02/03/15

PRINTED: 01/26/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(2) MULTIPLE CONSTRUCTION . BUILDING			(X3) DATE SURVEY COMPLETED	
		340132	B. WING _		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	C 01/15/2015		
	ROVIDER OR SUPPLIER	ER .	1	РО ВОХ	ADDRESS, CITY, STATE, ZIP CODE 159 RSON, NC 27536	- <b>I</b>		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (E CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS-	(X5) COMPLETION DATE	
A 000	was conducted 01/13 An Immediate Jeopai the Administrative sta an incident occurring staff failed to apply, n restrictive and excess interventions for the r the Emergency Depai Involuntary Commitm  Findings of the invest observed current pati were restrained with the nursing staff faile assessment and mor the patients during re findings revealed a 9 the ED on 12/12/201 aggressive behavior. forensic restraints (at failed to provide ongo monitoring of the con restraint or seclusion 12/12/2014 until 12/2  Interview with the hor Nursing, ED Adminis ED Medical Director view the forensic rest Enforcement Officers restrictive interventio provide ongoing asse the condition of the p policy.	site complaint investigation /2015 through 01/15/2015. rdy situation was identified to off on 01/14/2015 based on on 01/14/2015 when the nonitor and assess for least sive use of restrictive management of patients in rtment (ED) under lent (IVC) orders.  digation revealed 4 of 4 ents in the ED under IVC forensic metal restraints and d to provide ongoing hitoring of the condition of straint. Investigative year old child presenting to 4 for IVC due to agitated The child was placed in times 4 point) and the staff bing assessment and dition of child during during the ED stay from	AC	OOO Cent in the Servi	following is Maria Parham Meder's response to all deficiencie e Department of Health & Hurices/Center for Medicare & Medices survey completed January 5.	s cited nan edicaid		
		CHIDDI IED DEDDESENTATIVE'S SIGNATI ID			TITLE		(Y6) DATE	

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

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BUILDIN	NG		١,	·	
		340132	B. WING _			01/1	15/2015	
NAME OF PR	ROVIDER OR SUPPLIER	1		Sī	TREET ADDRESS, CITY, STATE, ZIP CODE	01/	10/2010	
				P	O BOX 59			
MARIA PA	RHAM MEDICAL CENT	ER		н	ENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
A 000	evidence of monitori immediate jeopardy Condition level defici Governing Body, 482 Quality Assessment 482.23 Nursing Serv Services.	plemented and lack of ng by the hospital staff, the was ongoing. dencies were cited in 482.12 2.13 Patients Rights, 482.21 Performance Improvement, dices, and 485.55 Emergency			A043 – Maria Parham Medical Center d will continue to protect and promote eac patient's rights. This is evidenced by the	h Board		
A 043	There must be an eff legally responsible for If a hospital does not governing body, the for the conduct of the	2.12 GOVERNING BODY  there must be an effective governing body that is gally responsible for the conduct of the hospital. It is a hospital does not have an organized everning body, the persons legally responsible to the conduct of the hospital must carry out the inctions specified in this part that pertain to the			3 of Trustees at Maria Parham Medical Center maintaining oversight and legal responsibility for the provision of Patient Rights, an effective Quality Assurance/Performance Improvement Program, an organized Nursing Service and the provision of Emergency Services. The following actions have been implemented in support of A043:			
	Based on hospital poduring tours, medical grievance/complaint reviews, restraint list Enforcement Officer physician interviews failed to provide overplace to ensure the patients' Rights; and Performance Improvorganized Nursing S Services to meet the maintain the facilities an acceptable level of the findings include	reviews, grievance log /log reviews, Law (LEO) interviews, staff and the hospital's leadership rsight and have systems in protection and promotion of effective Quality Assurance rement (QAPI) program; an ervice; provide Emergency patients needs; and to s, supplies, and equipment at of safety and quality.			The process for ensuring R Rights for Emergency Dep patients with psychiatric emergencies placed under involuntary commitment were viewed by the Chief Nursofficer and the Nursing Did the Emergency Department he survey January 13 – 15 by CMS. Prior to the surdeparture a preliminary active was developed and impler Monitoring: Reporting to the Gover Board, Maria Parham Medical Cent report all corrective action monitoring though the Patient Safety Clinical Committee at a minimum of 10 med year.	as sing rector of at during 5, 2015 veyors' tion plan mented.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ' ' ' ' '	PLE CONSTRUCTION  3	(X3) DATE SURVEY COMPLETED	
		340132	B. WING		C 01/15/2015	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	01/15/20	
MARIA PA	RHAM MEDICAL CENTE	R		PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS- CON	(X5) MPLETION DATE
A 043	patients' rights in the (ED) for patients with placed under Involunt ~cross refer to 482.13 Tag A0115.  2. The hospital failed ongoing, hospital-wid assessment and perfe (QAPI) program for m ~cross refer to 482.2 Performance Improve Tag A0263.  3. The hospital nursin nursing supervision of and procedure when ongoing assessment condition of patients of in the ED who were under unit (ICU) patient ~cross refer to 482.23 A0385.  4. The hospital failed needs of behavioral him with the hospital's policy condition - Tag A1100 South Tag A1100 S	Emergency Department psychiatric emergencies tary Commitment (IVC).  B Patient Rights Condition -  I to maintain an effective, e, data-driven quality ormance improvement conitoring restraint in the ED.  Quality Assessment and ement (QAPI) Condition -  In g staff failed to ensure of care per the hospital policy the staff failed to provide and monitoring of the during restraint or seclusion ander IVC and for intensive the not under IVC.  Nursing Condition - Tag  I to meet the emergency lealth patients in accordance icy and procedures.  Emergency Services	A 0-	These include the condition participations for 42 CFR 46 Governing Body, 42 CFR 47 Patient Rights, 42 CFR 48 Quality Assessment Performance Improvement, 42 CFR 482 Nursing Services, 42 CFR 484 Emergency Services  Responsible Person; Director of Quality	182.12 182.13 2.21 mance	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BUILDII	NG _			, l
		340132	B. WING _			01/15/2015	
NAME OF P	ROVIDER OR SUPPLIER		1 1	S	STREET ADDRESS, CITY, STATE, ZIP CODE		
		-	PO BOX 59				
MARIA PA	RHAM MEDICAL CENTE	:Н		H	IENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
					A115 - Maria Parham Medical Center m		
A 043	Continued From page	3	A	043	continues to meet the regulations that re		
	quality for 1 of 1 ED to	oured.			hospital to protect and promote each par rights.	ient's	
		1 Physical Environment			The hospital's staff failed to provide a		
A 115	Standard - Tag A0724 482.13 PATIENT RIG		Α	115	written notice of the beenitelle decision to	) a	
	A hospital must prote patient's rights.	ct and promote each			reviewed (#1). See Tag A0123		
	Based on hospital poobservations during to reviews, complaint/gr grievance log reviews (LEO) interviews, state the hospital failed to patients' rights in the (ED) for patients with placed under Involunt.  The findings include:  1. The hospital's state notice of the hospital' 1 of 3 patient grievan.  -cross refer to 482.13 Standard - Tag A0123	dievance form reviews, so, Law Enforcement Officer ff and physician interviews, protect and promote Emergency Department psychiatric emergencies tary Commitment (IVC).  If failed to provide a written is decision to a grievance for ces reviewed (#1).  3(a)(2)(iii) Patient Rights 3.  staff failed to ensure example environment for 4 of 4 who were observed (#14, #13, #16, #17).			The following actions have been implemented support of See Tag A115:  There is a bi-monthly review of grievances to assure all approxime lines are met for initial, 7 30 day responses to the patie is measured by review of the Log. Prior to the survey, the Risk M Chief Nursing Officer, Nursing ED and Medical Director of ED place a process whereby the Director of ED and Medical Director of ED and Medical Director of ED can access the network G Log. This allows them immed access to all grievances for tir resolution. A complete review policy was reviewed by the Gr Committee.  Monitoring: Grievance processes reported to Patient Safety Clinical Committee at a minimum of 10 meannually.  Responsible person: Risk Ma	of all opriate day and ints. This Grievance danager, Director Director Director of rievance liate nely of our rievance are Quality etings	
	~cross refer to 482.13	3(c)(2) Patient Rights			Responsible person: Risk Ma	nager.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
ANDIDATO	CONTRECTION	IDENTIFICATION NO.	A. BUILDII	NG _	100			
		340132	B. WING				C	
NAME OF D	ROVIDER OR SUPPLIER		3:		TREET ADDRESS, CITY, STATE, ZIP CODE	01/	15/2015	
NAIVIE OF FI	NOVIDER ON SUFFLIER				O BOX 59			
MARIA PA	RHAM MEDICAL CENTE	R	ľ	HENDERSON, NC 27536				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EAG CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		. (X5) COMPLETION DATE	
A 115	A 115 Continued From page 4		Α.	115	Continued from page 4			
	F3-	staff failed to ensure the	,		Grievances will be sent to all pa	tients	1/27/2015	
		ention to protect the patient			who file a grievance regardless		1/2//2015	
		or 6 of 6 patients under IVC			disposition (to include psychiatr			
		in the ED (#14, #16, #13,			facilities). Policy for grievances			
	#17, #12, #9).	( , , , , , , , , , , , , , , , , , , ,			been revised to reflect this char			
					process. Policy Complaint and			
	~cross refer to 482.13	3(e)(3) Patient Rights			Grievance Resolution for Patier	its ORG		
	Standard - Tag A0165	5.			11 (Attachment G)			
	physician's order afte	ensive Care Unit (ICU)  B(e)(5) Patient Rights			2. The hospital's ED staff failed to ensure exam rooms provided a safe environment for 4 of 4 patient's under IVC who were observed restrained in the ED (#14, #13, #16, #17). See Tag A0144 3. The hospital's ED staff failed to ensure the least restrictive intervention to protect the patient or others from harm for 6 of 6 patients	d		
	5. The hospital's ED	staff failed to ensure a			under IVC who were restrained in the ED			
	physician's restraint of	order was time limited for no ours for 1 of 1 adult patient			(#14, #16, #13,   #17, #12, #9). See Tag A0165		:	
		older and for no longer than			4. The hospital's nursing staff failed to obtain		j	
		1 child and adolescent			a physician's order after placing a patient in			
	patient 9 to 17 years		1		restraints in 1 of 1 Intensive Care Unit (ICU)			
		d for the management of			patients (#2).See Tag A0168			
	violent or self-destruc	tive behaviors.						
		sing staff failed to provide			5. The hospital's ED staff failed to ensure a physician's restraint order was time limited fo no longer than four (4) hours for 1 of 1 adult patient (#9) age 18 years or older and for no longer than two (2) hours for 1 of 1 child and adolescent patient 9 to 17 years of age (#12)			
	for 6 of 6 ED patients	during restraint or seclusion (#14, #13, #16, #17, #12, of 1 ICU patients not under			that was restrained or secluded for the management of violent or self-destructive behaviors. See Tag A0171			
	~cross refer to 482.13 Standard - Tag A0175	B(e)(10) Patient Rights 5.			Continued on page 6			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		340132	B. WING _			01/1	15/2015	
NAME OF PE	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE					
MARIA PA	RHAM MEDICAL CENTE	:R	ļ		D BOX 59			
			1	HE	ENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
	1-hour face-to-face eva a qualified physician of independent practition Registered Nurse (RN restraint for 2 of 2 pat for management of violehaviors (#12, #9).  ~cross refer to 482.13 Standard - Tag A0178 8. The hospital's ED physician or other lice practitioner (LIP) or tr face-to-face evaluation initiation of restraint elimmediate situation; to intervention; the patie condition; and the neet the restraint for 2 of 2 restrained for the mar self-destructive behave cross refer to 482.13 (a)(2)(iii) PATIE GRIEVANCE DECISIONAL At a minimum:  In its resolution of the must provide the patie decision that contains contact person, the st	staff failed to ensure a valuation was performed by or other licensed her (LIP) or trained N) after the initiation of ients restrained in the ED olent or self-destructive  B(e)(12) Patient Rights B. staff failed to ensure the ensed independent ained RN conducting the en within 1 hour after the valuated the patient's he patient's reaction to the ent's medical and behavioral ed to continue or terminate patients (#12, #9) hagement of violent or viors.  B(e)(12) Patient Rights B. ENT RIGHTS: NOTICE OF ON	A1	15	Continued from page 5  6. The hospital's nursing staff failed to prongoing assessment and monitoring of the condition of a patient during restraint or seclusion for 6 of 6 ED patients (#14, #15, #17, #12, #9) under IVC and 1 of 1 ICU patients in IVC (#2). See Tag A0175  7. The hospital's ED staff failed to ensure 1-hour face-to-face evaluation was performed by a qualified physician or other licensed independent practitioner (LIP) or trained Registered Nurse (RN) after the initiation of restraint for 2 of 2 patients restrained in the ED for management of violent or self-destructive behaviors (#12, #9).see Tag A0178  8. The hospital's ED staff failed to ensure the physician or other licensed independent practitioner (LIP) or trained RN conducting the face-to-face evaluation within 1 hour after the initiation of restraint evaluated the patient's immediate situation; the patient's reaction to the intervention; the patient's medical and behavioral condition; and the need to continue or terminate the restraint for 2 of 2 patients (#12, #9) restrained for the management of violent or self-destructive behaviors. See Tag A0179	ne 3, #16, not under re a		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	ULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN OF	CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING				
			D WING	·	1	C	
		340132	B. WING		01/	15/2015	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE			
MARIA PA	RHAM MEDICAL CENTE	R	İ	PO BOX 59			
				HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS-	(X5) COMPLETION DATE	
A 123	This STANDARD is representative we circumstance, if the grievance for approprinced a written representative witten notice of the higrievance for 1 of 3 p (#1).  The findings include:  Review of current hose Grievance Resolution a revision date of 04/ [hospital name] main addressing a patient's services rendered by reasonable and constoprovide a timely, of framework for problem recovery and informational [hospital name] and its significant others, emisting the frievance:	not met as evidenced by: licy and procedure review, ws, complaint/grievance form g review, and staff al's staff failed to provide a hospital's decision to a hatient grievances reviewed  spital policy, "Complaint and for Patients, ORG-11" with 2012 revealed, "POLICY: tains a process for s concerns regarding care of the hospital in a timely, istent mannerPURPOSE: courteous and personalized m resolution, service https://doi.org/10.1006/10.1	A 12	Continued from page 6	that otect have A123: er, Chief and a cor of ED ess the for w of our ce e time review of ion on this who sition (to for 30,		
	hospital is still workin and the that the hosp	ve must be informed that the grievance it of the grievance it of the grievance it of the grievance in 30 days of receipt of the		Monitoring: Grievance processes a reported to Patient Safety Clinical C Committee at a minimum of 10 med year. Responsible person: Risk Ma	Quality etings per		

	OF DEFICIENCIES CORRECTION	IDENTIFICATION NI IMPED:		TIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			1	_			С	
		340132	B. WING	_		01/	15/2015	
NAME OF P	ROVIDER OR SUPPLIER			,	STREET ADDRESS, CITY, STATE, ZIP CODE			
ΜΑΡΙΑ ΡΑ	RHAM MEDICAL CENTE	ER.		•	PO BOX 59			
WAITE / A	THAN MEDIOAE OCIVIE			ı	HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
A 123	Continued From page	97	A	123	3			
		d review on 01/13/2015						
		13, Patient #1, a 55-year-old						
	presented to the hosp	•						
		the custody of [city] Police						
		C (Involuntary Commitment)						
		and dangerous to self or						
		aled at 1645, the patient was						
	evaluated by the mid-	level provider. Review						
		patient received a mental						
	health evaluation. Re	eview revealed 08/23/2013						
		nember was called to the						
		(Law Enforcement Officer)						
		ad [urinated] on the floor.						
		patient "was screaming for	į.					
		ne responded when the						
		g. Review revealed on					İ	
		the patient was accepted to						
		I for treatment. Review patient was transported to						
		I by the [county name]						
	Sheriff Department.	in by the [county hame]						
	onomi Boparanom.							
	Grievance Log reviev	v on 01/13/2015 revealed on						
		1's grievance was logged.						
		nce details revealed the						
	event occurred in the	ED. Review revealed						
	Patient #1 was "chair	ned" to the bed and had to						
	"holler for hours for se	omeone to come" because						
		nate. Review revealed	1					
		n the floor because no one					ļ	
		t to the bathroom. Review						
		ntation the hospital staff sent						
	Patient #1 a written n							
	determination to the g	gnevance.						
	Interview on 01/15/20	15 at 0900 with Director of						
		ent #1 was transferred to a						
		herefore, no written notice of						
	the hospital determin	ation to the grievance was						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		340132	B. WING		i	5/2015
	ROVIDER OR SUPPLIER	ER .	1	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS-	(X5) COMPLETION DATE
A 123	sent to the patient.  Complaint/Grievance revealed on 07/21/20 grievance related to be and "screamed and he the patient had to go would help the patient result, the patient uring revealed the event of revealed no documer Patient #1 a written in determination to the gold line of the patient with the hospital determination to the patient.  482.13(c)(2) PATIEN SETTING  The patient has the risetting.  This STANDARD is resulting to the patient with the patient has the risetting.  This STANDARD is reviews, Law Enforce interviews, staff and phospital's Emergency failed to ensure examenvironment for 4 of American services.	Form review on 01/14/2015 14, Patient #1 filed a peing "chained to the bed" ollered for hours" because to the bathroom and no one t. Review revealed as a pated on the floor. Review pocurred in the ED. Review potice of the hospital staff sent otice of the hospital staff sent otice of the hospital grievance.  15 at 0900 with Director of pent #1 was transferred to a pherefore, no written notice of ation the grievance was sent TRIGHTS: CARE IN SAFE  The physician interviews, pours, medical record penent Officer (LEO) physician interviews, the propartment (ED) staff prooms provided a safe patient's under involuntary the observed restrained in the propartment in the propartment in the propartment of the propartment in the propartment of the patient's under involuntary the observed restrained in the propartment in the propart	A 123	A144 — Maria Parham Medical Center and continues to meet the regulations require a hospital to ensure the patient right to receive care in a safe setting.  The following actions have been imple in support of Tag A144:  Nursing Director of the Emerge Department revised and imple ED Policy #140 includes (Attac A) which is Behavioral Health I Safety & Environmental Check January 30, 2015 for behavioral IVC and psychiatric patients. (Attachment A).	ency mented chment Patient dist on	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	•	1	A. BOILDII	•		(	
		340132	B. WING _			01/	15/2015
	ROVIDER OR SUPPLIER  RHAM MEDICAL CENTE  SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	P	TREET ADDRESS, CITY, STATE, ZIP CODE O BOX 59 ENDERSON, NC 27536 PROVIDER'S PLAN OF CORRECTION (EAC	СН	(X5)
PREFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	S-	COMPLETION DATE
A 144	Review of current hos Patients, PC 17", review "PURPOSE: The use therapeutic intervention the patient from injuring othersPO (Hospital name) Medithe patient and prese dignity and well beingb. maintaining a clean of the patient and prese dignity and well beingb. maintaining a clean of the patient and prese dignity and well beingb. maintaining a clean of the patient and the patien	spital policy "Restraint of sed 12/2014, revealed of of restraints is a con implemented to prevent ing himself/herself or from LICY: It is the policy of ical Center to:2. Protect rive the patient's rights, goduring restraint use by: ean and safe environment"  115 at 1420 during tour of the the Charge Nurse #2 three (3) patients currently inmitment (IVC) in examind one (1) patient pending  12 g ED tour on 01/14/2015 at 117 revealed the room was the nursing station.  13 the room had a sliding tion revealed inside the room wheels; a chair in the corner; wheels; removable wall edical Air, and Suction to wall mounted suction to wall mounted otoscope and cords (each approximately mounted cardiac monitor ood pressure cuff, and pulse approximately 4-6 feet long) initor; and a wall mounted ation. Further observation ent (Patient #14) wearing ubs and sitting on the end of	A	144	Each patient will have the Behavior Health Safety and Environmental Cas a permanent part of the medicated Policy 140 (Attachment E)  Responsible Persons: Care Nurse - chewill be initiated by each care nurse for patient presenting with a behavioral hecomplaint. Each shift the ED Charge Nuthe Nursing House Supervisor will revie Behavioral Health Patient Safety and Environmental the checklist. (Attachment ED Room #7, a room ready for psy and mental health patients, will be these patients when at all possible room remains compliant with the Behavioral Health and Patient Safet Environmental Checklist. (Attachment A)  If a room other than #7 is used, the prepared using the Behavioral Health Patient Safety and Environmental (Attachment A)  Responsible Person: Nursing ED Director	ecklist ecklist every ealth urse and ew the ent A) chiatric e used for e as this ety and nent A) e room is	

