy policy #902.3200 "Safe Transportation of Patients and Prevention of Elopement" was developed on 5/20/18 to require a minimum of one staff member to accompany patients through the facility.

Responsible Party: Unity Director of Patient Care Services

Unity guidelines "RN Station Guideline" and "Patient Supervision Requirements by Room" will be updated to require open nurse's stations to be supervised by staff at all times and include more concise language around supervision in rooms.

Responsible Party: Unity Director of Patient Care Services

Unity guideline for close supervision will be updated to add clarity to the definitions for patient behavior that requires increased observation versus behavior for which increased observation may be considered.

Responsible Party: Unity Director of Patient Care Services

Unity Nursing staff with direct patient contact will be educated on identification of ligature risks and unsafe items in the environment, response to medical emergencies (Code M), and processes for patient monitoring and elopement prevention.

Responsible Party: Unit or department leadership

RN Supervision of Nursing Care

The standards of care for Unity will be revised to include criteria for conducting nursing assessments and taking patient vital signs. This will include daily head-to-toe physical assessments, which includes criteria for conducting skin checks.

Responsible Party: Unity Director of Patient Care Services

A new process for rehab orders was implemented on 6/4/18. Orders for the rehab department (including Physical Therapy, Occupational Therapy, and Speech-Language Pathology) are now routed directly to the department through the electronic health record. The timeframe expectations for implementing the orders will match the expectations for medical units within the organization.

Responsible Party: Unity Director of Patient Care Services in consultation with Counseling and Therapy Supervisor

Nursing staff will be educated on assessment and care of wounds and required documentation.

Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on patient assessment content, documentation expectations and frequency.

Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on patient supervision and monitoring, including when patients are engaging in high-risk activities.

Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on documentation and practice expectations as they relate to following provider orders.

Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on development and documentation of nursing care plans to ensure they are reviewed and updated to reflect patient care needs.

Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on the restraint/seclusion policy, which include criteria for restraint application and restraint/seclusion order requirements.

Responsible Party: Unity Director of Patient Care Services

Monitoring and Tracking Procedures

A minimum of 90% of registered nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.

Responsible Party: Unity Director of Patient Care Services

Unit leadership or delegate will audit 50 charts per month for 3 months to assess nursing compliance with following provider orders. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.

Responsible Party: Unity Director of Patient Care Services

Unit leadership or delegate will audit 50 charts per month for 3 months to assess compliance with nursing assessment requirements, including skin assessments. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps

and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

Unit leadership or delegate will audit 50 charts per month for 3 months to ensure automated process for rehab services is effective and consults are done in a timely manner. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

Unit leadership or delegate will audit 50 charts per month for 3 months to ensure compliance with nursing care plan assessments. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

QAPI Integration
Registered Nurses receive training on wound care, restraint/seclusion, assessment content, documentation expectations and frequency, patient supervision and monitoring, including when patients are engaging in high-risks activities as part of their onboarding process.
Responsible Party: Unity Director of Patient Care Services

Rehab orders for Unity have been integrated into the daily workflow for the rehab department through implementation of the new automated process.

Plan of Correction A405

Procedure/Process for Implementation
Guidelines will be developed to help guide staff and providers on knowing when to implement "cheeking" precautions. Precautions will be implemented based on patient history and clinician judgement and communicated via nursing communication orders.
Responsible Party: Unity Director of Patient Care Services

Registered nurses will be reeducated on policies and procedures related to medication order, specifically what constitutes a complete order and following the order. They will also be reeducation on medication administration practices.
Responsible Party: Unity Director of Patient Care Services

Providers will be reeducated on policies and procedures related to medication ordering, specifically what constitutes a complete medication order.
Responsible Party: Unity Chief Medical Officer

Monitoring and Tracking Procedures
A minimum of 90% of registered nursing staff will complete education on medication orders and administration by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

A minimum of 90% of providers will complete the education listed above by 7/20/18. Providers unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Chief Medical Officer

Unit leadership or delegate will audit 50 charts per month for 3 months to assess nursing staff compliance with medication orders. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee

50 charts will be audited per month for 3 months to assess provider compliance with entering complete medication orders. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Chief Medical Officer

Safety event reports related to patients "cheeking" medications will be investigated. This will include electronic health record review to determine whether the patient has a history of this behavior and whether "cheeking" precautions were implemented for the patient.
Responsible Party: Unit/department leadership

QAPI Integration
Legacy policy #900.3102 "Medications: Administration" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Legacy policy #900.3233 "Medications: Orders" will be reviewed at least every 3 years and with changes in regulatory guidelines.