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDI	NG_		COMP	LETED
						(	
		340132	B. WING _			01/	15/2015
NAME OF PE	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE	<del>1</del>	
				P	O BOX 59		
MARIA PA	RHAM MEDICAL CENTE	R	ĺ	H	IENDERSON, NC 27536		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	_	PROVIDER'S PLAN OF CORRECTION (EA	СН	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION DATE
		- :					
A 144	Continued From page	e 10	Α.	144			
		call bell device (attached to					
		eximately 4-6 foot long cord)	1				
		ad of the stretcher onto the					
	mattress within arms						
		I the patient was alert, calm,					
		servation revealed the					
	· · · · · · · · · · · · · · · · · · ·	le was chained to the					
	stretcher's frame with						
		on revealed the patient did					
	not exhibit any violen	•					i
	· · · · · · · · · · · · · · · · · · ·	ion revealed the patient was					
	in the exam room alo				Į.		
		or nursing staff. At 1433,					
		Patient #14 stood up off the					
		and pivoted around to the					
	side of the stretcher v						
		tion revealed the patient was					
		the wall mounted medical					
	equipment.						
	On						
	'	review on 01/14/2015					
	revealed Patient #14,	•					
		oital's ED on 01/13/2015 at					
		y Law Enforcement under					
	1	revealed the patient's chief					
	· ·	risis Evaluation Referral. e documentation at 1827					
		regiver pt (patient) with					
	l ''	valking around showing					
		rses auditory hallucinations,					
		ghts in triage, pt states he					
		e if they try to hurt him."					
		essment documentation					
		was alert, oriented x 3					
		and anxious. Review					
		was evaluated by a physician					
		ealed a chief complaint of					
		cposing genitals. Review					
		was assessed as no acute					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		340132	B. WING		C 01/15/2015	
	ROVIDER OR SUPPLIER	ER.		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A 144	distress, awake and a pressured speech, an revealed the patient wof a "Findings and Cu Commitment" revealed 01/13/2015 at 1541 b revealed "The Court f above matter that the to believe that the facture and that the resp probably: [X] 1. men or others or mentally in order to prevent fur deterioration that wou dangerousness" F and Recommendation Involuntary Commitm at 2345 revealed "Des"presenting for agita inappropriately to othe disorganized with pre location but not situat himself due to psychological process. Interview on 01/15/20 Nursing Director reversity is the only room with make it safe. Interview patient's the ED staff remove all equipment revealed ED staff are make a consistent de safe environment. Intis a general ED and in Interview revealed all rooms can be remove computers and the caplugged into the wall.	alert, slightly agitated, and directable. Review was "cooperative." Review stody Order Involuntary at the order was signed on any a Magistrate. Review inds from the petition in the re are reasonable grounds at alleged in the petition are ondent (Patient #14) is tally ill and dangerous to self ill and in need of treatment at ther disability or all predictably result in Review of an "Examination on to Determine Necessity for ent" form dated 01/13/2015 scription of Findings" with attion, exposing himself ers. On evaluation, pt is ssured speech. Oriented to ion. Is currently a danger to basis."  115 at 1235 with the ED aled "seclusion (exam room we can remove everything to everything to everything to everythe attinuation at the room. Interview looking at processes to cision point as to making a terview revealed "In reality it	A 14	44		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDIN	G		COMPLETED		
		340132	B. WING _			C 01/15/2015		
	ROVIDER OR SUPPLIER	ER.		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE		
A 144	versus being an indiv rooms safe.  2. Observation during 1430 of exam room # was located diagonal station. Observation isolation room. Observation revealed a male patiegreen disposable some stretcher with both has Observation revealed the patient's the stretcher's frame (restraint). Observation texhibit any violent behaviors. Observation the isolation room supervision of a LEO ABC City Police Department of the patient's location he could not Observation revealed anter room could be of from 1430 to 1500 fair self-destructive behaving the stretcher with behaviors.	g ED tour on 01/14/2015 at 1, revealed an ante room ly across from the nursing revealed the room was an any across from the nursing revealed the room was an any across from the ante room, reeding approximately 4 feet room proper. Observation and (Patient #13) wearing the sand laying supine on the ands across his abdomen. If the stretcher's two side rails in revealed the patient was erative. Observation a right ankle was chained to with a metal cuff/shackle on revealed the patient did to refer destructive ion revealed the patient was alone and without direct.  Observation revealed an artment officer was sitting ation in a cubical and due to	A1	,				
	Patient #13 revealed presented to the hosp 0125 with thoughts cabuse detoxification.							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		(X3) DATE SURVEY COMPLETED		
i		340132	B. WING _			1	C 1 <b>5/2015</b>
	NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EAR CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 144	patient was assessed revealed at 0840, the mobile crisis worker at thoughts. Review rev was IVC'd due to mer self and others. Furth the patient was IVC'd leg shackles (restrain and 2000, the patient as calm and resting wright ankle in shackled 01/14/2015 at 0000, 00935, the patient behasleep and resting queshackled. Review rev was transferred to a pfurther treatment. Redocumentation the patient #13 exhibited behaviors necessitati while hospitalized from through discharge on Interview on 01/15/20 Nursing Director reverse #7) is the only room with the modern and patient with the ED staff remove all equipment revealed ED staff are make a consistent de safe environment. Interview revealed all	by a ED Physician. Review patient was assessed by a and was admitted for suicidal realed at 1600, the patient stally ill and dangerous to her review revealed when I, a LEO placed the patient in It). Review revealed at 1800 it's behavior was documented with eyes closed with the Id. Review revealed on 10200, 0430, 0600, 0735 and avior was documented as sietly with the right ankle wealed at 1645, the patient psychiatric hospital for exiew revealed no attent demonstrated violent thaviors. Record review vailable documentation violent or self-destructive ing the need for restraint use in 01/13/2015 at 0125 01/14/2015 at 1645.  215 at 1235 with the ED aled "seclusion (exam room we can remove everything to ew revealed with IVC does not necessarily the from the room. Interview looking at processes to cision point as to making a terview revealed "In reality it"	A	144			
		all bell which has to be Interview revealed the ED					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
340132		B. WING _			01/15/2015		
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, PO BOX 59		01/10/2010	
MAIIA I AIIIAM MEDIOAE CENTER				HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X CORRECTIVE ACTIO	OF CORRECTION (EACH IN SHOULD BE CROSS- OTHE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
A 144		e 14 e process to standardize idual decision" for making	Α.	144			
	3. Observation during 1438 of exam room # located diagonally ac station. Observation wood door. Observation wood door. Observation was: a stretched corner; a bed side tall wall mounted Oxyger regulators; a disposal canister and tubing; a ophthalmoscope with 2-4 feet long); a wall with cardiac leads, bloximetry cords (each dangling from the modern computer charting starevealed a female pagreen disposable scriside on the stretcher, Observation revealed were up and in the lorevealed a hand held the wall with an approdurable disposable scriside on the stretcher, Observation revealed the patient wooperative. Observleft wrist was chained a metal cuff/shackled revealed the patient of self-destructive behalt the patient was in the	revealed the room had a tion revealed inside the er on wheels; a chair in the ole on wheels; removable in, Medical Air, and Suction ble wall mounted suction a wall mounted otoscope and incords (each approximately mounted cardiac monitor ood pressure cuff, and pulse approximately 4-6 feet long) enitor; and a wall mounted eation. Further observation tient (Patient #16) wearing ubs and laying on her left in watching television. If the stretcher's two side rails cked position. Observation is call bell device (attached to oximately 4-6 foot long cord) it side rail of the stretcher the patient. Observation					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
			7 505			
		340132	B. WING _		01/15/2015	
NAME OF PROVIDE	R OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 01/10/2010	
MADIA DADHAM	MEDICAL CENTE			PO BOX 59		
MARIA PARHAM MEDICAL CENTER				HENDERSON, NC 27536		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (E/CORRECTIVE ACTION SHOULD BE CROCKED TO THE APPROPRIATE DEFICIENCY)	SS- COMPLETION	
Oper Patie press 1726 reveal and self a 01/11 to a linter Nurs #7) is make patie removed make safe is a garage linter room compluge "need versi room 4. O 1430 with and a Observations of the share safe linter room to make safe linter room compluge "need versi room 4. O 1430 with and 5 observations of the share safe linter room 4. O 1430 with and 5 observations of the share safe linter room 4. O 1430 with and 5 observations of the share safe linter room 4. O 1430 with and 5 observations of the share safe linter room 4. O 1430 with and 5 observations of the share safe linter room 4. O 1430 with and 5 observations of the share safe linter room 4. O 1430 with and 5 observations of the share safe linter room 5 observations of the share s	ent #16 revealed ented to the Hosp of for "potential drug aled the patient was assessed by ew revealed the patient of the pati	review on 01/15/2015 for an 18 year old female bital's ED on 01/13/2015 at all overdose." Review was triaged by a RN at 1732 a ED Physician at 1734. boatient was assessed at its worker. Review revealed 0, the patient was placed mentally ill and dangerous to ew revealed at on the patient was transferred	A 1	A144 –Corrective Action: (completed 1/ Metal plate with two sharp pointed corn been secured to the wall thus assuring danger to patient. Responsible person: Director Emergency Department	ers has no	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
				_		(	
		340132	B. WING				15/2015
NAME OF P	ROVIDER OR SUPPLIER		·	5	STREET ADDRESS, CITY, STATE, ZIP CODE		10,20
MADIA DA	RHAM MEDICAL CENTE	:D		F	PO BOX 59		
MARIA PA	RHAM MEDICAL CENTE	in ·		ŀ	HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 144	be easily pulled further exiting the room a may observed standing carpersonnel at his side, patient was escorted along with the Mental Approximately 10 mirrobserved entering the MHRN standing out a sand the blinds were of MHRN during the observed in the room seas the patient in scrubs a patient. The interview revealed the interview revealed the interview revealed the interview revealed the interview revealed the interview revealed the interview also aware and seclusion policy and seclusion policy 2014. Patient #17 was interview with both with Observation revealed any violent or self-definition in the patient's the ED staff remove all equipments.	er off of the wall. When ale patient (Patient #17) was almly beside with door EMS. Observation revealed the into the seclusion room I Health Nurse (MHRN). Observation room and the seclusion room and the side of the room. The door closed. Interview with the servation revealed City LEO rching the patient, putting and cuffing (restraints) the patient was IVC. The lat even if the patient is calmostatient is always cuffed. The let MHRN had training on the rocedure for restraining 2014. The interview revealed of the revision of the restraint completed in December, as observed during the rist cuffed with metal cuffs. If the patient did not exhibit structive behaviors.	A	144			
	safe environment. In is a general ED and r Interview revealed all	ecision point as to making a terview revealed "In reality it not a psychiatric unit." I the equipment in the exam ed except for wall mounted					

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED C			
		340132	340132 B. WING			01/15/2015	
	NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPRI DEFICIENCY)	ROSS-	(X5) COMPLETION DATE	
	plugged into the wall. "needs to improve the versus being an indiv rooms safe. 482.13(e)(3) PATIEN' SECLUSION  The type or technique used must be the leas will be effective to pro from harm.  This STANDARD is r Based upon policy an observations during to reviews, Law Enforce interviews, staff and p hospital's Emergency failed to ensure the le protect the patient or patients under involur restrained in the ED. #9)	Ill bell which has to be Interview revealed the ED process to standardize idual decision" for making  T RIGHTS: RESTRAINT OR  of restraint or seclusion st restrictive intervention that teet the patient or others  not met as evidenced by: d procedure reviews, burs, medical record	A 16	A165 – Maria Parham Medical Center de continue to protect and promote each prights during restraint or seclusion.  This is evidenced by our practice of not metal shackles in the treatment of any opatients. It is only the Law Enforcement (LEOs) who apply forensic restraints whi handcuffs, other chain-type restraint de other restrictive devices which are used detention and public safety and are not the provision of health care. Forensic St Policy EOC 66 (Attachment F) Restraint of Policy PC 17. Maria Parham Medical Cernumerous discussions with LEO regarding practice of applying forensic restraints, and alter this practice/policy.	atient's applying of our Officers ch include vices and for custody, involved in andard of Patients ter has had g their		
	Patients, PC 17", revi "PURPOSE: The use therapeutic intervention the patient from injuring injuring others. The of driven by a comprehe assessment. This do consistent guidelines and physical restraint	on implemented to prevent ing himself/herself or from lecision to use a restraint is ensive individual cument is used to provide for the safe use of chemical		Corrective Action: On January 28, 2015 (Emergency Department implemented the "Behavioral Management/Forensic Rest Record" (Attachment C) to monitor and patients in restraints. Language includes restraints and	ie raint Flow observe		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BUILUI	A. BUILDING			С	
		340132	B. WING			1		
NAME OF B	ROVIDER OR SUPPLIER	040102	1		TREET ADDRESS, CITY, STATE, ZIP CODE	01/1	15/2015	
NAME OF F	NOVIDEN ON SUFFLIEN				O BOX 59			
MARIA PA	RHAM MEDICAL CENTE	R			ENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  YMUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EAC CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
A 165	Continued From page	a 18	Δ	165	Continued from page 18			
,,,,,,					A165 - defines violent and non-viole	16E defines violent and non violent		
	team, have proven to be clinically ineffective to provide a safe environment for the patient.							
	DEFINITIONS: Res	•			behaviors to guide care as stated in	1		
	application of physica	al force to a patient, with or			Care Policy #17 - "Restraint of Patients"			
	without the patient's permission, to restrict his or her freedom of movement. The physical force				(Attachment B).			
					Danamathia Danama Namata - Diagrama - C			
	may be human, mechanical devices, or a combination thereof. Physical Restraints - any				Responsible Person: Nursing Directo	or of		
	ı	ysical/mechanical device,			ED.			
	material or equipmen							
		a patient to move his or her						
		nead freelyRestraint to						
		covery (non-violent): refers			Corrective Action: Nursing Supervisors will i	nclude in		
	l	s in those patients who			their hand off a discussion of patients in restraints			
		cally essential therapies			and are expected to review documentation of every			
		d who demonstrate a state of			patient in restraints and appropriateness of	the		
		cognition that puts those those patients who require			restraints based on behavior. Care nurses w	/ill		
	-	psychiatric behaviors that			include in their hand off/shift huddle a revie	w of the		
		jury. Restraints for Violent	*		previous shift's documentation for complete	eness and		
	T -	ehavior: refers to the use of			continued need for restraints based on beha	vior.		
	restraints in those pa	tients who require			Monitoring will be through daily review of a	II		
	management of viole	nt or self-destructive			patients in restraints for safety or behaviora	i by		
		mselves or others (including			Director of Quality. Time frame for this mor	nitor is		
		atients) or, who require			three consecutive months of 100% compliar	nce.		
		nanage suicidal or homicidal			Further monitoring will be based in the resu	Its of the		
		tingRestrictive Devices rcement Officials - handcuffs			3 months review and the recommendations	from		
		devices applied by law			Patient Safety Clinical Quality Committee, th	nat		
		for custody, detention, and			reports director to the Board of Trustees.			
		and is not involved in the						
		re; no considered restraints.			Responsible Person: Chief Nursing Officer			
	Seclusion - seclusion							
		ent alone in a room or area						
		nt is physically prevented						
		ion may only be used for the						
	management of viole							
		lizes the immediate physical a staff member, or others.						
	i salety of the battent.	a stail member, of others.	4		t			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) M IDENTIFICATION NUMBER: A. BUI			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		340132	B. WING _	B. WING		C 01/15/2015	
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	01/	13/2013
MADIA DA	DUAM MEDICAL CENTE	:n		P	PO BOX 59		
MARIA PARHAM MEDICAL CENTER				ŀ	HENDERSON, NC 27536		
(X4) ID PREFIX	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI	x	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS		(X5) COMPLETION DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG		REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE
A 165	Continued From page	e 19	Α.	165			
		ntions are not considered			·		
		nt physically restrained					
		roomPOLICY: It is the					
		me) Medical Center to: 1.					
	Prevent, reduce and	•					
		enting emergencies that					
	have the potential to I	ead to the use of restraints,					
	b. limiting the use of	restraints to emergencies	İ				
	where there is a risk of	of the patient harming					
	himself/herself or other	ers. c. using the least					
	restrictive method	CLINICAL JUSTIFICATION					
	FOR USE OF RESTR	RAINT AND/OR					
		ess there is an immediate					
		rn for safety, the restraint					
	procedure is utilized of	only after all alternatives,					
		ent interventions have been					
		. Prior to implementation of					
		am members will confer to					
		priate alternative measures					
	have been attempted						
		behaviors and alternatives					
		inical assessment and					
	utilization of restraint						
		t may place the patient or					
	others at risk for harm						İ
	restraints are clinicall						
	*Threatens placemen						
		c lines/tubs, interfering with					ļ
		eatment, and appropriate			•		
		have been attempted. rections to avoid self-injury,					
		ective, alternative measures					
		LEAST RESTRICTIVE					
	•	PPLICATION: Assessment					
		ocesses should include the					
	'	e choice of restraint and/or					
		NATIVE THERAPY: Prior to					
		a patient, restraint-free					
		(but not limited to) the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						c		
		340132 B. WING			01/	15/2015		
NAME OF PE	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE			
MADIA DA	DUAM MEDICAL CENTE	en :		P	O BOX 59			
MARIA PARHAM MEDICAL CENTER				н	IENDERSON, NC 27536		'	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS-	(X5) COMPLETION DATE	
A 165	Continued From page following are attempted		A	165				
	environment, i.e., bed	I in low position, clutter free						
	environment *Diverso	onal Activity *Assess for						
	continued need for m	edical device*Telephone				1		
	limit setting/redirectio	n *Enhanced observation						
	*Address comfort nee	eds *Ask/allow family to	Ì					
		nily interaction *Relaxation						
		rs *Bed alarms *Provide						
	exercise/ambulation i							
		ary medications *Mittens				1		
	•	om closer to nurse's station						
	*Provide increased pl	•	-					
	_	bes *Personal space for						
		pictures within ease reach						
	*Listening and explor	•			·			
		TV *Reassurance *Sitter						
	_	entMONITORING,						
		ARE OF THE PATIENT IN						
		n restraints are used there is						
		r patient monitoring and e patient safety, that the less						
		re used when possible, and						
		ntinued as soon as possible.						
		l: The medical record should						
		entation within the patient's	İ					
		e a clear progression in how						
		emented with the less						
		tervention attempted or						
	considered prior to th							
	of more restricted me							
	ED (1420-1500) with revealed the ED had under involuntary con	three (3) patients currently nmitment (IVC) in exam d one (1) patient pending						
	Observation during	g ED tour on 01/14/2015 at						

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING	(X3) DATE SURVEY COMPLETED	
340132 B. WING	C 01/15/2015	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	0.1,10,2010	
PO BOX 59		
MARIA PARHAM MEDICAL CENTER HENDERSON, NC 27536		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CORRECTIVE ACTION SHOULD BE CROSS TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A 165  Continued From page 21  1427 of exam room #17, revealed the room was located across from the nursing station.  Observation revealed the room had a sliding glass door. Observation revealed a male patient (Patient #14) wearing green disposable scrubs and sitting on the end of the stretcher leaning over a bedside table. Observation revealed the stretcher's two side rails were up and in the locked position. Observation revealed the patient was alert, caim, and cooperative. Observation revealed the patient was alert, caim, and cooperative. Observation revealed the patient did not exhibit any violent or self-destructive behaviors. Observation revealed the patient did not exhibit any violent or self-destructive behaviors. Observation revealed the patient was in the exam room alone and without direct supervision of a LEO. At 1433, observation revealed Patient #14 stood up off the end of the stretcher and pivoted around to the side of the stretcher without difficulty or assistance. At 1434, observation revealed XPZ county Sheriff Deputy (CSD) #1 was sitting behind the nursing station in a cubical. Observation revealed the cubical was on the opposite side of the nursing station, away from exam room #17. Observation revealed CSD #1 stood up and exited the cubical and walked down the hallway on the opposite side of the nursing station, away from exam room #17. Observation revealed CSD #1 stood up and exited the cubical and walked down the hallway of the opposite side of the nursing station, away from exam room #17 and exited the emergency department treatment area through a set of double doors. Observation revealed Patient #14 was alone in exam room #17 and exited the emergency department treatment area through a set of double doors. Observation revealed CSD #1 returned to the cubical in the nursing station and sat down.  Observation from 1427 to 1500 failed to observe any violent or self-destructive behaviors exhibited by Patient #14 while being restrained in exam room #17.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	ELE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					С	
		340132	B. WING		01/15/2015	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ΜΔΡΙΔ ΡΔ	RHAM MEDICAL CENTE	R	1	PO BOX 59		
MAINATA	·		1	HENDERSON, NC 27536		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EA		
PREFIX TAG	•	/ MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE	S- COMPLETION DATE	
IAG	The does not not be	SO IDEIVIN TING IN STREET	170	DEFICIENCY)		
A 165	Continued From page	22	A 16	65		
	Open medical record	review on 01/14/2015				
	revealed Patient #14,	a 60 year old male				
	presented to the hosp	oital's ED on 01/13/2015 at				
		Law Enforcement under				
		revealed the patient's chief				
		risis Evaluation Referral.				
		e documentation at 1827				
		regiver pt (patient) with				
		alking around showing rses auditory hallucinations,				
		ghts in triage, pt states he				
		e if they try to hurt him."				
		essment documentation				
	revealed the patient w					
	(person, place, time)			•		
	revealed the patient w	vas evaluated by a physician				
	at 1908. Review reve	ealed a chief complaint of				
		posing genitals. Review				
		vas assessed as no acute				
	distress, awake and a					
	pressured speech, an					
		vas "cooperative." Review stody Order Involuntary				
		d the order was signed on				
		y a Magistrate. Review				
		inds from the petition in the				
		re are reasonable grounds				
		ts alleged in the petition are				
	true and that the resp	ondent (Patient #14) is				
		tally ill and dangerous to self			-	
		III and in need of treatment				
	in order to prevent fur					
		ld predictably result in				
		Review of an "Examination				
		n to Determine Necessity for				
		ent" form dated 01/13/2015 scription of Findings" with				
		ation, exposing himself		·		
		ers. On evaluation, pt is				
		o.o. on orangation, prio				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
,			A. BUILDI	NG .			
		0.40400	D 744710			С	
		340132	B. WING _	_		01/	15/2015
NAME OF PE	ROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE		
MARIA PA	RHAM MEDICAL CENTE	₽R.			PO BOX 59		
maina	MIAM MEDIONE CE	AN			HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 165	Continued From page	⊋ 23	A	165	5		
	, ,	essured speech. Oriented to					
		tion. Is currently a danger to					
	1	osis." Review of nursing					
		35 revealed "Resting quietly					
	in bed. No aggressive						
	,	or" At 1215 (01/14/2015)					
		le bed was exchanged." At					
-		d of bed. No c/o voiced. No					
		500 "Pt sitting on bed c					
		ed." At 1845 "Pt transported					
	to (hospital name)?	ambulated to police care no					
		iew of "Suicide Precautions					
		ntation on 01/13/2015 from			·		
		/14/2015 from 0715 to 1845					
		s behavior was documented					
		poperative. Review revealed					
		e patient was violent or					
		revealed on 01/14/2015 at					
		0 (corresponding timeframe					
		ation [1427-1500] of the					
	i	ed to the stretcher) as being					
		review failed to reveal any					
		tion Patient #14 exhibited					
		ctive behaviors necessitating use while hospitalized from			•		
	01/13/2015 at 1820 th	•					
	f .	Record review failed to					
	reveal documentation						
	restraining Patient #1						
		restrictive interventions such					
	as (but not limited to)						
		afe environment, diversional					
		for continued need for any					
	medical devices, telep						
	setting/redirection, en						
		eeds, asking/allowing family					
		family interaction, relaxation					
	aids, limiting visitors,	bed alarms, providing					
	exercise/ambulation if	f condition warrants,					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		340132	B. WING		01/15/	2015		
	ROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX CORRECTIVE ACTION SHOULD BE CROSS-		(X5) OMPLETION DATE		
A 165	eliminating unnecess moving the patient to station, providing increamouflaging lines/tu placing belongings or listening and explorin management, music/change of environme success; nor docume record indicating a cletechniques were implintrusive restrictive inconsidered prior to the restricted measure per linterview on 01/14/20 revealed he was a Decounty Sheriff's Department of the subject). Interview revealed the patient wood 1/13/2015. Interview previous Deputy this shift change. Interview previous Deputy this shift change. Interview revealed the wither or not the patient or shackled." Interview not going to jail and woll the patient. Interview revealed he until a mental health patient. Interview revealed health patient, health patient health patient, he will use or hurting, he will use	ary medications, mittens, a room closer to nurse's reased physical contact, bes, personal space for pictures within ease reach, g feelings, pain TV, reassurance, sitter, nt, that were tried without entation within the patient's ear progression in how emented with the less tervention attempted or e introduction of more er hospital policy.  15 at 1442 with CSD #1 eputy Sheriff with the XYZ eartment. Interview revealed exealed the patient (#14) in under IVC. Interview was brought to the ED on w revealed the previous attent into "ankle shackles." er "officer makes the decision ent needs to be handcuffed ew revealed Patient #14 was was not under arrest. (CSD #1) was on standby facility could be found for the realed because the patient er was responsible for any of Interview revealed when the exact cotight. Interview are too tight. Interview are too tight. Interview	A1	65				

AND DUAN OF CORRECTION		A. BUILDING	CONSTRUCTION	COMPLETED			
		340132	B. WING		C 01/15/2015		
	ROVIDER OR SUPPLIER	ER	PC	REET ADDRESS, CITY, STATE, ZIP CODE D BOX 59 ENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CYMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ( CORRECTIVE ACTION SHOULD BE CR REFERENCED TO THE APPROPRIA DEFICIENCY)	OSS- COMPLETION		
A 165	checking for tightnes "patient lets me know Interview revealed if the restroom, the cu Interview revealed he skin for circulation. It is responsible for tal medical needs. Interview on 01/13/2 with Charge Nurse frestraints used in the limb restraints." Interview on the limb restraints with Interview on the limb restraints in the limb restraints. Interview and assessing the part of the shackles. Interview not responsible for a shackles.  Interview on 01/15/2 Medical Director revofficer with the ABC in the ED. Interview stated the Chief of FIVC patients were in officer and that it was IVC patients to be part of the patients of the patients of the patients of the patients of the patients of the patients of the patients for the past 9 medical 9 medic	ge 25 g the cuffs/shackles or ss. Interview revealed the w if they are too tight." the patient needed to go to ffs/shackles are removed. e does not check pulses or interview revealed the nurse king care of the patient's rview revealed he does not ients ED medical record.  2015 at 1107 during ED tour f1 revealed the only approved e ED by nursing staff are "soft erview revealed "only the epartments use handcuffs fC patients." Interview s responsible for monitoring atient when in handcuffs or revealed the nursing staff is applying the handcuffs or colors at 1015 with the ED ealed he spoke with a police or revealed the police officer colice had determined that the the custody of the police s Departmental policy for all laced into handcuffs or e ED. Interview revealed "we ce putting the patients in revealed "we can control the tients." The interview been trying to work through onths with Chief of Police."	A 165				

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING  A. BUILDING			COMPLETED					
		340132	B. WING _			C 01/15/2015		
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	E			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE		
A 165	Nursing Director reversithe ED under IVC or while in the ED were restraints (handcuffs enforcement officers staff did not view the handcuffs or shackle they were in the cust Interview revealed the documentation of more every 15 minutes (for behavior) and/or 2 hosehavior), because the were not considered ED staff. Interview refollow the hospital's monitoring Patient #1 the ED with metal cuenforcement officer.  2. Observation during 1438 of exam room #1 located diagonally action. Observation wood door. Observation wood door. Observation the stretcher, watching the revealed the stretcher and in the locked postine patient was alert, Observation revealed chained to the stretch cuff/shackle (restrain patient did not exhibit self-destructive behat the patient was in the without direct supervive ealed an ABC City	ealed patients brought into who are placed under IVC placed into "forensic" or shackles) by the law . Interview revealed the ED placement of IVC patients in s as a restraint, because ody of law enforcement. ere would not be any onitoring and assessment or violent self-destructive ours (for non-violent he handcuffs and shackles a restrictive intervention by evealed the ED staff did not restraint of Patient policy for 14 while he was restrained in ffs/shackles placed by a law are generally as a self-destructive our self-destructive intervention by evealed the FD staff did not restraint of Patient policy for 14 while he was restrained in ffs/shackles placed by a law are strong from the nursing revealed the room had a stion revealed a female wearing green disposable her left side on the elevision. Observation revealed calm, and cooperative. did the patient's left wrist was her's frame with a metal tt). Observation revealed the	A 1	165				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
							0
		340132	B. WING			01/	15/2015
NAME OF PE	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MADIA DA	RHAM MEDICAL CENTE			P	PO BOX 59		
MARIA PA	RHAM MEDICAL CENTE	in .		۲	IENDERSON, NC 27536		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	1D PREFI	x	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS		(X5) COMPLETION
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG		REFERENCED TO THE APPROPRIATE DEFICIENCY)		DATE
A 165	Continued From page		Α.	165			
		Observations from 1438 to					
	1500 failed to observe						
		viors exhibited by Patient					
	#16 while being restra	ained in exam room #5.					
	Onen madical record						
		review on 01/15/2015 for					
		an 18 year old female pital's ED on 01/13/2015 at					
		ug overdose." Review					
		was triaged by a RN at 1732					
		a ED Physician at 1734.					
		patient was assessed at					
		is worker. Review revealed					
		0, the patient was IVC for					
		dangerous to self and					
		aled at 0200 and 0400, the					
	patient's behavior wa	s documented as asleep					
	with parent and LEO	at bedside. Review					
	revealed from 0600 to	o 01/15/2015 at 0515, the					
	patient's behavior wa	s documented as asleep,					
		rietly in bed, resting in bed					
		laying in bed with eyes					
		iled at 0536, the patient					
		le" (restraint) be loosened					
	•	informed the LEO. Review					
	revealed at 0725, the		Ì				
		and oriented with right lower					
	extremity "cuffed" (re						
	Review revealed at 0						
	review failed to revea	hiatric hospital. Record					
		nt #16 exhibited violent or					
		viors necessitating the need					
	for restraint use while	J					
	01/13/2015 at 1726 th						
		Record review failed to					
	reveal documentation						
	restraining Patient #1						
		restrictive interventions such					
							I

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
							c
		340132	B. WING			01/	15/2015
NAME OF PF	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	•	
MADIA DA	DUAN MEDICAL CENTE				PO BOX 59		
MARIA FA	RHAM MEDICAL CENTE	:H			HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TATEMENT OF DEFICIENCIES  YMUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 165	Continued From page 28		A	165	5		
	as (but not limited to)	the following were					
		safe environment, diversional					
		for continued need for any					
	medical devices, tele						
	setting/redirection, en						
	addressing comfort n	eeds, asking/allowing family					
		family interaction, relaxation					
	aids, limiting visitors,	bed alarms, providing					
	exercise/ambulation i	-					
		sary medications, mittens,					
		a room closer to nurse's					
		reased physical contact,					
		ubes, personal space for					
		r pictures within ease reach,					
	listening and explorin						
	1	TV, reassurance, sitter,					
		ent, that were tried without					
		entation within the patient's					
		ear progression in how lemented with the less					
		itervention attempted or					
		ne introduction of more					
	restricted measure pe						
	Toolifotod Hiododio po	inospital policy.					
	Interview on 01/15/20	015 at 1015 with the ED					
	Medical Director reve	ealed he spoke with a police					
		City Police Department while					
	l	revealed the police officer					
		olice had determined that the					
		the custody of the police					
		s Departmental policy for all					
		aced into handcuffs or					
		ED. Interview revealed "we					
		ce putting the patients in					
		revealed "we can control the					
	monitoring of the pati						
		een trying to work through					
	this for the past 9 mo	onths with Chief of Police."					
	i					į.	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	0	COMPLETED		
		340132	B. WING _			C 01/15/2015	
	ROVIDER OR SUPPLIER	:R		STREET ADDRESS, CITY, STATE, ZIP ( PO BOX 59 HENDERSON, NC 27536	CODE ,		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	EFIX CORRECTIVE ACTION SHOULD BE CRO			
A 165	Interview on 01/15/20 Nursing Director revethe ED under IVC or while in the ED were restraints (handcuffs enforcement officers. staff did not view the handcuffs or shackles they were in the custo Interview revealed the documentation of mo every 15 minutes (for behavior) and/or 2 hobehavior), because the were not considered ED staff. Interview refollow the hospital's Formonitoring Patient #1 the ED with metal cut enforcement officer.  3. Open medical reconstruction of suicide and for sub Department) on 01/13 of suicide and for sub Review revealed at 0 by a RN and at 0234 by a ED Physician. For patient was assessed and was admitted for revealed at 1600, the (Involuntary Committed angerous to self and revealed when the patient Committed States of the Patient	aled patients brought into who are placed under IVC placed into "forensic" or shackles) by the law Interview revealed the ED placement of IVC patients in as a restraint, because ody of law enforcement. Because ody of law enforcement. Because ody of law enforcement. Because ody of law enforcement. Because ody of law enforcement. Because ody of law enforcement. Because ody of law enforcement. Because ody of law enforcement. Because ody of law enforcement. Because of law enforcement. Because of law enforcement. Because of law enforcement. Because of law enforcement. Because of law enforcement. Because of law enforcement. Because of law enforcement. Because of law enforcement. Because of law enforcement. Because of law enforcement of law enforcement. Because of law enforcement of law enforcement. Because of law enforcement of law enforcement. Because of law enforcement of law enforcement. Because of law enforcement of law enforcement. Because of law enforcement of law enforcement. Because of law enforcement of law enforcement. Because of law enforcement of law enforcement. Because of law enforcement of law enforcement. Because of law en	A 1	165			