A395 Standard | RN Supervision of Nursing Care | Includes A115

Plan of Correction

To ensure compliance with A395 and findings identified in A115 and expectations for nursing supervision of care, nursing staff will be reeducated on care, monitoring, and assessment requirements. All actions will be implemented on or before 7/26/2018.

Procedure/Process for Implementation

Medical Emergency Response

Unity policy #902.300 "Medical Emergency Response" was revised on 5/20/18 to standardize the process and ensure consistency across the facility. This included developing more defined roles during a Code M for both staff and providers as well as standardizing medical supplies brought to Code M's through implementation of an emergency cart on each unit.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #300.05 "Emergency Codes Policy" will be updated to state that codes unique to a site will be addressed in a unique, site-specific policy.
Responsible Party: Environment of Care Manager

A Code M cart daily checklist was developed and implemented on 5/21/18 to ensure required supplies such as suction device, O2 tubing, Ambu bags, masks, protective personal equipment, manual blood pressure, and stethoscope are in the cart and not expired. The checklist also requires staff to check that all blood glucose supplies are available, labeled appropriately, and not expired.
Responsible Party: Unity Director of Patient Care Services

A flowsheet for documenting response to patient medical emergencies (Code M) was implemented in the electronic health record on 6/14/18.
Responsible Party: Unity Director of Patient Care Services in consultation with Informatics

Patient Monitoring

Legacy standards of care #902.1000 and #902.7002 were updated on 5/20/18 to outline the new patient safety rounding process: Staff are required to conduct, at a minimum, hourly in-person checks. Between 2300-0700, staff are required to monitor location and status of patient every 30 minutes. The checks now include visualization of patient breathing (rise of the chest) and documentation of patient status.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #902.3200 "Safe Transportation of Patients and Prevention of Elopement" was developed on 5/20/18 to require a minimum of one staff member to accompany patients through the facility.
Responsible Party: Unity Director of Patient Care Services

Unity guidelines "RN Station Guideline" and "Patient Supervision Requirements by Room" will be updated to require open nurse's stations to be supervised by staff at all times and include more concise language around supervision in rooms.
Responsible Party: Unity Director of Patient Care Services

Unity guideline for close supervision will be updated to add clarity to the definitions for patient behavior that requires increased observation versus behavior for which increased observation may be considered.
Responsible Party: Unity Director of Patient Care Services

Unity Nursing staff with direct patient contact will be educated on identification of ligature risks and unsafe items in the environment, response to medical emergencies (Code M), and processes for patient monitoring and elopement prevention.
Responsible Party: Unit or department leadership

RN Supervision of Nursing Care

The standards of care for Unity will be revised to include criteria for conducting nursing assessments and taking patient vital signs. This will include daily head-to-toe physical assessments, which includes criteria for conducting skin checks.
Responsible Party: Unity Director of Patient Care Services

A new process for rehab orders was implemented on 6/4/18. Orders for the rehab department (including Physical Therapy, Occupational Therapy, and Speech-Language Pathology) are now routed directly to the department through the electronic health record. The timeframe expectations for implementing the orders will match the expectations for medical units within the organization.
Responsible Party: Unity Director of Patient Care Services in consultation with Counseling and Therapy Supervisor

Nursing staff will be educated on assessment and care of wounds and required documentation.
Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on patient assessment content, documentation expectations and frequency.
Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on patient supervision and monitoring, including when patients are engaging in high-risk activities.
Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on documentation and practice expectations as they relate to following provider orders.
Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on development and documentation of nursing care plans to ensure they are reviewed and updated to reflect patient care needs.
Responsible Party: Unity Director of Patient Care Services