	DELIAN OF CORRECTION		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  IG	COMP	(X3) DATE SURVEY COMPLETED		
		340132	B. WING _			C 15/2015		
	ROVIDER OR SUPPLIER	ER .	•	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD REFERENCED TO THE APPR DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE		
A 165	extremity" (leg) shace revealed on 01/14/20 0600, 0735 and 0935 documented as asleed the right ankle shackled 1645, the patient was hospital for treatment documentation the particular of the particular for self-destructive be failed to reveal any at Patient #13 exhibited behaviors necessitative while hospitalized frough discharge on review failed to reveal physically restraining restraint-free alternating interventions such as following were attempenvironment, diversic continued need for an telephone limit setting observation, address asking/allowing family interaction, relaxation alarms, providing exewarrants, eliminating mittens, moving the purse's station, proviccontact, camouflagin space for placing believed.	kled (restraint). Review 15 at 0000, 0200, 0430, , the patient behavior was p and resting quietly with ed. Review revealed at transferred to a Psychiatric . Review revealed no atient demonstrated violent haviors. Record review vailable documentation violent or self-destructive ng the need for restraint use m 01/13/2015 at 0125 01/14/2015 at 1645. Record al documentation prior to Patient #13 of all ives and less restrictive (but not limited to) the oted: provide safe onal activity, assessment for ny medical devices, g/redirection, enhanced	A 1	165				
	management, music/ change of environme success; nor docume record indicating a cl	TV, reassurance, sitter, ent, that were tried without entation within the patient's ear progression in how lemented with the less						
	intrusive restrictive in	tervention attempted or e introduction of more						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
						(	c
		340132	B. WING			01/	15/2015
NAME OF P	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE	•	
ΜΔΡΙΔ ΡΔ	RHAM MEDICAL CENTE	=R		PO BOX 59			
WATER 17	WINAM MEDICAL CENTE			+	HENDERSON, NC 27536		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION (EA		(X5)
PREFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	S-	COMPLETION DATE
A 165	Continued From page 31		A	165			
	restricted measure pe						·
	Interview on 01/15/20	015 at 1015 with the ED					:
		aled he spoke with a police					
		City Police Department while					
		revealed the police officer					
		plice had determined that the					
	T	the custody of the police					
		Departmental policy for all					
	IVC patients to be pla	ED. Interview revealed "we					
		e putting the patients in					
		evealed "we can control the					
	monitoring of the pati						
		een trying to work through					
	this for the past 9 mo	nths with Chief of Police."					
	Interview on 01/15/20	)15 at 1235 with the ED					
		aled patients brought into					
		who are placed under IVC					
:	while in the ED were						
		or shackles) by the law					
		Interview revealed the ED placement of IVC patients in					
		s as a restraint, because					
		ody of law enforcement.					
	Interview revealed the						
		nitoring and assessment			· ·		
	every 15 minutes (for	violent self-destructive					
	behavior) and/or 2 ho						
		ne handcuffs and shackles			•		
		a restrictive intervention by					
		evealed the ED staff did not					
		Restraint of Patient policy for 3 while he was restrained in					
	the ED with metal cuffs/shackles placed by a law enforcement officer.						
		g ED tour on 01/14/2015 at					
		room #7 revealed a room					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		340132	B. WING		01/1	5  5/2015
	ROVIDER OR SUPPLIER	R		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 165	with a solid wood doc and the blinds were of Observation revealed at the head of the stresharp pointed corners wall. Observation revise easily pulled further exiting the room a management of the streshard pulled further exiting the room a management of the streshall pulled further exiting the room a management of the streshall pulled further exiting the room a management of the streshall pulled further exiting the streshall pulled further exiting the streshall pulled further exiting the streshall pulled further exiting the streshall pulled further exiting the streshall pulled further exiting the streshall pulled further exiting the patient of the patient of the patient exiting the patient of the patient exiting the p	or and window with blinds utside covering the window. In the left side of the room etcher a metal plate with two is partially attached to the realed the metal plate could er off of the wall. When alle patient (Patient #17) was almly beside with door EMS Observation revealed the into the seclusion room I Health Nurse (MHRN). Intes 2 City LEOs were es seclusion room and the ide of the room. The door losed. Interview with the exercation revealed City LEO rching the patient, putting and cuffing the patient. The exercation revealed City LEO rching the patient putting and cuffing the patient. The exercation revealed The exercation revealed of the revision of the restraint completed in December, exercation of the restraint completed in December, exist cuffed with metal cuffs of the revision of the restraint completed in December, exist cuffed with metal cuffs of the revision of the restraint completed in December, so observed during the rist cuffed with metal cuffs of the revision of the restraint completed in December, so observed during the rist cuffed with metal cuffs of the revision of the restraint completed in December, so observed during the rist cuffed with metal cuffs of the revision of the restraint completed in December, so observed during the rist cuffed with metal cuffs of the revision of the restraint completed in December, so observed during the rist cuffed with metal cuffs of the revision of the restraint completed in December, so observed during the rist cuffed with metal cuffs of the revision of the restraint completed in December, so observed during the rist cuffed with metal cuffs of the revision of the restraint completed in December, so observed during the rist cuffed with metal cuffs of the revision of the restraint completed in December, so observed during the rist cuffed with metal cuffs of the revision of the restraint completed in December, so observed during the rist cuffed with metal cuffs of the room of the restraint of the room of the restraint of the room of the room of the room of the	A 16	5		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		340132	B. WING			C <b>01/15/2015</b>		
NAME OF PROVIDER OF		ER		STREET ADDRESS, CITY, STATE, ZIP PO BOX 59 HENDERSON, NC 27536	CODE	01/13/2013		
	ACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	CORRECTIVE ACTION SH REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)			
shackles not resp shackles Interview 01/14/20 for 3 pat The inte area in t observe patient ii Officer # question number Departm asked. Interview Medical officer w in the El stated th IVC pati shackles can't con custody, monitori revealed this for t Interview Nursing the ED t while in restraint	w with ABC P 215 at 1435 r ients under I rview reveale the corner. T the patient i n room #5. T the patient i n room #5. T the inter- to two Lieute the the ABC ( D. Interview the Chief of Po- tents to be pla to while in the mod that it was the patient in the mod that it was the patient of the polic the polic the patient of the patient in the mod that it was the past 9 mod w on 01/15/20 Director reveal the past 9 mod w on 01/15/20 Director reveal the ED were	revealed the nursing staff is oplying the handcuffs or colice Officer #1 on evealed he was responsible VC in the ED at this time. The interview revealed he can in the seclusion room and the colling the interview revealed flowed to answer any further view revealed a phone enant at the City Police questions needed to be colling to the police officer of the interview revealed a phone enant at the City Police questions needed to be colling to the police officer of the police of the police of the custody of the police of the custody of the police of ED. Interview revealed "we see putting the patients in evealed "we can control the tents." The interview een trying to work through enths with Chief of Police."  Outside the patients brought into who are placed under IVC placed into "forensic" or shackles) by the law. Interview revealed the ED	A 1	65				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		(X3) DATE SURVEY COMPLETED		
						ŀ	
		340132	B. WING _			01/	15/2015
NAME OF PI	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
MARIA PA	RHAM MEDICAL CENTE	R			PO BOX 59 HENDERSON, NC 27536		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION (EA	СН	(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFI		CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS-	COMPLETION DATE
A 165	Continued From page	34	Α.	165			
	handcuffs or shackles	as a restraint, because					
	they were in the custo	ody of law enforcement.					
	Interview revealed the	ere would not be any					
		nitoring and assessment					
	•	violent self-destructive					
	behavior) and/or 2 ho						
	, .	e handcuffs and shackles					
		a restrictive intervention by					
	ED staff. Interview revealed the ED staff did not follow the hospital's Restraint of Patient policy for						
	-						
	monitoring patients while restrained in the ED with metal cuffs/shackles placed by a law						
	enforcement officer.						
	5. Closed medical red	cord review of Patient #12					
	revealed a 9 (nine) ye	ear old child presenting to					
	the Emergency Depa						
		ith a chief complaint of "Pt					
		ory) of ADHD (Attention					
	Deficient Hyperactivit						
	daymark and referred						
		sts (states) pt acting out					
		way'. Mother sts pt using maging property at home.					
		esp (respirations) even and					
		icute distress)." Medical					
		d documentation by nursing					
		onducted at 2003 and the					
	child was alert respon						
	oriented to person, tin	ne and place. Review of					
	nursing documentation	n at 2002 revealed the "Pt					
	ambulated to ER-1 - F						
		eaming, constantly in motion					
	and tearing up thins a						
		ecord review revealed					
	documentation of the						
		on 12/12/2014 at 2010 in					
		e MSE revealed the parent					
	was with the patient o	uring the exam and the					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILD!	_		، ا	c
		340132	B. WING				15/2015
NAME OF PE	ROVIDER OR SUPPLIER		1.	s	TREET ADDRESS, CITY, STATE, ZIP CODE	01/	13/2013
					O BOX 59		
Maria Pa	RHAM MEDICAL CENTE	:R			ENDERSON, NC 27536		
(V.4) ID	SUMMARYST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION (EAC	711	(Ve)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 165		e 35 trated, agitated". Review of	A	165			
		e clinical impression by the					
	physician was ADHD.		٠				
		led at 2140 the patient					
		creaming, rolling around on					
	floor, slapping at wall	and not following					
		record review revealed the					
		ered per physician's order					
	Ativan (medication for	•					
		2219 and Benadryl 25					
		psychiatric symptoms) mg record review revealed					
	documentation on the						
	"Appropriateness/Jus						
		traint" form of a physician's					
	_	be physically restrained					
		) behavior uncontrollable -					
	spitting, scratching-tr						
	uncontrollable with m	eds." Further review of the					
	physician's order for r						
	restraint type was ord						
		ails". Review of the type					
		cumentation of which limbs					,
		ere to be restrained. Review					
		the restraint was initiated on					
		and the order was signed by . Review of the order did not					
		ation of the time limit for					
		Medical record review					
		ion at 2254 the restraint was					
		al record review did not					
		ation of a one hour face to					
		r the child was placed in					
		nursing documentation					
		ntal health case worker in to					
		of the mental health staff					
		00 revealed "client was being					
		restrain by hospital staff. aggressive behaviors to his					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
						1 (	c.
		340132	B. WING _				15/2015
NAME OF P	ROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
******	DUAN MEDION OF ME	-		PO	BOX 59		
MARIA PA	RHAM MEDICAL CENTE	:R		HE	NDERSON, NC 27536		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION (EA		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	`	CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	S-	COMPLETION DATE
A 165	Continued From page		A 1	65			
	mother and medical s	taffClient damaged					1
		ent had to be move to the					
	seclusion room where	all items were removed					
	including bedClient	continued his aggressive					
	behavior for about two	o hours which led to the		ĺ			
	doctor giving client 25	5 mg Benedryl IM at 10:10					
		M at 10:30 pm due to client					
	•	ehavior client was given 2	Ì	- 1			
		:10 pmcontinue disruptive	ļ				
		rty minutes before calming		j			
		K County Officer arrived and					
		stody. Medical staff place					
		on room at that timeClient					i l
		r point restraints by medical	ļ				
		revealed documentation of	]	- 1			
		ry commitment" dated					
		eleted by the physician	1	ł		1	
		s agitation and a danger to					
		equested inpatient treatment		Ì			
		rsing documentation at 2254					
		elf out of restrains, still out		ĺ			
	2306 the patient was	ocumentation revealed at		ļ		1	
		the patient was hitting the					
		entation at 2309 revealed	1	-			
		g scratching and spitting					
	and trying to "break d						
		ition) 2 mg IM" was given.		Ì			
		sing documentation revealed					
		wn at 2340, "resting on		İ			
		ac monitor" and was placed		l			
		on by nursing staff revealed					
		as "IVC'd and restrained by					
		ankle cuff to left ankle and					
	bed. Pt sleeping without						
		ed on 12/13/2014 at 0100,					
		0600 the patient was					
	sleeping without distre						
		vas offered water at 0300,					

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
						С	
		340132	B. WING			01/	15/2015
NAME OF PE	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
ΜΑΡΙΑ ΡΑ	RHAM MEDICAL CENTE	R		1	PO BOX 59		
					HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 165	Continued From page	37	A	165	5		
İ		of water at 0600. Review of					
	nursing documentation						
	_	essment at 0500. Review					
	of documentation on t	the "Suicide precautions	1				
		y Officer on 12/12/2014 from					
	2350 until 12/13/2014	at 0720 revealed the					
	patient was " A-restin	g in bed". Review of nursing					
	documentation on 12,	/13/2014 at 0730 revealed					
		present and the child's "left					i
		il per law enforcement					
		ocumentation revealed at					
		yelling "I'm hungry" and the					
	staff "encouraged to r						
		mentation at 0835 revealed ell for the nurse and the child					
	was given orange juic		Ì				
	crackers. Review of						
		flow sheet"by Security					
		from 0900 until 12/14/2014					
		patient was " A-resting in					
	bed". Documentation						
		ade available to the child					
	and at 0940 he was a						
	documentation at 110	0 revealed the child told					
	nursing staff that hea	rd and sees the devil telling					
	him to do it". Review	of nursing documentation at					
	_	tient was released from					
	_	the LEO and the patient ran.					
		led "the officer captured pt					
		oom pt began banging					
		N (as needed) given at					
		mentation at 1400 revealed cated due to the patient not					
	taking redirection. No						
	_	elept until 1905 when he					
	awoke and asked for						
		51 revealed the patient was					
		forensic restraints after					
		and jumping up and down,					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		DISTRUCTION	(X3) DATE	
		340132	B. WING			01/5	D 15/2015
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	1 01/	13/2013
	RHAM MEDICAL CENTE	ER .			BOX 59 IDERSON, NC 27536		
	CUMMARYOT	ATTIMENT OF DESIGNATION	1		PROVIDER'S PLAN OF CORRECTION (EA	CH	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	×	CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 165	Continued From page	· 38	Α.	165			
	restraintsAtivan was	led at 2000 "remains in 4 pt s given, at 2012 "remains in				·	
	removed. Leg shackle	"Forensic arm restraint es remainPt being and officer." Documentation		3			
		patient was placed back in 4					
	documentation at 211	8 revealed the patient estraints and "Haldol given					
	as ordered". Docume	entation at 2215 revealed the point restraints. review of					
		on on 12/14/2014 at 0615 slept since being medicated					
		rsing staff at 0820 revealed	:				
	pt voided self and floo	wet' In room to assess pt. or. Officer in room to uncuff					
	mad I pissed myself".	d of) 'my moms gonna be so " Review of documentation					
	_	iutions flow sneet"by 2/14/2014 from 0830 until evealed the patient was " A-					
	resting in bed". Docu	mentation revealed the and rested quietly until 1345.					
	Documentation at 134	45 revealed an attempt was restraint "Pt climbing over					
		nt had to be reapplied "Pt ted on self". Record review					
	at 1415 and was doci	vas administered Haldol IM umented resting at 1455 (40					
	previous assessment	tion), 1548 (53 minutes after c), 1639 (1 hour later) and at					:
	revealed the patient r	er). Nursing documentation ested quietly from nrough 1319 (13 hours) with					
	law enforcement. Nur						
		umentation at 1500 revealed					

NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536  (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  A 165  Continued From page 39  A 165	ATEMENT OF DEFIC D PLAN OF CORREC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		CONSTRUCTION		LETED
MARIA PARHAM MEDICAL CENTER    STREET ADDRESS, CITY, STATE, ZIP CODE			340132	B. WING _			1	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CORRECTIVE ACTION SHOULD BE CROSS- TAG REFERENCED TO THE APPROPRIATE DEFICIENCY)			ER		PO	BOX 59	1 01/	13/2013
A 165 Continued From page 39 A 165	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	×	CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE	SS-	(X5) COMPLETION DATE
the patient was up to the bathroom "for BM (bowel movement) x1. Shackles on." Review of nursing documentation of the patient having disruptive or aggressive behaviors prior to or after going to the bathroom. Nursing documentation revealed no documentation of aggressive, agitated or self destructive behavior from 160 on 12/15/2014 through 12/16/2014 at 0710. Documentation at 0710 revealed the LEO was at the bedside. Nursing documentation on 12/16/2014 at 1100 revealed "Patient kept yelling out "Nurse, Nurses"mental health, charge nurse and writer in room to talk to patient that if he stops yelling out loud he could be able to talk to his mother and will be moved to a room with the "Documentation at 1140 revealed the patient vornited yellowish emesis on the floor and told the nurse he "does not feel good". Documentation revealed the nurse notified the physician and at 1315 the patient confinued to yell out for the Nurse. Documentation at 1500 revealed the patient vornited second time and the physician was made aware. Documentation revealed 20 fran (antiseptic) IV was administered at 1830 and Normal Salline infused at a "bolus rate". Record reviewed revealed oursing documentation at 2030 (2 hours after medication) that the patient was resting. Record review revealed on 12/17/2014 at 1045 the patient was administered Ativan 1 ng IM, Zofran by mouth and the patient had pulled out his IV. Record review revealed at 1055 the patient was placed in 4 point restraints by LEO for yelling, not following directions and "pulling the stretcher to the door." Review of documentation by mental health staff on 12/17/2014 at 1120 revealed "Client pulled out his IV in his hand and made himself vomit. Client has escalated to where he is yelling constantly	the pa (bower nursin docum aggre bathro docum destru throug 0710 Nursin revea Nurse room loud h will be at 114 emesi not fe nurse patier Docum vomite made (antise Norma review 2030 was re 12/17, Ativar had p 10/217, IV in h	patient was up to vel movement) x1 sing documentation of the ressive behaviors froom. Nursing doumentation of aggravitive behavior fugh 12/16/2014 at 0 revealed the LE sing documentation of aggravitive behavior fugh 12/16/2014 at 1040 revealed the behavior for the could be able be moved to a rocal feel good". Documentation at 150 seen otified the physent continued to your mentation at 150 sited a second time feel good. It was adjusted to the physen of the could be able to the physen of t	the bathroom "for BM . Shackles on." Review of on did not reveal any patient having disruptive or prior to or after going to the ocumentation revealed no gressive, agitated or self from 1600 on 12/15/2014 at 0710. Documentation at 60 was at the bedside. On on 12/16/2014 at 1100 of yelling out 'Nurse, in, charge nurse and writer in at that if he stops yelling out to talk to his mother and for with tv". Documentation patient vomited yellowish and told the nurse he "does mentation revealed the visician and at 1315 the rell out for the Nurse.  300 revealed the patient lie and the physician was sentation revealed Zofran diministered at 1830 and did at a "bolus rate". Record wising documentation at hedication) that the patient review revealed on the patient was administered at placed in 4 point restraints of following directions and to the door." Review of ental health staff on evealed "Client pulled out his ade himself vomit. Client	A 7	165			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		NSTRUCTION		SURVEY PLETED
							c
		340132	B. WING _			01	/15/2015
NAME OF PR	ROVIDER OR SUPPLIER			STRE	EET ADDRESS, CITY, STATE, ZIP CODE		
				PO B	BOX 59		i
MARIA PA	RHAM MEDICAL CENTE	:R		HEN	DERSON, NC 27536		
(X4) ID	SUMMARYST	ATEMENT OF DEFICIENCIES	- ID		PROVIDER'S PLAN OF CORRECTION (I		(X5)
PREFIX TAG		YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		CORRECTIVE ACTION SHOULD BE CRE REFERENCED TO THE APPROPRIAT DEFICIENCY)		COMPLETION DATE
A 165	Continued From page	€ 40	Α.	165			
	and has had both har	nds and one leg put in					
		ocumentation revealed at					
	1357 the patient rema	ained in "2 pt forensic					
	restraints" (3 hours si	nce last documentation).					
	Review of nursing do	cumentation on 12/18/2014					
	at 1110 revealed the	patient remained in 2 point					
		ursing documentation					
		patient complained of					
	_	view of documentation by					
	mental health staff at						[
		oleted. Client continues to	ŀ				
	, -	st. Staff not able to redirect.					
		cated and is still in restrains.					
		on one staff member sitting					
		been calmer when staff					
		him." Documentation by					
		member sitting with pt 1:1".					·  1
	Nursing documentation	ber sat with the patient 1:1					
	l .	-					[
	Documentation by nu	pleasant & cooperative."					
		was at the bedside and the					
		perative.' Review of nursing					
		/19/2014 at 0730 revealed					
		icer so RN could assist pt		1			
	-	these cuffs make my feet	-				
	hurt'. " Record review	-					
	l	assessment of the patient's					
		ned of hurting due to the					
		ocumentation by mental					
		evealed "Reassessment					
	completed. Client co	ntinues to yell out and not					
	follow directions. Clie	ent is still in restraint."					
	Review of nursing do						
		the hospital to transport the					
	patient to an acute pa	sychiatric hospital. Medical			•		
	record review reveale						
	12/20/2014 at 1200,						
	certification order for	the transfer of the child to a					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		340132	B. WING		C 01/15/2015
	ROVIDER OR SUPPLIER	ER .	ŀ	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ( CORRECTIVE ACTION SHOULD BE CR REFERENCED TO THE APPROPRIA DEFICIENCY)	OSS- COMPLETION
A 165	psychiatric acute hos not available at the hocertification revealed IVC and was transported officer. Record review documentation prior to Patient #12 of all rest less restrictive intervelimited to) the following safe environment, divided assessment for continuous devices, telephone line enhanced observation needs, asking/allowing family interaction, relabed alarms, providing condition warrants, elimedications, mittens, room closer to nurse increased physical collines/tubes, personal belongings or picture and exploring feelings music/TV, reassurance environment, that we documentation within indicating a clear progression of the introduction prior to the introduction prior to the introduction measure per hospital linterview on 01/13/20 with Charge Nurse #1 restraints used in the limb restraints." Inter Sheriff and Police De and shackles with IVO	pital for psychiatric services ospital. Review of the the patient remained under red by law enforcement where failed to reveal on physically restraining raint-free alternatives and entions such as (but not any were attempted: provide rersional activity, mued need for any medical mit setting/redirection, and addressing comfort and family to stay with patient activity and modern and providing sexercise/ambulation if iminating unnecessary moving the patient to a sestation, providing space for placing so within ease reach, listening so, pain management, be, sitter, change of the patient's record gression in how techniques the the less intrusive and tempted or considered on of more restricted policy.  15 at 1107 during ED tour are revealed the only approved ED by nursing staff are "soft view revealed "only the partments use handcuffs"	A 16	5	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	IPLE CONSTRUCTION  NG	COMPLETED
		340132	B. WING _		C 01/15/2015
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	01/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		BE CROSS- COMPLETION
A 165	shackles. Interview of not responsible for an shackles.  Interview on 01/15/20 Medical Director reversible for with the ABC of in the ED. Interview stated the Chief of Police of the ED. Interview stated the Chief of Police and that it was IVC patients were in officer and that it was IVC patients to be plashackles while in the can't control the police custody." Interview of monitoring of the pat revealed " we have be this for the past 9 modification of the ED under IVC or while in the ED were restraints (handcuffs enforcement officers staff did not view the handcuffs or shackle they were in the cust Interview revealed the documentation of modevery 15 minutes (for behavior), because the were not considered ED staff. Interview reversity in the reversity of the staff. Interview reversity of the staff. Interview reversity of the staff. Interview reversity of the staff. Interview reversity of the staff. Interview reversity of the staff. Interview reversity of the staff. Interview reversity of the staff. Interview reversity of the staff. Interview reversity of the staff. Interview reversity of the staff. Interview reversity of the staff. Interview reversity of the staff. Interview reversity of the staff. Interview reversity of the staff. Interview reversity of the staff.	attent when in handcuffs or evealed the nursing staff is oplying the handcuffs or evealed the nursing staff is oplying the handcuffs or evealed he spoke with a police of the spoke with a police of the spoke of the police of the custody of the police of the custody of the police of the custody of the police of the custody of the police of the custody of the police of the custody of the police of the custody of the police of the custody of the police of the custody of the police of the custody of the police of the custody of the police of the custody of the police of the custody of the police. The interview of the custody of the c	A -	165	
	monitoring Patient #	Restraint of Patient policy for I 2 while he was restrained in ffs/shackles placed by a law			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION  NG		COMPLETED
		340132	B. WING _			C <b>01/15/2015</b>
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP PO BOX 59 HENDERSON, NC 27536	CODE	01/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	1	HOULD BE CROSS- E APPROPRIATE	
A 165	revealed Patient #9 p ED on 11/01/2013 at transportation accom Review revealed the Crisis Evaluation Ref documentation at 111 new group home Mo threats to 'kill himself pt attempted to run a nursing assessment patient was alert, aw oriented to person, ti ED risk screen revea assessed as "No" for Record review revea placed in exam room patient was evaluate Review revealed a cl thoughts, expressing (homicidal ideation). medical history of bip and moderate menta revealed the patient	ecord review on 01/14/2015 presented to the hospital's 1106 via private apanied by group home staff. patient's chief complaint was ferral. Review of triage nurse 16 revealed "pt admitted to anday, staff reports pt made of and everybody else.' Stated way." Review of initial documentation revealed the ake, responsive to voice, me, and place. Review of a	A	165	ICY)	
	place, time, and situate normal. Extremities injury. Review of a A Involuntary Commitm (note timed) revealed #9 and the Petitioner was ED Physician A. upon which this opinifollowsPatient is mistory of Bipolar D/C Schizophrenia who is	ation); mood and affect non-tender and no signs of affidavit and Petition For nent form dated 11/01/2013 d the Respondent was Patient .  Review revealed "The facts ion is based are as nentally challenged with				

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	(X3) DATE COMP	
			, a boile	_			,
		340132	B. WING _			l	15/2015
NAME OF PE	ROVIDER OR SUPPLIER		l		STREET ADDRESS, CITY, STATE, ZIP CODE	0.7	10/2010
NAME OF T	IOVIDEITOIT COIT EIEM				PO BOX 59		
MARIA PA	RHAM MEDICAL CENTE	R	i		HENDERSON, NC 27536		
					PROVIDER'S PLAN OF CORRECTION (EA	<u></u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 165	Necessity for Involundated 11/01/2013 at of Findings" with "P with history of Bipolar very unstable at this to kill himself and oth stabilization." Review Order Involuntary Coorder was signed on Magistrate. Review of from the petition in thare reasonable groundleged in the petition respondent (Patient from the petition or the custody by ABC City at 1336 (Patient in El Review of a Compute Entry (CPOE) report, #398912, revealed a ED Physician A on 11 "Restraints, Place in"	self." Review of an commendation to Determine tary Commitment" form 1200 revealed "Description ratient is mentally challenged or and Schizophrenia who is time. He is making threats ers - needs in-patient of a "Findings and Custody mmitment" revealed the 11/01/2013 at 1258 by a revealed "The Court finds are true and that the facts of are true and that the respondent was taken into Police Officer on 11/01/2013 D when taken into custody). Portized Physician's Order Order # 26, CPOE physician's order entered by	A	165			
	Assessment Tool-Inta 1452 revealed "pre group staff. Staff from (client) was trying to threatened to kill self admission clt was ma and placing it to the his stab another staff c a verbally abusiveC	ake form dated 11/01/2013 at sents to (Hospital A) - ED c m group home report cit run away this am and as well as staff. Upon aking a gun with his fingers nead of staff, threatening to a plastic fork and being					
	pepper spray p (after" Review of nursing	refusing chemical restraint. g documentation revealed on Pt cc HI. Pt @ (at) group					

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		340132	B. WING		_	C 01/15/2015	
NAME OF PE	ROVIDER OR SUPPLIER		<del>-1</del>	STREET ADDRESS, CITY, ST	TATE, ZIP CODE	0.,	.0,2010
MARIA PA	RHAM MEDICAL CENTE	R		PO BOX 59 HENDERSON, NC 2753	86		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	X CORRECTIVE A REFERENCE	AN OF CORRECTION (EAC CTION SHOULD BE CROSS D TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 165	(and) Bipolar. Pt prei 'flipping off' other pati "Pt moved to isolation IVC in place, officer (a [sic], cuffed (restraint) tried to hang self w/be + trying to bite him, P cuffs, bed now broke violent behavior." At violent, calling everyoposey chest vestth sprayed w/pepper sp 1410, "Pt refusing flusigns) WNL (within now with eyes open, resp At 1600, "Pt starting to City Police Departmeresp WNL" Review documentation by more for Patient #9 dated the reason for referra property destruction, aggression, running a hallucinations or delusuicidal. Review revealed the had to be pepper restraints" Review examination revealed with poor hygiene, ar Review revealed the	ioning w (with)/Psychosis + tending to shoot staff + ents from room." At 1245, in room (Exam Room #1), ib bedside. Pt acting iriatic to bed, Pt had previously elt. Now threatening officer t trying to break free from in, officer warning pt of 1400, "Pt out of control, inne 'F**king Bi**hs.' Broke reatening to kill officer. Pt ray @ close range." At shing treatment. V/S (vital brinal limits), resting in bed (respirations) nonlabored." o yell out again, HPD (ABC int) at bedside." At 1755, "Pt of Crisis Assessment shille crisis management staff 1/01/2013 at 1800 revealed I was physical aggression, threats of physical away, verbal aggression, sions, homicidal and ealed "Became aggressive at inceatened to stab + shoot neighbors. Upon entering + put a belt around his neck. sprayed + put in 4 point v of mental status I the patient was disheveled and in 4 point restraints.	A	165			
	communication and a revealed the patient's slightly withdrawn, ar	appropriate speech. Review mood was depressed, and cooperative. Review of proper revealed at 1900, "Pt					

NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	C	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  PO BOX 59  PO BOX 59	01/15/2015	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CORRECTIVE ACTION SHOULD BE CROSS-	(X5) COMPLETION DATE	
A 165  Continued From page 46 sleeping on bed in 4 point restraints. HPD c (with) patient." At 2230, "sleeping, Quiet and cooperative." At 0100 (11/02/2013), Pt continues to sleep soundly." At 0300, "Pt. continues to sleep with restraints to wrist." At 0730, "Observed asleep. Law enforcement present" At 0930, "Mental Health Services cont. (continue) to evaluate for mental health facility placement." At 1050, "Remains cooperative." At 1200, "Law enforcement remains present" At 1330, "Remains cooperative" At 1330, "Remains cooperative" At 1300, "Law enforcement remains present" At 1555, "Law enforcement remains presentNo suicidal or homicidal gestures." At 1900, "Pt moved to room 7 (Seclusion Room). Police officer remains @ bedside" At 2000 to 0200 (11/03/2013) continued observation by police officer remains @ bedside" At 2000 to 0200 (11/03/2013) continued observation by police officer. At 0327, "Pt callm + cooperative" At, 0800, "HPD officer sitting outside of rm. (room)." At 0705, "Pt callm + cooperative" At 1330, "Pt remains calm + cooperative" At 2055, "Pt. calm + cooperative Ri. ankie remains shackled to stretcher by HPD. Good PMS (pulse, motor, sensation). Pt remains IVC'd." At 2300, "Pt continues to watch TV" At 1130 (11/04/2013), "cooperative" At 0810, "Remains cooperative" At 0810, "Remains cooperative" At 0810, "Remains cooperative" At 10810, "Remains cooperative" At 10810, "Remains cooperative" At 10810, "Remains cooperative" At 10810, "Remains cooperative" At 10810, "Remains cooperative" At 10810, "Remains cooperative" At 10810, "Pt. pleasant + cooperative" At 1040 (11/05/2013), "Resting c eyes closed Law enforcement remains present" At 1545, "Remains Cooperative No suicidal/homicidal gestures" At 1800, "Remains cooperative" At 1000 (11/05/2013), "Resting ceyes closed Law enforcement present." At 0815, "Remains cooperative" At 1000 (11/05/2013), "Resting ceyes closed La		

NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER    STREET ADDRESS, CITY, STATE, ZIP CODE   PO BOX 59   HENDERSON, NC 27536		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
MARIA PARHAM MEDICAL CENTER    STREET ADDRESS, CITY, STATE, ZIP CODE   PO BOX 59   HENDERSON, NC 27536							C '	
MARIA PARHAM MEDICAL CENTER  (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH COMPLETIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  A 165  Continued From page 47 dated 11/05/2013 at 1745 revealed "Description of Findings" with "Pt now stabilized, A+OX4, (No) HI, SI. D/M (discussed with) group home for disposition. Does not currently meet IVC criteria." Review of ED physician reassessment documentation at 1755 (11/05/2013) revealed the patient was re-examined and has improved, AOX4, Stable, No homicidal or suicidal ideation. Group home agrees to assume care. Review revealed a clinical impression of Psychosis, Schizophrenia, acute exacerbation. Review of			340132	B. WING _			01/15/2015	
MARIA PARHAM MEDICAL CENTER  (X4) ID PREFIX TAG  A 165  Continued From page 47 dated 11/05/2013 at 1745 revealed "Description of Findings" with "Pt now stabilized, A+OX4, (No) HI, SI. D/W (discussed with) group home for disposition. Does not currently meet IVC criteria." Review of ED physician reassessment documentation at 1755 (11/05/2013) revealed the patient was re-examined and has improved, AOX4, Stable, No homicidal or suicidal ideation. Group home agrees to assume care. Review revealed a clinical impression of Psychosis, Schizophrenia, acute exacerbation. Review of	NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	·		
(X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  A 165  Continued From page 47 dated 11/05/2013 at 1745 revealed "Description of Findings" with "Pt now stabilized, A+OX4, (No) HI, SI. D/W (discussed with) group home for disposition. Does not currently meet IVC criteria. "Review of ED physician reassessment documentation at 1755 (11/05/2013) revealed the patient was re-examined and has improved, AOX4, Stable, No homicidal or suicidal ideation. Group home agrees to assume care. Review revealed a clinical impression of Psychosis, Schizophrenia, acute exacerbation. Review of	MADIA DA	DUAM MEDICAL CENTE	:D	1	PO BOX 59			
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  A 165  Continued From page 47 dated 11/05/2013 at 1745 revealed "Description of Findings" with "Pt now stabilized, A+OX4, (No) HI, SI. D/W (discussed with) group home for disposition. Does not currently meet IVC criteria." Review of ED physician reassessment documentation at 1755 (11/05/2013) revealed the patient was re-examined and has improved, AOX4, Stable, No homicidal or suicidal ideation. Group home agrees to assume care. Review revealed a clinical impression of Psychosis, Schizophrenia, acute exacerbation. Review of	MARIA PA	MAN MEDICAL CENTE	in .		HENDERSON, NC 27536			
dated 11/05/2013 at 1745 revealed "Description of Findings" with "Pt now stabilized, A+OX4, (No) HI, SI. D/W (discussed with) group home for disposition. Does not currently meet IVC criteria." Review of ED physician reassessment documentation at 1755 (11/05/2013) revealed the patient was re-examined and has improved, AOX4, Stable, No homicidal or suicidal ideation. Group home agrees to assume care. Review revealed a clinical impression of Psychosis, Schizophrenia, acute exacerbation. Review of	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPRO	E CROSS-	COMPLETION	
nursing documentation revealed at 1858, "Taken back to group home per law enforcement" Record review failed to reveal documentation prior to physically restraining Patient #9 of all restraint-free alternatives and less restrictive interventions such as (but not limited to) the following were attempted: provide safe environment, diversional activity, assessment for continued need for any medical devices, telephone limit setting/redirection, enhanced observation, addressing comfort needs, asking/allowing family to stay with patient - family interaction, relaxation aids, limiting visitors, bed alarms, providing exercise/ambulation if condition warrants, eliminating unnecessary medications, mittens, moving the patient to a room closer to nurse's station, providing increased physical contact, camouflaging lines/tubes, personal space for placing belongings or pictures within ease reach, listening and exploring feelings, pain management, music/TV, reassurance, sitter, change of environment, that were tried without success; nor documentation within the patient's record indicating a clear progression in how techniques were implemented with the less intrusive restrictive intervention attempted or considered	A 165	dated 11/05/2013 at 1 of Findings" with "P (No) HI, SI. D/W (dis for disposition. Does criteria." Review of E documentation at 175 patient was re-examin AOX4, Stable, No ho Group home agrees to revealed a clinical im Schizophrenia, acute nursing documentation" Recommended a clinical im Schizophrenia, acute nursing documentation prior to Patient #9 of all restrations restrictive intervel limited to) the following safe environment, divassessment for continuited to the following safe environment, divassessment for continuited to the following safe environment, divassessment for continuited to the following safe environment, divassessment for continuited to the following safe environment, divassessment for continuited to the following safe environment, divassessment for continuited alarms, providing condition warrants, elementation, mittens, room closer to nurse increased physical collines/tubes, personal belongings or picture and exploring feeling music/TV, reassurant environment, that we documentation within indicating a clear prower implemented within indicating a clear prower im	trow stabilized, A+OX4, cussed with) group home not currently meet IVC ED physician reassessment 55 (11/05/2013) revealed the ned and has improved, micidal or suicidal ideation. To assume care. Review pression of Psychosis, exacerbation. Review of on revealed at 1858, up home per law for review failed to reveal to physically restraining aint-free alternatives and entions such as (but not not were attempted: provide versional activity, nued need for any medical mit setting/redirection, n, addressing comfort not family to stay with patient axation aids, limiting visitors, grexercise/ambulation if liminating unnecessary, moving the patient to a station, providing space for placing swithin ease reach, listening spanse for placing of retried without success; nor a the patient's record gression in how techniques ith the less intrusive	A 1	65			

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(×3	COMPLETED	
		340132	B. WING _			C 01/15/2015	
NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	<b>I</b>	01/13/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL REFERENCED TO THE APP DEFICIENCY)	D BE CROSS-	(X5) COMPLETION DATE	
A 165	with Charge Nurse # restraints used in the limb restraints." Inter Sheriff and Police De and shackles with IV revealed the nurse is and assessing the pashackles. Interview rot responsible for any shackles.  Interview on 01/15/20 Medical Director reversible of Policer with the ABC of in the ED. Interview stated the Chief of Policer and that it was IVC patients were in officer and that it was IVC patients to be plashackles while in the can't control the police custody." Interview monitoring of the pating revealed "we have be this for the past 9 modificer in the ED under IVC or while in the ED were restraints (handcuffs enforcement officers staff did not view the	policy.  215 at 1107 during ED tour If revealed the only approved ED by nursing staff are "soft roiew revealed "only the partments use handcuffs C patients." Interview responsible for monitoring tient when in handcuffs or evealed the nursing staff is oplying the handcuffs or evealed the police officer clice had determined that the the custody of the police ED partmental policy for all aced into handcuffs or ED. Interview revealed "we the putting the patients in evealed "we can control the	A	165			
		ody of law enforcement.					

		(X3) DATE SURVEY COMPLETED		
	340132	B. WING		C 01/15/2015
NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	01/10/2010
(X4) ID SUMMARY STATEME PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDE	BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (E/ CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS- COMPLETION
documentation of monitoring every 15 minutes (for viole behavior) and/or 2 hours (for behavior), because the hard were not considered a rest ED staff. Interview revealed follow the hospital's Restrat monitoring Patient #9 while the ED with metal cuffs/shadenforcement officer.  A 168  A 16	ont self-destructive or non-violent andcuffs and shackles rictive intervention by ad the ED staff did not int of Patient policy for the was restrained in ackles placed by a law at HTS: RESTRAINT OR usion must be in of a physician or other titioner who is the patient as specified orized to order restraint licy in accordance with the et as evidenced by: cedure reviews, and staff interviews the et at obtain a sing a patient in the care unit (ICU)  policy "Restraint of 2/2014, revealed estraints is a plemented to prevent moself/herself or from on to use a restraint is	A 16	A168 – Maria Parham Medical Cent and will continue to ensure that the has the right to receive care in a sat setting.	e patient fe  e eds and d sing rsing teness ed to D) Officer  nd ical en times

AND DI AN OF CORRECTION IN IDENTIFICATION NUMBER:		A. BUILDII	IG	['	COMPLETED	
		340132	B. WING			C <b>01/15/2015</b>
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY PO BOX 59 HENDERSON, NC 2		31,10,20.10
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	CORRECTIV	S PLAN OF CORRECTION (EACH VEACTION SHOULD BE CROSS- NCED TO THE APPROPRIATE DEFICIENCY)	
A 168	consistent guidelines and physical restrain alternatives, as deter team, have proven to provide a safe enviroDEFINITIONS: Reapplication of physic without the patient's her freedom of move may be human, med combination thereof. manual method or planterial or equipmer reduces the ability of arms, legs, body, or FOR USE OF REST Renewal of Orders and/or PRN orders a initiating the use of a restraint physician's Violent/Self Destruct placed on the chart or original order is time restraint and age of restraints is contemp who has been trained document a face-to-applying restraints, a restraint within the 1 physician's/LIP's ord restraint type *the ju'*date and time order evaluation, conducted initiation of restraint management of viole behavior that jeopart the patient, staff or contents.	comment is used to provide a for the safe use of chemical ats and seclusion, if armined by an interdisciplinary to be clinically ineffective to comment for the patient.  Sestraint - is the direct all force to a patient, with or permission, to restrict his or ement. The physical force hanical devices, or a Physical Restraints - any physical/mechanical device, at that immobilizes or a patient to move his or her head freely. PROCEDURE RAINT: Initiation and standing orders, protocols, are not permitted. When a restraint, the appropriate order form (Nonviolent or ive) must be completed and within 30 minutes. This -limited based on type of patient. When use of plated, a physician/LIP or RN d in restraint application must face assessment prior to and document the need for hour time frame. The let must specify: *the stification for the restraint red *durationThe in-person and within one hour of the or seclusion for the ent or self-destructive dizes the physical safety of others, includes the following:	A	68		
	behavior that jeopar the patient, staff or c	dizes the physical safety of				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	PLE CONSTRUCTION  G	COMPLETED		
		340132	B. WING _		01/15/2015	
	NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROP DEFICIENCY)	CROSS- COMPLETION	
A 168	need to continue or to seclusionThe Nonvolvers: Orders for no renewed each calend attending physician obased on his or her expensive is not necessary for the within a 24-hour time re-evaluate the patient non-violent/self-destroutine rounds. If respending to the patient order, a restraint renephysician order form the LIP before the original based on his or her the patient.  Closed medical record was admitted on 09/manemia and gastroint Medical record review 0700 the patient was restraints with all 4 si position. Medical record review 19 position. Medical record review 19 position. Medical record review 19 position. Medical record review 19 position. Medical record review 19 position. Medical record review 19 position. Medical record review 19 position. Medical record review 19 position. Medical record review 19 position. Medical record review 19 position. Medical record review 19 position. Medical record review 19 position. Medical record review 19 position. Medical record review 19 position. Medical record review 19 position. Medical record review 19 position. Medical record review 19 position. Medical record review 19 position. Medical record review 19 position.	to the restraint *the behavioral condition *the erminate the restraint or violent Restraint Physician's conviolent restraints must be lar day by the patient's r other designated LIP examination of the patient. It the renewal to be completed e-frame as the physician can not and need for uctive restraints during straints for nonviolent	A 1	68		
A 171	Compliance Officer re order for the restrains "There's no order, I d patient."	015 at 0930 with Regulatory evealed there was no initial to The interview revealed on't see any orders for this T RIGHTS: RESTRAINT OR	Α-	71		

		(X3) DATE SURVEY COMPLETED			
					С
		340132	B. WING _		01/15/2015
	ROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (E CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS- COMPLETION
A 171	restrictive (i) Each order for rest the management of v behavior that jeopard safety of the patient, may only be renewed following limits for up (A) 4 hours for adults (B) 2 hours for childred years of age; or (C) 1-hour for childred This STANDARD is reasonable and the same a	traint or seclusion used for iolent or self-destructive lizes the immediate physical a staff member, or others in accordance with the to a total of 24 hours:  18 years of age or older; en and adolescents 9 to 17  In under 9 years of age;  not met as evidenced by: licy review, medical record erviews, the hospital's ent (ED) staff failed to restraint order was time than four (4) hours for 1 of 1 to 18 years or older and for to 17 years of age (#12) in secluded for the int or self-destructive  spital policy "Restraint of ised 12/2014, revealed to or restraints is a on implemented to prevent ing himself/herself or from FINITIONS:Physical ual method or device, material or bilizes or reduces the ability	A 1	A171 – Maria Parham Medical Centimeets and will continue to meet the regulations that require a hospital protect and promote each patient?  The following actions have been implemented in support of Tag A17.  Physician documentation will incomplemented in support of Tag A17.  Physician documentation will incomplemented in support of Tag A17.  Physician documentation will incomplemented in support of Tag A17.  Physician documentation will incomplemented in support of appropriateness continuing restraints using the Mealth Reassessment Form (Atta Reassessment is based on the parage; every four hours for adults and older, every two hours for children under 17, every hour for children under 18. Responsible person Nursing Director or conducts Monday - Friday restraint in the Emergency Department and Supervisors Saturday - Sunday, deficiencies are immediately report the Nursing Director of the ED for resolution.	e to s rights.  71:  Ilude their of 2/2/2015 dental chment E). tient's 1.8 years or en ages 9 – 9. ctor ED  designee ent rounds and Nursing Any orted to
		bilizes or reduces the ability his or her arms, legs, body,			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SI COMPLE  AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SI COMPLE							
		340132	B. WING			01/	15/2015
NAME OF P	ROVIDER OR SUPPLIER	010102	1	ST	TREET ADDRESS, CITY, STATE, ZIP CODE	01/	15/2015
MARIA PA	ARHAM MEDICAL CENTE	ER .	PO BOX 59 HENDERSON, NC 27536				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EAG CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 171	restraints in those parmanagement of violet behavior towards the caregivers or other paying and physical restraint to near the involuntary continuous aroom or area from physically prevented only be used for their self-destructive behaving mediate physical sembler, or others are not considered sephysically restrainedPROCEDURE FOR Initiation and Renewa protocols, and/or PRI When initiating the usappropriate restraint (Nonviolent or Violent completed and place minutes. This origination type of restraint are physician's/LIP's order restraint type *the just *date and time ordered Violent/Self-Destruction limit for Violent/Sis: *4 hours for adultation and region in the median content of the protocol of the content of the protocol of the content of the protocol of the content of the protocol of the protoco	traints for Violent or avior: refers to the use of tients who require int or self-destructive inselves or others (including atients) or, who require in an age suicidal or homicidal ting Seclusion - seclusion finement of a patient alone in which the patient is from leaving. Seclusion may inanagement of violent or vior that jeopardizes the afety of the patient, a staff of the following interventions eclusion: 1. a patient alone in an unlocked room. If USE OF RESTRAINT: alof Orders Standing orders, in orders are not permitted. See of a restraint, the physician's order form the chart within 30 alorder is time-limited based and age of patient The er must specify: *the stification for the restraint ed *duration For the Restraints [V/SD] The Self-Destructive Restraints is (18 years of age or older) (ages 9-17) *1 hour for for DOCUMENTATION: straint/seclusion use is to be call record. Documentation telephone order received	A	171	The Emergency Department including physicians, were reducated on restraint usage the Restraint of Patients PC policy (Attachment B) Surgical, Medical, Progressiv Unit (PCU) and ICU staffs recreeducation on Restraint of Patients PC17 Policy. (Attack B) Responsible person: Nursing Director ED  Monitoring: Quality Direct continue to audit 100% of repatient charts to assure appropriate time limited ore Restraint audits will be repot the Patient Safety & Clinical Committee at a minimum of times a year with minutes of committee going to the Boar Trustees.	estaff, eand 17 ve Care ceived f chment  ders. orted to Quality f ten f this	1/22/2015