Nursing staff will be reeducated on the restraint/seclusion policy, which include criteria for restraint application and restraint/seclusion order requirements.
Responsible Party: Unity Director of Patient Care Services

Monitoring and Tracking Procedures

A minimum of 90% of registered nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

Unit leadership or delegate will audit 50 charts per month for 3 months to assess nursing compliance with following provider orders. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

Unit leadership or delegate will audit 50 charts per month for 3 months to assess compliance with nursing assessment requirements, including skin assessments. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps

and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

Unit leadership or delegate will audit 50 charts per month for 3 months to ensure automated process for rehab services is effective and consults are done in a timely manner. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

Unit leadership or delegate will audit 50 charts per month for 3 months to ensure compliance with nursing care plan assessments. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Director of Patient Care Services

QAPI Integration
Registered Nurses receive training on wound care, restraint/seclusion, assessment content, documentation expectations and frequency, patient supervision and monitoring, including when patients are engaging in high-risks activities as part of their onboarding process.
Responsible Party: Unity Director of Patient Care Services

Rehab orders for Unity have been integrated into the daily workflow for the rehab department through implementation of the new automated process.

A405 Standard | Administration of Drugs

Plan of Correction
All actions will be implemented on or before 7/26/2018.

Procedure/Process for Implementation
Guidelines will be developed to help guide staff and providers on knowing when to implement "cheeking" precautions. Precautions will be implemented based on patient history and clinician judgement and communicated via nursing communication orders.
Responsible Party: Unity Director of Patient Care Services

Registered nurses will be reeducated on policies and procedures related to medication order, specifically what constitutes a complete order and following the order. They will also be reeducation on medication administration practices.
Responsible Party: Unity Director of Patient Care Services

Providers will be reeducated on policies and procedures related to medication ordering, specifically what constitutes a complete medication order.
Responsible Party: Unity Chief Medical Officer

Monitoring and Tracking Procedures
A minimum of 90% of registered nursing staff will complete education on medication orders and administration by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services

A minimum of 90% of providers will complete the education listed above by 7/20/18. Providers unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Chief Medical Officer

Unit leadership or delegate will audit 50 charts per month for 3 months to assess nursing staff compliance with medication orders. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee

50 charts will be audited per month for 3 months to assess provider compliance with entering complete medication orders. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unity leadership or delegate will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unity Chief Medical Officer

Safety event reports related to patients "cheeking" medications will be investigated. This will include electronic health record review to determine whether the patient has a history of this behavior and whether "cheeking" precautions were implemented for the patient.
Responsible Party: Unit/department leadership

QAPI Integration

Legacy policy #900.3102 "Medications: Administration" will be reviewed at least every 3 years and with changes in regulatory guidelines.

Legacy policy #900.3233 "Medications: Orders" will be reviewed at least every 3 years and with changes in regulatory guidelines.

A700 Condition | Physical Environment | Includes A701

Plan of Correction

To ensure compliance with A700, processes will be review and implemented for monitoring the physical hazards in the environment and monitoring patients in the environment of care. All actions will be implemented on or before 7/26/2018.

Procedure/Process for Implementation

Physical and Structural Hazards

The following actions were taken prior to the end of the survey on 5/21/18: gaps in hand/grab bars in patient bathrooms were caulked, safety suite door closures were removed, plastic utensil dispensers were removed from dining areas on the inpatient units. Caulking of the ligature points at the top of the hinges on patient bathrooms doors was completed on 6/4/18.
Responsible Party: Facilities Manager

All patient care areas will be assessed for blind spots when visualized via camera. Identified camera blind spots will be addressed by moving or adjusting the cameras and adding additional cameras where needed. For blind spots that cannot be mitigated, if a patient makes intentional use of blind spots, preventing staff from proper monitoring per policy, the provider or charge nurse will be notified and the need for constant observation will be discussed and implemented as needed.
Responsible Party: Safety and Security Manager in consultation with Facilities Manager; Unity Director of Patient Care Services

The process for Facilities staff to complete work orders on patient care units currently includes checking in with the Charge RN prior to beginning the work and checking out with the Charge RN prior to leaving. The process will be updated to include determining whether the work completed poses a patient safety risk and implementing a mitigation plan as needed. This information will be documented in the work order.
Responsible Party: Facilities Manager in consultation with Unity Director of Patient Care Services