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		E CONSTRUCTION		TE SURVEY MPLETED
			A. BOILDI			1 0	
		340132	B. WING				15/2015
NAME OF PE	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		10/2010
					PO BOX 59		İ
MARIA PA	RHAM MEDICAL CENTE	ER .			HENDERSON, NC 27536		l
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ATEMENT OF DESICIENCIES	ID	Щ.	PROVIDER'S PLAN OF CORRECTION (E.	ACH	(X5)
(X4) ID PREFIX TAG	(EACH DESIGNATION AND SERVICE DESCRIPTION OF THE PROPERTY OF T		PREFI TAG		CORRECTIVE ACTION SHOULD BE CRO	CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE	
A 171	Continued From page	e 54	Α	17	1		
	1. Closed medical re	cord review of Patient #12					
Ì	revealed a 9 (nine) y	ear old child presenting to					
	the Emergency Depa	rtment with mother on					
	12/12/2014 at 2001 v	vith a chief complaint of "Pt					
	(patient) with hx (hist	ory) of ADHD (Attention					
	Deficient Hyperactivit						ľ
	•	d to ER for psych eval.					
		sts (states) pt acting out					
		way'. Mother sts pt using					
	• •	amaging property at home.					
		esp (respirations) even and					
		acute distress)." Medical					
		ed documentation by nursing conducted at 2003 and the					
		nded to voice and was					
		me and place. Review of					
		on at 2002 revealed the "Pt				1	
	ambulated to ER-1 -						
		reaming, constantly in motion					
		at home. Pt using foul					
		ecord review revealed					
	documentation of the	physician's medical					
		E) on 12/12/2014 at 2010 in					i
	room 1. Review of the	ne MSE revealed the parent					
		during the exam and the					
		strated, agitated". Review of					
		e clinical impression by the					
	physician was ADHD	_					
		lled at 2140 the patient					
	, ,	creaming, rolling around on					
	floor, slapping at wal	I record review revealed the					
		ered per physician's order					
	•	or treatment of anxiety					
		t 2219 and Benadryi 25					
		psychiatric symptoms) mg					
		record review revealed					
	documentation on the						
	"Appropriateness/Jus	stification for Acute					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	1 6		B) DATE SURVEY COMPLETED	
		340132	B. WING _			D 15/2015	
	ROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CORRECTIVE ACTION SHOULD BE CROSS-REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REFERENCED TO THE APPROPRIATE DEFICIENCY)		CROSS-	(X5) COMPLETION DATE		
A 171	order for the patient to due to "Pt's (patient's spitting, scratching-truncontrollable with me physician's order for restraint type was order holdersFour Side Rorder revealed no do or how many limbs worder revealed no do or how many limbs worder revealed no do or how many limbs worder revealed 12/12/2014 at 2248 at the physician at 2250 reveal any document restraining the child.  Interview on 01/15/20 Nursing Director revealed not holder IVC or while in the ED were restraints (handcuffs enforcement officers. staff did not view the handcuffs or shackles they were in the cust Interview revealed the documentation of a physician set raints and the hannot considered a rest staff. Interview confinithe physician's order ED physician on 12/1 confirmed the order whours for children or a years of age. Interview did not follow the hospolicy for time limited	traint" form of a physician's of be physically restrained be a be physically restrained be be physically restrained be be physically restrained be be be physically restrained be be be be be perfect be restrained. Review the restraint was initiated on and the order was signed by a be be be be be be be be be be be be be	A 1	71			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION  G	COMPLETED		
		340132	B. WING		0	1/15/2015	
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROF DEFICIENCY)	ECROSS-	(X5) COMPLETION DATE	
A 171	presented to the hos 1106 via private tran group home staff. Pchief complaint (cc) Referral. Review of at 1116 revealed "pt Monday, staff report himself and everybo to run away." Revie assessment docume was alert, awake, reperson, time, and pluscreen revealed the "No" for risk for self revealed the patient physician at 1109. Fcomplaint of suicidal (suicidal ideation) ar Review revealed a pdisorder, schizophre retardation (MR). Review revealed a pdisorder, schizophre retardation (MR). Review revealed a pdisorder, schizophre retardation (MR). Review revealed a pdisorder, schizophre retardation (MR). Respondent was Pawas assessed as not alert; oriented X4 (psituation); mood and non-tender and no saffidavit and Petition form dated 11/01/20 Respondent was Pawas ED Physician Aupon which this opir followsPatient is rhistory of Bipolar D/Schizophrenia who is making threats group home and him and Custody Order revealed the order was propertical to the propertical staff.	led an 18 year old male who spital's ED on 11/01/2013 at sportation accompanied by leview revealed the patient's was Crisis Evaluation triage nurse documentation admitted to new group home is pt made threats to 'kill dy else.' Stated pt attempted who of initial nursing entation revealed the patient sponsive to voice, oriented to acc. Review of a ED risk patient was assessed as harm/elopement. Review was evaluated by a ED Review revealed a chief atthoughts, expressing SI and HI (homicidal ideation). It is and moderate mental eview revealed the patient acute distress; awake and erson, place, time, and affect normal. Extremities igns of injury. Review of a in For Involuntary Commitment 13 (note timed) revealed the tient #9 and the Petitioner. Review revealed "The facts inon is based are as mentally challenged with	A 1'	71			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDIN	PLE CONSTRUCTION  IG		(X3) DATE SURVEY COMPLETED	
		340132	B. WING _			C 01/15/2015
NAME OF P	ROVIDER OR SUPPLIER	<u></u>		STREET ADDRESS, CITY, STATE, ZIP COD	<u>L</u>	0.7,10,20.0
MARIA PA	RHAM MEDICAL CENT	ER		PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORR CORRECTIVE ACTION SHOUL REFERENCED TO THE APP DEFICIENCY)	D BE CROSS-	(X5) COMPLETION DATE
A 171	that there are reason the facts alleged in the facts alleged in the respondent (Patimentally ill and dang Review revealed the custody by ABC City at 1336 (Patient in E Review of a Comput Entry (CPOE) report #398912, revealed a ED Physician A on 1 "Restraints, Place in Priority: "Routine". I documentation revea "Pt cc Hl. Pt @ (at) functioning w (with)/I pretending to shoot spatients from room." isolation room, IVC in Pt acting iriatic [sic], had previously tried threatening officer + break free from cuffs warning pt of violent of control, violent, ca Bi**hs.' Broke posey kill officer. Pt sprayer range." At 1410, "Pt V/S (vital signs) WNI resting in bed with et nonlabored." Review Assessment Tool-Int 1452 revealed " pre (with) group staff. Siclt (client) was trying	petition in the above matter hable grounds to believe that the petition are true and that ent #9) is probably: [X] 1. erous to self or others" respondent was taken into Police Officer on 11/01/2013 D when taken into custody). erized Physician's Order, Order # 26, CPOE physician's order entered by 1/01/2013 at 1358 for ", Frequency: "ONCE",	A 1	71		
		aking a gun with his fingers head of staff, threatening to				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	(X3	B) DATE SURVEY COMPLETED
		340132	B. WING _			C 01/15/2015
	ROVIDER OR SUPPLIER	ER .	1	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	Ē	
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG	X CORRECTIVE ACTION SHOUL	VIDER'S PLAN OF CORRECTION (EACH RECTIVE ACTION SHOULD BE CROSS- EFERENCED TO THE APPROPRIATE DEFICIENCY)	
A 171	verbally abusive Cadmission c forensic pepper spray p (after "Review of nursing 1600, "Pt starting to y City Police Departmeresp WNL" Review documentation by more for Patient #9 dated the reason for referrare property destruction, aggression, running a hallucinations or delusuicidal. Review reversed (group home). The self + others. Ran to ED he refused meds He had to be pepper restraints "Review examination revealed with poor hygiene, and Review of nursing do 1900, " Pt sleeping of HPD c (with) patient." reveal documentation ED Physician A on 11 restraints was time liming the ED under IVC or while in the ED were restraints (handcuffs enforcement officers. staff did not view the handcuffs or shackless	plastic fork and being It was restrained on restraints and required Prefusing chemical restraint. It documentation revealed at rell out again, HPD (ABC Int) at bedside." At 1755, "Pt ref Crisis Assessment rebile crisis management staff 1/01/2013 at 1800 revealed It was physical aggression, stineats of physical away, verbal aggression, sions, homicidal and realed "Became aggressive at arreatened to stab + shoot reighbors. Upon entering reput a belt around his neck. sprayed + put in 4 point reference of the patient was disheveled din 4 point restraints. The patient was disheveled at in 4 point restraints. The CPOE order entered by ref Pot at 1358 for ref patient #9.  In 5 at 1235 with the ED aled patients brought into who are placed under IVC	A -			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	(X3) DATE SURVEY COMPLETED		
		340132	B. WING		C 01/15/2015
	ROVIDER OR SUPPLIER	R		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	5,715,735,73
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS- COMPLETION
A 175	Interview revealed the documentation of a pidecause ED physicial restraints and the har not considered a restraints and the har not considered a restraints and the har not considered a restraints and the har not considered a restraints and interview confirmed the order whours for adults age that the condition of the paper and not CPOE, a CPOE order for restraint for patient policy for the ED staff did not for patient policy for the ED staff did not for patient policy for the ED staff did not for patient policy for the ED staff did not for patient policy for the ED staff did not for patient policy for the ED staff did not for patient policy for the ED staff did not for patient did not patient directly for the ED staff did not for patient during restraint emergency department document did not patient during restraint emergency department did not patient during restraint emergency department did not patient during restraint emergency department did not patient during restraint emergency department did not patient during restraint emergency department did not patient during restraint emergency department did not patient during restraint emergency department did not patient during restraint emergency department did not patient did	ere would not be any hysician's order for restraint h's do not order forensic adcuffs and shackles were rictive intervention by ED med the documentation of estraint entered by ED (2013 at 1358. Interview was not time limited up to 4 8 years of age or older. It the time we were using I can't explain why there is estraint Interview confirmed follow the hospital's Restraint me limited restraint orders. AT RIGHTS: RESTRAINT watient who is restrained or initored by a physician, other expractitioner or trained staff the training criteria specified is section at an interval all policy.	A 17:	A175 - Maria Parham Medical Center meets and will continue to meet the regulations that require a hospital transported and promote each patient's The following actions have been implemented in support of Tag A17.  The ED staff, including physwere re-educated on Restrapatients PC 17 usage and the restraint policy (Attachmen Surgical, Medical, Progressi (PCU) and ICU staffs receive education on restraint usage the restraint policy.  Responsible Person: Nursing Director ED	e o rights.  5: icians aint of ne t B). ve Care ed re- ee and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С	
		340132	B. WING _		01/15/2015		
NAME OF PI	NAME OF PROVIDER OR SUPPLIER			- ;	STREET ADDRESS, CITY, STATE, ZIP CODE		
MARIA DA	BUAN MEDICAL CENT	-n			PO BOX 59		
MARIA PA	RHAM MEDICAL CENTE	: <b>n</b>			HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CORRECTIVE ACTION SHOULD BE CROSS-			SS-	(X5) COMPLETION DATE		
					Continued from page 60		
A 175	Continued From page	e 60	Α.	175	5		
	The findings include:				Monitoring: Quality Director of	r	
					designee conducts Monday - F	riday	
,	l .	spital policy "Restraint of			restraint rounds in the Emerge	ency	
		ised 12/2014, revealed			Department and Nursing Supe	rvisors	
	"PURPOSE: The use				Saturday - Sunday. Any defic	1	
	, .	on implemented to preventing himself/herself or from			are immediately reported to the		
		decision to use a restraint is					
	driven by a comprehensive individual				Nursing Director of the ED for		
		NITIONS: Restraint - is the	İ		resolution.		
	direct application of p	hysical force to a patient,	ŀ		Quality Director will continue	to audit	
		ttient's permission, to restrict			,		
	ſ	movement. The physical			100% of restraint patient char		
		, mechanical devices, or a			assure ongoing assessment an		
		Physical Restraints - any nysical/mechanical device,			monitoring of the patient's co	ndition	
	material or equipmen	-	1		meets standards specified in R	estraint	
		a patient to move his or her			of Patients PC 17 (Attachmen	t B). A	
		nead freelyRestraint to			restraint report will be reporte	ed to	
	Promote Medical Red	covery (non-violent): refers			Patient Safety & Clinical Quality	y at a	
		ts in those patients who			minimum of ten times each ye	ar with	
		cally essential therapies			minutes of this committee goi	1	
		d who demonstrate a state of	1		Board of Trustees.	16 10 1110	
		cognition that puts those those patients who require			board of frustees.		
		psychiatric behaviors that			When restrictive devices have been	en applied	
		jury. Restraints for Violent			by LEO, these patients must be of		
		ehavior: refers to the use of			100% of the time by the law enfo		
	restraints in those pa	tients who require			official.	İ	
	management of viole				Responsible person: Chief Opera	ting	
	1	mselves or others (including			Officer		
		atients) or, who require			Monitoring: Any deviation in Law	v	
		nanage suicidal or homicidal tingRestrictive Devices			enforcement practice will be repo		
		rcement Officials - handcuffs			the Nursing Supervisor who will o		
		devices applied by law			the Administrator on Call with rep	ĺ	
		for custody, detention, and			the Chief Operating Officer		
		and is not involved in the					
	provision of health ca	are; not considered					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, –′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		340132	B. WING			C 01/15/2015	
NAME OF PE	ROVIDER OR SUPPLIER			s	TREET ADDRESS, CITY, STATE, ZIP CODE		
MARIA PARHAM MEDICAL CENTER				l	O BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	EIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	I SHOULD BE CROSS- COMP THE APPROPRIATE DA	
A 175	room or area from wh prevented from leavin used for the manager self-destructive behavinmediate physical samember, or others. Tare not considered sephysically restrained aPOLICY: It is the possibility to the semergencies that have use of restraints, b. It to emergencies where patient harming himse using the least restrict patient and preserve and well being during respecting the patient maintaining a clean a maintaining the patient visibility to others, and body temperature is resafe application and requalified staff. 4. Moneeds while in restraints encourage release of possibleRestraints situations where the posservable behaviors risk of injuring himself Restraints are not to be coercion, discipline, of for staff convenience to devicesused by although the standard	ent of a patient alone in a lich the patient is physically ag. Seclusion may only be ment of violent or vior that jeopardizes the afety of the patient, a staff the following interventions aclusion: 1. a patient alone in an unlocked room. The patient alone in an unlocked room. The patient alone in an unlocked room. The patient alone in an unlocked room. The patient alone in an unlocked room. The patient alone in an unlocked room. The patient alone in an unlocked room. The patient alone in an unlocked room. The patient alone in an unlocked room. The patient alone in an unlocked room. The patient alone in an unlocked room. The patient alone in an unlocked room. The patient alone in an unlocked room. The patient alone in an unlocked room. The patient alone in an unlocked room. The patient alone in an unlocked room. The patient alone in a pat	A	175			
	document may be ap	piloableLEAS I					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(x2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С	
<b>340132</b> B. WING			B. WING			01/15/2015	
NAME OF PE	ROVIDER OR SUPPLIER		<u> </u>	STE	REET ADDRESS, CITY, STATE, ZIP CODE		
MADIA DA	RHAM MEDICAL CENTE	:0		PO	BOX 59		
MANIA PA	ARAM MEDICAL CENTE	:n		HE	NDERSON, NC 27536		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION (EAC		(X5) COMPLETION
PREFIX TAG		/ MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX	·	CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE	S-	DATE
		·			DEFICIENCY)		
A 175	Continued From page	62	A 1	75			
	RESTRICTIVE REST						ĺ
	APPLICATION: Asse	essment and reassessment					
	processes should incl	ude the appropriateness of	1	ĺ	·		
		and/or seclusion. Physical		ł			
		ened periodically to evaluate	ĺ				
		ulation while the patient is in		. [			
	restraintsDisconti			ļ			
		initiated, the patient should					
		aluated for the continued					
	need of the intervention						
		e type of intervention The					
		scontinued as soon as the		ĺ			
	patient meets the beh						
	discontinuation. The						
		straint to determine early cumented at a minimum of		ĺ			
		ore often as the patient's		ļ			
	condition improves	•					
	-	ARE OF THE PATIENT IN		1			
	, , , , , , , , , , , , , , , , , , , ,	restraints are used there is					
		r patient monitoring and					
		e patient safety, that the less		ĺ			
		e used when possible, and		ļ			
		ntinued as soon as possible.	İ				
	Immediately after rest	•		- 1			
	assessment should be	e made to ensure that the					
	restraints were prope	rly and safely applied so as					
	to not cause the patie	ent harm or pain.		ĺ			
	Documentation shoul	d include this assessment		}			
	as well as the patient						
		he frequency of monitoring					
		nade on an individual basis,					
	which includes a ratio						
		ndividual patient's medical					
	needs and health stat			-			
		ate to the type of restraint			•		
	used: *signs of injury						
	•	dration *circulation and					
	range of motion in the	e extremities *vital signs					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED C		
340132			B. WING		01/15/2015	
	MARIA PARHAM MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO CORRECTIVE ACTION SHOULD BE: REFERENCED TO THE APPROPF DEFICIENCY)	CROSS- COMPLETION	
A 175	*hygiene and eliminal psychological status a integrity, comfortable patient's dignity, men well being) *readines: *patient's understand restraint and requirenPATIENT/FAMILY E Violent restraints, readocumentation is requand for Violent/Self-D required every 15 min Interview on 01/14/20 ED (1420-1500) with revealed the ED had under involuntary corrooms #1, #5, #17 an IVC in exam room #7  1. Observation durin 1427 of exam room # located across from to Observation revealed glass door. Observation disting on the encover a bedside table. stretcher's two side ralocked position. Observation the stretcher's fran (restraint). Observation texhibit any violen behaviors. Observatin the exam room alo supervision of a LEO	tion *physical and and comfort (i.e. skin body temperature, the tal status, and emotional is for release from restraints ing of the reasons for ments for release EDUCATION:For Nonsesessment and uired at least every 2 hours destructive restraints, it is notes.  215 at 1420 during tour of the the Charge Nurse #2 three (3) patients currently mitment (IVC) in exam done (1) patient pending.  22 g ED tour on 01/14/2015 at 1417, revealed the room was the nursing station.  33 the room had a sliding tion revealed a male patient in green disposable scrubs dof the stretcher leaning. Observation revealed the patient cooperative. Observation is right leg/ankle was chained the with a metal shackle/cufficion revealed the patient did tor self-destructive ion revealed the patient was	A 1	75		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С	
		340132	B. WING	_		01/	15/2015
NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER				ı	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EAR CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 175	stretcher and pivoted stretcher without diffic observation revealed (CSD) #1 was sitting a cubical. Observation the opposite side of from exam room #17. #1 stood up and exite down the hallway on nursing station, away exited the emergency through a set of doub revealed Patient #14 #17 unsupervised by observation revealed cubical in the nursing Observations from 14 any violent or self-des by Patient #14 while I room #17.	around to the side of the culty or assistance. At 1434, XYZ County Sheriff Deputy behind the nursing station in on revealed the cubical was of the nursing station, away. Observation revealed CSD and the cubical and walked the opposite side of the from exam room #17 and of department treatment area alle doors. Observation was alone in exam room a LEO. At 1436, CSD #1 returned to the station and sat down. 127 to 1500 failed to observe structive behaviors exhibited being restrained in exam	A	175			
	1820 accompanied by IVC petition. Review complaint was IVC-C Review of triage nurs revealed "IVC, per cabizarre behavior, pt w gentials [sic], pt endo pt with rambling though will only hurt someon Review of triage asserevealed the patient w (person, place, time) revealed the patient wat 1908. Review revealed by IVC-C Re	pital's ED on 01/13/2015 at by Law Enforcement under revealed the patient's chief risis Evaluation Referral. The documentation at 1827 aregiver pt (patient) with valking around showing arses auditory hallucinations, ghts in triage, pt states here if they try to hurt him." The sesment documentation was alert, oriented x 3 and anxious. Review was evaluated by a physician realed a chief complaint of coosing genitals. Review					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		340132	B. WING		C 01/15/2015	
NAME OF PE	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	517.10/2010	
MARIA PA	MARIA PARHAM MEDICAL CENTER			PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EAC CORRECTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A 175	revealed the patient was distress, awake and a pressured speech, and revealed the patient was of a "Findings and Cu Commitment" revealed 01/13/2015 at 1541 becaled "The Court of above matter that the to believe that the fact true and that the respectory probably: [X] 1. menor others or mentally in order to prevent further deterioration that would dangerousness" Fand Recommendation Involuntary Commitment 2345 revealed "De" presenting for agital inappropriately to othe disorganized with prelocation but not situated himself due to psychologomentation at 223 in bed. No aggressives elf-injurious behavion "Pt unshackled whill 1330 "Pt sitting at endistress noted." At 15 (with) no distress noted. At 15 (with) no distress noted. Revisibly staff as calm or content of the patient's by staff as calm or content in the pa	vas assessed as no acute alert, slightly agitated, and directable. Review vas "cooperative." Review vas "cooperative." Review vas the order was signed on y a Magistrate. Review inds from the petition in the re are reasonable grounds its alleged in the petition are condent (Patient #14) is itally ill and dangerous to self ill and in need of treatment ither disability or ald predictably result in Review of an "Examination in to Determine Necessity for cent" form dated 01/13/2015 scription of Findings" with ation, exposing himself ers. On evaluation, pt is ssured speech. Oriented to cion. Is currently a danger to coisis." Review of nursing is revealed "Resting quietly we behaviors, no ir" At 1215 (01/14/2015) we bed was exchanged." At d of bed. No c/o voiced. No coo "Pt sitting on bed c ced." At 1845 "Pt transported ambulated to police care no lew of "Suicide Precautions intation on 01/13/2015 from control of the orient of t	A 17			
	no documentation the	patient was violent or revealed on 01/14/2015 at				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			1			С	
340132 B. WING		B. WING _			01/15/2015		
	NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP C PO BOX 59 HENDERSON, NC 27536	ODE		
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO  X CORRECTIVE ACTION SHI  REFERENCED TO THE  DEFICIENCE	OULD BE CROSS APPROPRIATE		
A 175	to Surveyor's observa	e 66  O (corresponding timeframe ation [1427-1500] of the led to the stretcher) as being	A 1	175			
	cooperative. Record available documentate violent or self-destruct the need for restraint 01/13/2015 at 1820 th 01/14/2015 at 1845. To reveal documentate and assessment of the minutes for violent/se every two hours for neappropriate to the typor more of the following associated with the recirculation and range vital signs, hygiene as psychological status a integrity, comfortable patient's dignity, men	review failed to reveal any ion Patient #14 exhibited ative behaviors necessitating use while hospitalized from prough discharge on Further record review failed ion of ongoing monitoring e patient at least every 15 lf-destructive restraint or on-violent restraint (as e of restraint used) for one ng: signs of injury estraints, nutrition/hydration, of motion in the extremities, and elimination, physical and and comfort (i.e. skin body temperature, the tal status, and emotional as for release from restraints, ng of the reasons for					
	revealed he was a De County Sheriff's Depahe was present in the subject). Interview re exam room #17 was revealed the patient v 01/13/2015. Interview previous Deputy this shift change. Intervie Deputy placed the patinterview revealed the	porty Sheriff with the XYZ artment. Interview revealed ED for a "10-73" (mental vealed the patient (#14) in under IVC. Interview was brought to the ED on verevealed he relieved the morning (01/14/2015) at we revealed the previous tient into "ankle shackles." e "officer makes the decision ent needs to be handcuffed"					