Facilities and nursing staff will be educated on the new process for work order completion.
Responsible Party: Facilities Manager in consultation with Unity Director of Patient Care Services

To mitigate the risk associated with seclusion room rings, patients observed using the physical environment to inflict self-harm will be continuously observed while in seclusion.
Responsible Party: Unity Director of Patient Care Services

Identification and Mitigation of Ligature Risks and Unsafe Items

Legacy policy #300.06 "Security Management Plan" will be updated to include an addendum outlining the process for conducting environmental risk assessments on behavioral health units to identify potential ligature risks and unsafe items that a patient could use to harm themselves or others.
Responsible Party: Unity Director of Patient Care Services in consultation with the Environment of Care Manager

Legacy's Hazard Surveillance Rounds and Analyses will be updated to include ligature risks and unsafe items. These rounds are conducted quarterly.
Responsible Party: Environment of Care Manager

Environmental safety rounds to identify potential ligature risks and unsafe items began on 5/20/18 in accordance with revised policy #902.3107. These rounds will be made twice a day on the units.
Responsible Party: Unity Director of Patient Care Services

Environmental safety concerns and events pertaining to ligature risks and/or other unsafe items in the environment will be added as a standing agenda item to and reported out at the leadership safety huddle.
Responsible Party: Unity Director of Patient Care Services

A comprehensive environmental risk assessment to identify ligature risks and unsafe items will be completed and reviewed on a quarterly basis by unit leadership or designee.
Responsible Party: Unity Director of Patient Care Services

High risk issues identified during the leadership safety huddle and the quarterly environmental risk assessment will be reported up to the Unity Leadership Council for review and mitigation plan development.
Responsible Party: Vice President of Unity

Documentation of patient safety with potentially unsafe items will be entered daily into the electronic health record.
Responsible Party: Unity Director of Patient Care Services in consultation with Informatics

Elopement Prevention and Patient Monitoring
Legacy standards of care #902.1000 and #902.7002 were updated on 5/20/18 to outline the new patient safety rounding process: Staff are required to conduct, at a minimum, hourly in-person checks. Between 2300-0700, staff are required to monitor location and status of patient every 30 minutes. The checks now include visualization of patient breathing (rise of the chest) and documentation of patient status.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #902.3200 "Safe Transportation of Patients and Prevention of Elopement" was developed on 5/20/18 to require a minimum of one staff member to accompany patients through the facility.
Responsible Party: Unity Director of Patient Care Services

Legacy guideline #902.5111 "Counseling and Therapy Therapeutic Group Guideline" was revised on 5/20/18 to require a minimum of two staff members to accompany patients to the outdoor garden. For garden visits, there will be patient counts at defined points during the walk to and from the garden.
Responsible Party: Counseling and Therapy Supervisor

Legacy policy #300.02 "Access Control to Sensitive Areas" will be updated to include Unity.
Responsible Party: Safety and Security Manager

Unity guidelines "RN Station Guideline" and "Patient Supervision Requirements by Room" will be updated to require open nurse's stations to be supervised by staff at all times and include more concise language around supervision in rooms.
Responsible Party: Unity Director of Patient Care Services

Unity guideline for close supervision will be updated to add clarity to the definitions for patient behavior that requires increased observation versus behavior for which increased observation may be considered.

Staff Education: Care in a Safe Setting
Unity staff with direct patient contact will be educated on identification of ligature risks and unsafe items in the environment.
Responsible Party: Unit or department leadership

Monitoring and Tracking Procedures
Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.
Responsible Party: Unit or department leadership

A minimum of 90% of Nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services.

A minimum of 90% of Social Work and Counseling/Therapy staff will complete the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

A minimum of 90% of Safety and Security staff will complete the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Safety and Security Manager

A minimum of 90% of Folktime peer support staff will complete education on identification of ligature risk and unsafe items in the environment by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

50 charts will be audited per month for 3 months to assess compliance with hourly safety rounding documentation. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

All safety event reports related to ligature risk or unsafe items, attempted suicide or self-harm, patient elopements or attempted elopements will be investigated, and a mitigation plan will be implemented for any ongoing risks.
Responsible Party: Unit leadership, all units

Leadership Council minutes will be reviewed by the leadership team to ensure safety concerns flow from the safety huddle and quarterly comprehensive risk assessments and are addressed appropriately.
Responsible Party: Vice President, Unity

QAPI Integration
All new or updated policies, procedures, and standards of care outlined above will be reviewed at a minimum of every three years unless otherwise specified.

The Vice President of Unity determines standing agenda items for Leadership Council, and environmental safety concerns will be added as a standing agenda item.
Responsible Party: Vice President of Unity

Education on patient care in a safe setting, including identification and mitigation of ligature risks and unsafe items; response to medical emergencies; patient monitoring; and elopement prevention will be incorporated into the orientation process for staff.
Responsible Party: Unity Director of Patient Care Services

Department education records will be reviewed annually for every staff member as part of their annual review process.
Responsible Party: Department leadership or designee

A701 Standard | Maintenance of Physical Plant | Includes A115

Plan of Correction

To ensure compliance with A701, processes will be review and implemented for monitoring the physical hazards in the environment and monitoring patients in the environment of care. All actions will be implemented on or before 7/26/2018.

Procedure/Process for Implementation

Physical and Structural Hazards

The following actions were taken prior to the end of the survey on 5/21/18: gaps in hand/grab bars in patient bathrooms were caulked, safety suite door closures were removed, plastic utensil dispensers were removed from dining areas on the inpatient units. Caulking of the ligature points at the top of the hinges on patient bathrooms doors was completed on 6/4/18.
Responsible Party: Facilities Manager

All patient care areas will be assessed for blind spots when visualized via camera. Identified camera blind spots will be addressed by moving or adjusting the cameras and adding additional cameras where needed. For blind spots that cannot be mitigated, if a patient makes intentional use of blind spots, preventing staff from proper monitoring per policy, the provider or charge nurse will be notified and the need for constant observation will be discussed and implemented as needed.
Responsible Party: Safety and Security Manager in consultation with Facilities Manager; Unity Director of Patient Care Services

The process for Facilities staff to complete work orders on patient care units currently includes checking in with the Charge RN prior to beginning the work and checking out with the Charge RN prior to leaving. The process will be updated to include determining whether the work completed poses a patient safety risk and implementing a mitigation plan as needed. This information will be documented in the work order.
Responsible Party: Facilities Manager in consultation with Unity Director of Patient Care Services

Facilities and nursing staff will be educated on the new process for work order completion.
Responsible Party: Facilities Manager in consultation with Unity Director of Patient Care Services

To mitigate the risk associated with seclusion room rings, patients observed using the physical environment to inflict self-harm will be continuously observed while in seclusion.
Responsible Party: Unity Director of Patient Care Services

Identification and Mitigation of Ligature Risks and Unsafe Items

Legacy policy #300.06 "Security Management Plan" will be updated to include an addendum outlining the process for conducting environmental risk assessments on behavioral health units to identify potential ligature risks and unsafe items that a patient could use to harm themselves or others.
Responsible Party: Unity Director of Patient Care Services in consultation with the Environment of Care Manager

Legacy's Hazard Surveillance Rounds and Analyses will be updated to include ligature risks and unsafe items. These rounds are conducted quarterly.
Responsible Party: Environment of Care Manager

Environmental safety rounds to identify potential ligature risks and unsafe items began on 5/20/18 in accordance with revised policy #902.3107. These rounds will be made twice a day on the units.
Responsible Party: Unity Director of Patient Care Services

Environmental safety concerns and events pertaining to ligature risks and/or other unsafe items in the environment will be added as a standing agenda item to and reported out at the leadership safety huddle.
Responsible Party: Unity Director of Patient Care Services

A comprehensive environmental risk assessment to identify ligature risks and unsafe items will be completed and reviewed on a quarterly basis by unit leadership or designee.
Responsible Party: Unity Director of Patient Care Services

High risk issues identified during the leadership safety huddle and the quarterly environmental risk assessment will be reported up to the Unity Leadership Council for review and mitigation plan development.
Responsible Party: Vice President of Unity

Documentation of patient safety with potentially unsafe items will be entered daily into the electronic health record.
Responsible Party: Unity Director of Patient Care Services in consultation with Informatics

Elopement Prevention and Patient Monitoring

Legacy standards of care #902.1000 and #902.7002 were updated on 5/20/18 to outline the new patient safety rounding process: Staff are required to conduct, at a minimum, hourly in-person checks. Between 2300-0700, staff are required to monitor location and status of patient every 30 minutes. The checks now include visualization of patient breathing (rise of the chest) and documentation of patient status.
Responsible Party: Unity Director of Patient Care Services

Legacy policy #902.3200 "Safe Transportation of Patients and Prevention of Elopement" was developed on 5/20/18 to require a minimum of one staff member to accompany patients through the facility.
Responsible Party: Unity Director of Patient Care Services

Legacy guideline #902.5111 "Counseling and Therapy Therapeutic Group Guideline" was revised on 5/20/18 to require a minimum of two staff members to accompany patients to the outdoor garden. For garden visits, there will be patient counts at defined points during the walk to and from the garden.
Responsible Party: Counseling and Therapy Supervisor

Legacy policy #300.02 "Access Control to Sensitive Areas" will be updated to include Unity.
Responsible Party: Safety and Security Manager

Unity guidelines "RN Station Guideline" and "Patient Supervision Requirements by Room" will be updated to require open nurse's stations to be supervised by staff at all times and include more concise language around supervision in rooms.
Responsible Party: Unity Director of Patient Care Services

Unity guideline for close supervision will be updated to add clarity to the definitions for patient behavior that requires increased observation versus behavior for which increased observation may be considered.

Staff Education: Care in a Safe Setting

Unity staff with direct patient contact will be educated on identification of ligature risks and unsafe items in the environment,.
Responsible Party: Unit or department leadership

Monitoring and Tracking Procedures

Each staff person's education record will be audited by 7/26/18 to ensure completion of required training, education, and competencies.
Responsible Party: Unit or department leadership

A minimum of 90% of Nursing staff will complete the education listed above by 6/30/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Unity Director of Patient Care Services.

A minimum of 90% of Social Work and Counseling/Therapy staff will complete the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

A minimum of 90% of Safety and Security staff will complete the education listed above by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Safety and Security Manager

A minimum of 90% of Folktime peer support staff will complete education on identification of ligature risk and unsafe items in the environment by 7/20/18. Staff unable to complete the education due to an approved absence will have 30 days to complete it upon returning to work.
Responsible Party: Director of Unity Services

50 charts will be audited per month for 3 months to assess compliance with hourly safety rounding documentation. The target for audit compliance is 90%. If 90% compliance is not achieved, unit leadership will conduct an analysis to assess areas of non-compliance. Unit leadership or designee will address gaps and then re-audit until 90% compliance is achieved for a period of 3 consecutive months.
Responsible Party: Unit leadership or designee, all units

All safety event reports related to ligature risk or unsafe items, attempted suicide or self-harm, patient elopements or attempted elopements will be investigated, and a mitigation plan will be implemented for any ongoing risks.
Responsible Party: Unit leadership, all units

Leadership Council minutes will be reviewed by the leadership team to ensure safety concerns flow from the safety huddle and quarterly comprehensive risk assessments and are addressed appropriately.
Responsible Party: Vice President, Unity

QAPI Integration
All new or updated policies, procedures, and standards of care outlined above will be reviewed at a minimum of every three years unless otherwise specified.

The Vice President of Unity determines standing agenda items for Leadership Council, and environmental safety concerns will be added as a standing agenda item.
Responsible Party: Vice President of Unity

Education on patient care in a safe setting, including identification and mitigation of ligature risks and unsafe items; response to medical emergencies; patient monitoring; and elopement prevention will be incorporated into the orientation process for staff.
Responsible Party: Unity Director of Patient Care Services

Department education records will be reviewed annually for every staff member as part of their annual review process.
Responsible Party: Department leadership or designee