AND BLANCE CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		340132	B. WING _	B. WING		C 01/15/2015	
NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRE  CORRECTIVE ACTION SHOULI  REFERENCED TO THE APPI  DEFICIENCY)	D BE CROSS-	(X5) COMPLETION DATE	
A 175	not going to jail and we Interview revealed he until a mental health in patient. Interview revealed he until a mental health in patient. Interview revealed he or hurting, he will use if the cuffs/shackles a revealed there was reperiodically removing checking for tightness "patient lets me know Interview revealed if the restroom, the cuff Interview revealed he skin for circulation. In is responsible for taking medical needs. Interview on 01/13/20 with Charge Nurse # restraints used in the limb restraints." Interview and shackles with IV revealed the nurse is and assessing the pashackles. Interview in not responsible for apshackles.  Interview on 01/15/20 Medical Director reversificer with the ABC of in the ED. Interview	ew revealed Patient #14 was was not under arrest.  In (CSD #1) was on standby facility could be found for the realed because the patient the was responsible for any of an interview revealed when the reality shackles are too tight are too tight. Interview to set schedule for a the cuffs/shackles or set. Interview revealed the	A	175			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
340132 B. WING _				C 1/15/2015		
	ROVIDER OR SUPPLIER	R		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59		1/10/2013
WATER 17	WILDIOAL GENTL			HENDERSON, NC 27536		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE
A 175			A 1	75		
	officer and that it was IVC patients to be pla shackles while in the can't control the police custody." Interview remonitoring of the patierevealed " we have be	ED. Interview revealed "we e putting the patients in evealed "we can control the				
	Nursing Director reversities the ED under IVC or while in the ED were restraints (handcuffs enforcement officers. staff did not view the handcuffs or shackles they were in the custof Interview revealed the documentation of more every 15 minutes (for behavior) and/or 2 hobehavior), because the were not considered at ED staff. Interview refollow the hospital's Fmonitoring Patient #1	or shackles) by the law Interview revealed the ED placement of IVC patients in as as a restraint, because ody of law enforcement. ere would not be any nitoring and assessment violent self-destructive				
	1438 of exam room # located diagonally ac station. Observation wood door. Observat patient (Patient #16) scrubs and laying on	revealed the room had a tion revealed a female wearing green disposable				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		340132	B. WING			15/2015
	NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CYMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (E CORRECTIVE ACTION SHOULD BE CRC REFERENCED TO THE APPROPRIAT DEFICIENCY)	oss-	(X5) COMPLETION DATE
A 175	revealed the stretch in the locked position patient was alert, ca Observation revealed chained to the stretch cuff/shackle (restrain patient did not exhibs self-destructive behat the patient was in the without direct supervealed an ABC Cit was sitting behind the reading a magazine 1500 failed to obserself-destructive behat 1500 failed to obserself-destructive behat 1500 failed to obserself-destructive behat 1500 failed to obserself-destructive behat 1500 failed to a self-destructive behat 1500 failed to obserself-destructive behat 1726 for "potential drevealed the patient and was assessed the 1912 by a mobile or on 01/14/2015 at 00 being mentally ill an others. Review revealed from 0600 patient's behavior with parent and LEC revealed from 0600 patient's behavior with eyes closed and closed. Review reverequested the "shad and the hospital star revealed at 0725, the	er's two side rails were up and n. Observation revealed the lm, and cooperative. d the patient's left wrist was ther's frame with a metal nt). Observation revealed the it any violent or aviors. Observation revealed e exam room alone and vision of a LEO. Observation by Police Department officer ne nursing station in a cubical, . Observations from 1438 to	A 17	5		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			ł		С	
		340132	B. WING		01/15/2015	
	ROVIDER OR SUPPLIER	R		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
OVA) ID	SLIMMADV ST/	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION (EAC	CH (X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A 175	extremity "cuffed" (re Review revealed at 08 transferred to a Psych review failed to reveal documentation Patient self-destructive behavior restraint use while 01/13/2015 at 1726 th 01/15/2015 at 0835. It or reveal documentation and assessment of the minutes for violent/se every two hours for not appropriate to the typor more of the following associated with the recirculation and range vital signs, hygiene are psychological status a integrity, comfortable patient's dignity, mention well being), readiness patient's understanding restraint and requirem hospital policy.  Interview on 01/13/20 with Charge Nurse #1 restraints used in the limb restraints." Inter Sheriff and Police Defined and shackles with IVC revealed the nurse is and assessing the pashackles. Interview of the street of the patient's understanding the pashackles. Interview of the pashackles.	straint) to bed frame.  335, the patient was niatric hospital. Record I any available at #16 exhibited violent or viors necessitating the need hospitalized from nrough discharge on Further record review failed ion of ongoing monitoring e patient at least every 15 If-destructive restraint or on-violent restraint (as e of restraint used) for one ng: signs of injury estraints, nutrition/hydration, of motion in the extremities, and elimination, physical and and comfort (i.e. skin body temperature, the tal status, and emotional as for release from restraints, ng of the reasons for ments for release, per	A 17			
	Interview on 01/15/20	15 at 1015 with the ED				

NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER    CA   10   PREPRIX   SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FOLL PREPRIX TAQ   PROVIDERS PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FOLL PREPRIX TAQ   PROVIDERS PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FOLL PREPRIX TAQ   PROVIDERS PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FOLL PREPRIX TAQ   PROVIDERS PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FOLL PREPRIX TAQ   PROVIDERS PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FOLL PREPRIX TAQ   PROVIDERS PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FOLL PREPRIX TAQ   PROVIDERS PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FOLL PREPRIX TAQ   PROVIDERS PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FOLL PREPRIX TAQ   PROVIDERS PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FOLL PREPRIX TAQ   PROVIDERS PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FOLL PREPRIX TAQ   PROVIDERS PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FOLL PREPRIX TAQ   PROVIDERS PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FOLL PREPRIX TAG   PROVIDERS PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FOLL PREPRIX TAG   PROVIDERS PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FOLL PREPRIX TAG   PROVIDERS PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FOLL PROVIDED BY FOLL PR	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			
MARIA PARHAM MEDICAL CENTER    STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 93   HENDERSON, NC 27538			340132	B. WING			
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  A 175  Continued From page 71  Medical Director revealed he spoke with a police officer with the ABC City Police Department while in the ED. Interview revealed the police officer and that it was Departmental policy for all IVC patients to be placed into handcuffs or shackles while in the ED. Interview revealed "we can't control the police post have been trying to work through this for the past 9 months with Chief of Police."  Interview on 01/15/2015 at 1235 with the ED Nursing Director revealed patients brought into the ED under IVC or who are placed under IVC while in the ED were placed under IVC while in the ED were placed into forensic" restraints (handcuffs or shackles) by the law enforcement officers. Interview revealed the ED staff did not view the placement of IVC patients in handcuffs or shackles as a restraint, because they were in the custody of law enforcement. Interview revealed there would not be any documentation of monitoring and assessment every 15 minutes (for violent self-destructive behavior), because the handcuffs and shackles were not considered a restrictive intervention by					PO BOX 59	01/10/2010	
Medical Director revealed he spoke with a police officer with the ABC City Police Department while in the ED. Interview revealed the police officer stated the Chief of Police had determined that the IVC patients were in the custody of the police officer and that it was Departmental policy for all IVC patients to be placed into handcuffs or shackles while in the ED. Interview revealed "we can't control the police putting the patients in custody." Interview revealed "we can control the monitoring of the patients." The interview revealed " we have been trying to work through this for the past 9 months with Chief of Police."  Interview on 01/15/2015 at 1235 with the ED Nursing Director revealed patients brought into the ED under IVC or who are placed under IVC while in the ED were placed into "forensic" restraints (handcuffs or shackles) by the law enforcement officers. Interview revealed the ED staff did not view the placement of IVC patients in handcuffs or shackles as a restraint, because they were in the custody of law enforcement. Interview revealed there would not be any documentation of monitoring and assessment every 15 minutes (for violent self-destructive behavior), and/or 2 hours (for non-violent behavior), because the handcuffs are estrictive intervention by	PREFIX	(EACH DEFICIENC	YMUST BE PRECEDED BY FULL	PREFIX	CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPR	CROSS- COMPLETION	
follow the hospital's Restraint of Patient policy for monitoring Patient #16 while she was restrained in the ED with metal cuffs/shackles placed by a law enforcement officer.  3. Observation during ED tour on 01/14/2015 at 1430 of exam room #1, revealed an ante room was located diagonally across from the nursing station. Observation revealed the room was an	A 175	Medical Director reversitions of ficer with the ABC (in the ED. Interview stated the Chief of PolyC patients were in officer and that it was IVC patients to be play shackles while in the can't control the polic custody." Interview in monitoring of the patient revealed "we have but this for the past 9 molecular IVC or while in the ED were restraints (handcuffs enforcement officers staff did not view the handcuffs or shackle they were in the cust Interview revealed the documentation of molecular in the ED staff. Interview revealed ED staff. Interview revealed the documentation of molecular in the ED with metal law enforcement officers.  3. Observation during 1430 of exam room was located diagonal	caled he spoke with a police City Police Department while revealed the police officer blice had determined that the the custody of the police is Departmental policy for all aced into handcuffs or ED. Interview revealed "we the putting the patients in the evealed "we can control the tents." The interview the entrying to work through the with Chief of Police."  O15 at 1235 with the ED the patients brought into the are placed under IVC placed into "forensic" to respect the ED to placement of IVC patients in the sas a restraint, because to dy of law enforcement. The interview revealed the ED to placement of IVC patients in the sas a restraint, because the cours (for non-violent the handcuffs and shackles the are restrictive intervention by the every service of the ED staff did not the handcuffs and shackles the entry intervention by the every service of Patient policy for the will she was restrained the shackles placed by a the straint of Patient policy for the will she was restrained the shackles placed by a the straint of Patient policy for the will she was restrained the shackles placed by a the straint of Patient policy for the will she was restrained the shackles placed by a the straint of Patient policy for the will she was restrained the shackles placed by a the straint of Patient policy for the will she was restrained the straint of Patient policy for the will she was restrained the straint of Patient policy for the will she was restrained the will she was restrained the will she was restrained the will she was restrained the will she was restrained the will she was restrained the will she was restrained the will she was restrained the will she was restrained the will she was restrained the will she was restrained the will she was restrained the will she was restrained the will she was restrained the will she was restrained the will she was restrained	A 17	5		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION  NG	0	(3) DATE SURVEY COMPLETED	
		340132	B. WING			C 01/15/2015	
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<b>_L</b>	01/15/2015	
MARIA PA	RHAM MEDICAL CENTE	ER	:	PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		D BE CROSS-		
A 175	isolation room. Obse patient required walki turning right and procto enter the isolation revealed a male patie green disposable scrustretcher with both hat Observation revealed were up. Observation alert, calm, and cooperevealed the patient's the stretcher's frame (restraint). Observation texhibit any violent behaviors. Observation the isolation room a supervision of a LEO. ABC City Police Department and the nursing stallocation he could not Observation revealed ante room could be of from 1430 to 1500 fai self-destructive behave #16 while being restration of suicide and for sub Review revealed at 0 by a RN and at 0234, by a ED Physician. Featient was assessed	rivation revealed to view a ng into the ante room, reeding approximately 4 feet room proper. Observation ant (Patient #13) wearing ubs and laying supine on the ands across his abdomen. If the stretcher's two side rails in revealed the patient was reative. Observation aright ankle was chained to with a metal cuff/shackle on revealed the patient did to reflect the patient was alone and without direct. Observation revealed an artment officer was sitting ation in a cubical and due to observe the patient. If from the LEO's location the bserved only. Observations led to observe any violent or viors exhibited by Patient ained in exam room #7.  Treview on 01/14/2015 for a 26 year old male oital ED (Emergency 3/2015 at 0125 with thoughts istance abuse detoxification. 127, the patient was assessed deview revealed at 0840, the if by a mobile crisis worker suicidal thoughts. Review	A -	175			
	(Involuntary Commitn	nent) due to mentally ill and d others. Further review					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		340132	B. WING		01/15/2015	
	ROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPRO DEFICIENCY)	E CROSS- COMPLETIO	)N
A 175	revealed when the patenforcement Officer) shackles. Review rethe patient's behavior and resting with eyes in shackled (restraint 01/14/2015 at 0000, 0935, the patient behasleep and resting questions hackled. Review rewas transferred to a streatment. Review rewas transferred to a streatment. Review rewas transferred to a streatment. Review rewas transferred to a streatment. Review rewas transferred to a streatment. Review rewas transferred to a streatment. Review rewas transferred to a streatment. Review rewall any available exhibited violent or snecessitating the neehospitalized from 01/discharge on 01/14/2015 at 1435 meters at 1435 meters and the corner. To baserve the patient in patient in room #5. To Officer # 1 was not a questions. The internumber to two Lieuted Department if further asked.  Interview on 01/13/20 with Charge Nurse # restraints used in the limb restraints." Inte Sheriff and Police Design of the stream of the straints. Inte Sheriff and Police Design of the straints and Police Design of the straints.	patient was IVC, LEO (Law placed the patient in leg vealed at 1800 and 2000, r was documented as calm so closed with the right ankle so.). Review revealed on 0200, 0430, 0600, 0735 and navior was documented as uietly with the right ankle vealed at 1645, the patient Psychiatric hospital for evealed no documentation atted violent or viors. Record review failed to documentation Patient #13 elf-destructive behaviors ed for restraint use while (13/2015 at 0125 through 2015 at 1645.	A 17	5		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG	(X3) DATE SURVEY COMPLETED
		340132	B. WING _		C
NAME OF P	ROVIDER OR SUPPLIER	0.0102	1	STREET ADDRESS, CITY, STATE, ZIP CODE	01/15/2015
		- <b>n</b>	PO BOX 59		
MARIA PA	RHAM MEDICAL CENTE	:H		HENDERSON, NC 27536	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		E CROSS- COMPLETION
A 175	Continued From page	974	A	175	
	and assessing the pa shackles. Interview r	responsible for monitoring tient when in handcuffs or evealed the nursing staff is oplying the handcuffs or			
	Medical Director reversitions of the ED. Interview is stated the Chief of Policer and that it was IVC patients to be play shackles while in the can't control the police custody." Interview monitoring of the patitive police is for the past 9 modulates.	ED. Interview revealed "we e putting the patients in evealed "we can control the			
	the ED under IVC or while in the ED were restraints (handcuffs enforcement officers. staff did not view the handcuffs or shackles they were in the custo Interview revealed the documentation of mo every 15 minutes (for behavior) and/or 2 ho behavior), because the were not considered and ED staff. Interview refollow the hospital's F	who are placed under IVC placed into "forensic" or shackles) by the law Interview revealed the ED placement of IVC patients in s as a restraint, because ody of law enforcement. ere would not be any nitoring and assessment			

	CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	COMPLETED
		340132	B. WING		C 01/15/2015
	ROVIDER OR SUPPLIER	R	ŀ	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (E CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIAT DEFICIENCY)	SS- COMPLETION
A 175	enforcement officer.  4. Observation during 1430 of the seclusion with a solid wood doo and the blinds were or Observation revealed at the head of the stresharp pointed corners wall. Observation revolve easily pulled further exiting the room a management of the stresharp pointed corners wall. Observation revolve easily pulled further exiting the room a management of the without the streshall proposed entering the management of the work of the patient was escorted along with the Mental Approximately 10 min observed entering the MHRN standing out and the blinds were of MHRN during the observed in the room sear the patient in scrubs a interview revealed that even if the cooperative the patient was ealed the Hospital policy and propatients in October, 2 she was also aware of and seclusion policy of 2014. Patient #17 was interview with both with the second of the policy of the patient with the patient with the patient was also aware of and seclusion policy of 2014. Patient #17 was interview with both with the patient with the patien	gED tour on 01/14/2015 at room #7 revealed a room and window with blinds utside covering the window. In the left side of the room etcher a metal plate with two is partially attached to the realed the metal plate could be roff of the wall. When alle patient (Patient #17) was almly beside with door EMS Observation revealed the into the seclusion room and the into the seclusion room and the into the seclusion room and the inde of the room. The door losed. Interview with the servation revealed City LEO roching the patient, putting and cuffing the patient. The exact LEO cuffed the patient was IVC. The interview the patient is calm and and it is always cuffed. The exact LEO cuffed the restraining to 14. The interview revealed of the revision of the restraint completed in December, is observed during the rist cuffed with metal cuffs	A 17	5	
		revealed the only approved ED by nursing staff are "soft			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	IG	(*	COMPLETED
		040400	B. WING			С
	ROVIDER OR SUPPLIER	340132 ER	B. WING	STREET ADDRESS, CITY, STATE, ZIP COI PO BOX 59 HENDERSON, NC 27536	DE .	01/15/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE CORRECTIVE ACTION SHOU REFERENCED TO THE AF DEFICIENCY)	PROPRIATE	(X5) COMPLETION DATE
A 175	Sheriff and Police De and shackles with IV revealed the nurse is and assessing the pashackles. Interview in not responsible for a shackles. Interview with ABC P 01/14/2015 at 1435 in for 3 patients under I The interview reveals area in the corner. To observe the patient in patient in room #5. To Officer # 1 was not a questions. The internumber to two Lieute Department if further asked.  Interview on 01/15/2 Medical Director reve officer with the ABC of in the ED. Interview stated the Chief of PIVC patients were in officer and that it was IVC patients to be pl shackles while in the can't control the polic custody." Interview monitoring of the pat revealed " we have this for the past 9 monitor of	rview revealed "only the epartments use handcuffs C patients." Interview responsible for monitoring atient when in handcuffs or revealed the nursing staff is oplying the handcuffs or	<b>A</b> 1	75		
	Nursing Director reve	ealed patients brought into				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` -/	PLE CONSTRUCTION		SURVEY PLETED
		340132	B. WING _			C / <b>15/2015</b>
	RHAM MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE
A 175	the ED under IVC or while in the ED were restraints (handcuffs enforcement officers staff did not view the handcuffs or shackle they were in the cust interview revealed the documentation of me every 15 minutes (fobehavior) and/or 2 he behavior), because the were not considered ED staff. Interview refollow the hospital's monitoring patients with metal cuffs/sharenforcement officer.  5. Closed medical revealed a 9 (nine) yethe Emergency Dep 12/12/2014 at 2001 (patient) with hx (his Deficient Hyperactive daymark and referred (evaluation). Mothe when not getting this foul language, and of the properties of the properties of the properties of the properties of the properties of the Emergency Dep 12/12/2014 at 2001 (patient) with hx (his Deficient Hyperactive daymark and referred (evaluation). Mothe when not getting this foul language, and of the properties of the prope	who are placed under IVC placed into "forensic" or shackles) by the law . Interview revealed the ED placement of IVC patients in as a restraint, because tody of law enforcement. Here would not be any positoring and assessment or violent self-destructive ours (for non-violent the handcuffs and shackles a restrictive intervention by evealed the ED staff did not Restraint of Patient policy for while restrained in the ED ckles placed by a law	A	175		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		340132	B. WING		01/15/2015
	ROVIDER OR SUPPLIER	ER.		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  ( MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	
A 175	documentation of the screening exam (MSI room 1. Review of the was with the patient of child was "angry, frust the MSE revealed the physician was ADHD documentation revea was"very agitated - selfoor, slapping at wall instructions. Medical patient was administed Ativan (medication for disorders) 1 mg IM at (medication used for IM at 2213. Medical documentation on the "Appropriateness/Jus Medical/Surgical Resorder for the patient the due to "Pt's (patient's spitting, scratching-the uncontrollable with me physician's order for restraint type was order for the order revealed no do or how many limbs word the order revealed 12/12/2014 at 2248 the physician at 2250 reveal any documentated discontinued. Medical medic	physician's medical E) on 12/12/2014 at 2010 in e MSE revealed the parent during the exam and the trated, agitated". Review of e clinical impression by the Review of nursing led at 2140 the patient creaming, rolling around on and not following record review revealed the ered per physician's order or treatment of anxiety E2219 and Benadryl 25 psychiatric symptoms) mg record review revealed extification for Acute traint" form of a physician's o be physically restrained behavior uncontrollable rying to bite, cursing- eds." Further review of the restraint revealed the	A 17		
	face examination after	er the child was placed in nursing documentation			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
		340132	B. WING			C 1/15/2015
NAME OF P	ROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE		, .,
MARIA PA	RHAM MEDICAL CENTE	R		PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPRO DEFICIENCY)	E CROSS-	(X5) COMPLETION DATE
A 175	revealed at 2230 "me evaluate pt". Review documentation at 230 placed in a four point Client was displaying mother and medical shospital propertyCli seclusion room where including bedClient behavior for about two doctor giving client 25 pm and 1 mg ativan I continue disruptive being of Haldol IM at 11 behavior for about thi down at that time XXI placed patient into cubed back into seclusion had to be place in foustaff." Record review "Petition for involunta 12/12/2014 and compstating the patient was self and others and reand stabilization. Nur revealed "Pt got hims of control. Nursing document of the patient was seclusion and at 2314 door. Nursing document patient was kickin and trying to "break documents" in the patient was kickin and trying to "break documents".	ntal health case worker in to of the mental health staff to revealed "client was being restrain by hospital staff. aggressive behaviors to his staffClient damaged ent had to be move to the ent all items were removed continued his aggressive to hours which led to the staff and to the staff and to the staff and to the staff and to the staff and to the staff and to the staff and to the staff and to the staff and to the staff and to the staff place on room at that timeClient are point restraints by medical arevealed documentation of any commitment" dated to the staff and to the staff and to the staff and to the staff and to the staff and to the staff and the staff place on room at that timeClient are point restraints by medical arevealed documentation of a staff place on the s	A 1			
	Further review of nurs the patient calmed do floorplaced on card in bed. Documentation at 2345 the patient was	ation) 2 mg IM" was given.  sing documentation revealed  liwn at 2340, "resting on  liac monitor" and was placed  on by nursing staff revealed  as "IVC'd and restrained by  ankle cuff to left ankle and				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIF AND PLAN OF CORRECTION IDENTIFICATION NU	MDED:	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			l c
340132	B. WING		01/15/2015
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIF	
		PO BOX 59	
MARIA PARHAM MEDICAL CENTER		HENDERSON, NC 27536	
(X4) ID SUMMARY STATEMENT OF DEFICIENCI PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY TAG REGULATORY OR LSC IDENTIFYING INFORM	FULL PRE	CORRECTIVE ACTION S	SHOULD BE CROSS- COMPLETION DATE
bed. Pt sleeping without distress". Nursin documentation revealed on 12/13/2014 at 0200, 0300, 0400 and 0600 the patient wisleeping without distress. Documentation revealed the patient was offered water at refused and took sips of water at 0600. Right nursing documentation revealed no documentation of assessment at 0500. For of documentation on the "Suicide precautiflow sheet" by Security Officer on 12/12/22 2350 until 12/13/2014 at 0720 revealed the patient was "A-resting in bed". Review of documentation on 12/13/2014 at 0730 revial we enforcement was present and the child ankle cuffed to bed rail per law enforcement protocol." Nursing documentation revealed 0810 the patient was yelling "I'm hungry" staff "encouraged to relax breakfast will be coming soon." Documentation at 0835 rest the child continued yell for the nurse and was given orange juice and peanut butter crackers. Review of documentation on the "Suicide precautions flow sheet" by Secur Officer on 12/13/2014 from 0900 until 12/2 at 0716 revealed the patient was "A-restibed". Documentation at 0900 revealed the breakfast tray was made available to the and at 0940 he was asleep. Nursing documentation at 1100 revealed the child nursing staff that heard and sees the devinim to do it". Review of nursing documentation revealed the patient was released for forensic restraints by the LEO and the patient was released for the patient was released for the patient was released for the patient was released for the patient was released for the patient was released for the patient was released for the patient was released for the patient was released for the patient was released for the patient was released for the patient was released for the patient was released for the patient was released for the patient was released for the patient was medicated due to the patient was medicated due to the patient was medicated due to the patient was medicated due to the patient was medicated due to the patient was medicated due to the patient was medicated due to the patient w	ng t 0100, as n 0300, eview of Review tions 014 from ne f nursing vealed Id's "left ent ed at and the ne evealed the child r ne city 114/2014 ting in ne child I told ii telling ntation at rom tient ran. ured pt ing n at revealed	175	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED			
		340132	B. WING		C 01/15/2015
	ROVIDER OR SUPPLIER	R		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (E CORRECTIVE ACTION SHOULD BE CRC REFERENCED TO THE APPROPRIATI DEFICIENCY)	SS- COMPLETION
A 175	revealed the patient sawoke and asked for documentation at 195 placed in "4 pt (point) "slamming upon bed cursing and threateni documentation revea restraintsAtivan was 4 pt restraint, at 2033 removed. Leg shackly monitored by nurses at 2045 revealed the point restraints due to documentation at 211 remained in 4 point reas ordered". Docume patient remained in 4 nursing documentation evealed the patient sat "midnight" and "rer Documentation by nut the "pt yelling out 'I'm pt voided self and flooptpt c/o (complaine mad I pissed myself". On the "Suicide precasecurity Officer on 12 12/16/2014 at 0630 resting in bed". Documentation at 13 made to remove one bed. Forensic restrain cursing, yelling, urina revealed the patient vat 1415 and was documinutes after medical previous assessment	elept until 1905 when he dinner. Nursing if revealed the patient was forensic restraints after and jumping up and down, ang staff." Nursing led at 2000 "remains in 4 pt is given, at 2012 "remains in "Forensic arm restraint es remainPt being and officer." Documentation patient was placed back in 4 or cursing and yelling. 8 revealed the patient estraints and "Haldol given entation at 2215 revealed the point restraints. review of in on 12/14/2014 at 0615 elept since being medicated mains in restraints". rising staff at 0820 revealed wet In room to assess pt. or. Officer in room to uncuff d of) 'my moms gonna be so "Review of documentation"	A 17	5	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` '		E CONSTRUCTION	(X3) DATE	
AND I BUTO	SOTTIES TION	i i i i i i i i i i i i i i i i i i i	A. BUILDII	NG _			
						(	;
		340132	B. WING _			01/	15/2015
NAME OF PE	ROVIDER OR SUPPLIER		-:	, i	STREET ADDRESS, CITY, STATE, ZIP CODE		
****	DUAN MEDIOM OF 1	-n		1	PO BOX 59		
MARIA PA	RHAM MEDICAL CENT	EH		ı	HENDERSON, NC 27536		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	_	PROVIDER'S PLAN OF CORRECTION (EA	CH	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI		CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION DATE
A 175	Continued From pag	e 82	А	175	5		
	revealed the patient	rested quietly from	Ì				
	•	hrough 1319 (13 hours) with					
	law enforcement. Nu	• ,					
		cried at intervals for his					
		cumentation at 1500 revealed					
	,	the bathroom "for BM					
		1. Shackles on." Review of					
	nursing documentati						ì
		e patient having disruptive or					
	1	s prior to or after going to the					
		locumentation revealed no					
	,	gressive, agitated or self					
	_	from 1600 on 12/15/2014					
	through 12/16/2014	at 0710. Documentation at					
	0710 revealed the Li	EO was at the bedside.					
	Nursing documentat	ion on 12/16/2014 at 1100					
	revealed "Patient ke	ot yelling out 'Nurse,					
	Nurse'mental healt	h,charge nurse and writer in					
	room to talk to patier	nt that if he stops yelling out					
	loud he could be abl	e to talk to his mother and					
	will be moved to a ro	om with tv". Documentation					
	at 1140 revealed the	patient vomited yellowish					
	emesis on the floor a	and told the nurse he "does					
	not feel good". Docu	mentation revealed the					
	nurse notified the ph	ysician and at 1315 the					
		yell out for the Nurse.					
	Documentation at 15	600 revealed the patient				,	
	vomited a second tin	ne and the physician was					
		nentation revealed Zofran			·		
	,	dministered at 1830 and	ì				
		ed at a "bolus rate". Record					
		ursing documentation at					
	1	nedication) that the patient			*		
	was resting. Record						
		the patient was administered					
		ran by mouth and the patient					
		. Record review revealed at					
		placed in 4 point restraints					
	by LEO for yelling, n	ot following directions and					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	
		340132	B. WING _		01/15	5/2015
	ROVIDER OR SUPPLIER	R		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		·
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPRO DEFICIENCY)	E CROSS-	(X5) COMPLETION DATE
A 175	"pulling the stretcher of documentation by me 12/17/2014 at 1120 re IV in his hand and ma has escalated to whe and has had both har restraints." Nursing do 1357 the patient remarestraints" (3 hours si Review of nursing do at 1110 revealed the profession restraints. No revealed at 1230 the urinating on self. Review of nursing do at 1110 revealed the profession restraints. No revealed at 1230 the urinating on self. Review of nursing on self. Review of nursing and have outburs Client has been medically client has been medically client now has a one with him. Client has been medically client now has a one with him.	to the door." Review of ontal health staff on evealed "Client pulled out his ide himself vomit. Client re he is yelling constantly and and one leg put in ocumentation revealed at a fained in "2 pt forensic once last documentation). Cumentation on 12/18/2014 octient remained in 2 point ocumentation on 12/18/2014 octient complained of occumentation by 1400 revealed of occumentation by 1400 revealed of occumentation by 1400 revealed of occumentation by 1400 revealed occumentation by 1400 revealed occumentation by 1400 revealed occumentation by 1400 revealed occumentation by 1400 revealed occumentation by 1500 revealed occumentation by 1500 revealed occumentation by 1500 revealed occumentation by 1500 revealed occumentation occumentation occumentation occumentation occumentation by 1500 revealed occumentation occumentation occumentation occumentation occumentation occumentation occumentation occumentation occumentation occumentation occumentation occu	A 1	75		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				_		С	
		340132	B. WING	B. WING		01/	15/2015
	ROVIDER OR SUPPLIER	ER .		P	TREET ADDRESS, CITY, STATE, ZIP CODE O BOX 59 IENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 175	revealed LEO was at patient to an acute ps record review revealed 12/20/2014 at 1200, a certification order for psychiatric acute hos not available at the hicertification revealed IVC and was transpo officer. Further record documentation of one assessment of the paminutes for violent/se every two hours for nappropriate to the typor more of the following associated with the recirculation and range vital signs, hygiene a psychological status integrity, comfortable patient's dignity, men well being), readines patient's understandi restraint and requirer hospital policy.  Interview on 01/13/20 with Charge Nurse # restraints used in the limb restraints." Inter Sheriff and Police De and shackles with IV revealed the nurse is and assessing the pashackles. Interview or straints in the pashackles.	the hospital to transport the sychiatric hospital. Medical ed documentation on a written physician the transfer of the child to a pital for psychiatric services ospital. Review of the the patient remained under red by law enforcement d review failed to reveal going monitoring and attent at least every 15 elf-destructive restraint or on-violent restraint (as see of restraint used) for one ng: signs of injury estraints, nutrition/hydration, of motion in the extremities, and elimination, physical and and comfort (i.e. skin body temperature, the tal status, and emotional is for release from restraints, ng of the reasons for	A	175			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		NSTRUCTION	(X3) DATE SURVEY COMPLETED	
		340132	B. WING _	B. WING		C 01/15/2015	
NAME OF PE	ROVIDER OR SUPPLIER		1		ET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	10,2010
MARIA PA	RHAM MEDICAL CENTE	R		PO BO	DERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	ĸ	PROVIDER'S PLAN OF CORRECTION (EAR CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 175	Interview on 01/15/20 Medical Director reverofficer with the ABC Coin the ED. Interview restated the Chief of PolivC patients were in the officer and that it was IVC patients to be plantakels while in the can't control the policic custody." Interview remonitoring of the patier revealed "we have be this for the past 9 more interview on 01/15/20. Nursing Director reverthe ED under IVC or while in the ED were prestraints (handcuffs or shackless they were in the custofficers. staff did not view the phandcuffs or shackless they were in the custofficer in the cust	aled he spoke with a police city Police Department while evealed the police officer blice had determined that the he custody of the police Departmental policy for all ced into handcuffs or ED. Interview revealed "we evealed "we evealed "we evealed "we can control the ents." The interview eventying to work through on this with Chief of Police."  15 at 1235 with the ED aled patients brought into who are placed under IVC placed into "forensic" or shackles) by the law Interview revealed the ED placement of IVC patients in as a restraint, because ody of law enforcement. For evenual not be any intoring and assessment violent self-destructive urs (for non-violent en handcuffs and shackles a restrictive intervention by vealed the ED staff did not destraint of Patient policy for 2 while he was restrained in fs/shackles placed by a law cord review on 01/14/2015 resented to the hospital's	A -	175			
	ED on 11/01/2013 at	1106 via private					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3	COMPLETED				
-						С		
		340132	B. WING _			01/15/2015		
	ROVIDER OR SUPPLIER  ARHAM MEDICAL CENTE	ER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRE ( CORRECTIVE ACTION SHOULD REFERENCED TO THE APPR DEFICIENCY)	D BE CROSS-	(X5) COMPLETION DATE		
A 175	transportation accom Review revealed the Crisis Evaluation Refe documentation at 111 new group home Mor threats to 'kill himself pt attempted to run avanusing assessment of patient was alert, awa oriented to person, tir ED risk screen reveal assessed as "No" for Record review reveal placed in exam room patient was evaluated Review revealed a ch thoughts, expressing (homicidal ideation). I medical history of bip and moderate mental revealed the patient of distress; awake and a place, time, and situal normal. Extremities r injury. Review of a A Involuntary Commitm (note timed) revealed #9 and the Petitioner was ED Physician A. upon which this opinic followsPatient is m history of Bipolar D/O Schizophrenia who is He is making threats group home and hims "Examination and Re Necessity for Involunce dated 11/01/2013 at 1	panied by group home staff. patient's chief complaint was erral. Review of triage nurse 6 revealed "pt admitted to day, staff reports pt made and everybody else.' Stated way." Review of initial documentation revealed the ake, responsive to voice, ne, and place. Review of a led the patient was risk for self harm/elopement. ed the patient was initially #20. Review revealed the d by a ED physician at 1109. dief complaint of suicidal SI (suicidal ideation) and HI Review revealed a past olar disorder, schizophrenia, retardation (MR). Review was assessed as no acute allert; oriented X4 (person, tion); mood and affect non-tender and no signs of ffidavit and Petition For ent form dated 11/01/2013 the Respondent was Patient  Review revealed "The facts on is based are as entally challenged with of (disorder) and very unstable at this time, that he will kill others at the	A1	75				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			RUCTION	(X3) DATE SURVEY COMPLETED	
		ļ	A. BOILDI	A. BOILDING		,	
		340132	B WING	B. WING		01/15/2015	
		340132		OTDEETA	ADDRESS SITE STATE TIP SORE	01/	15/2015
NAME OF PH	ROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE		
MARIA PA	RHAM MEDICAL CENTE	· ·		PO BOX			
				HENDER	RSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 175	very unstable at this to kill himself and oth stabilization." Review Order Involuntary Co order was signed on Magistrate. Review r from the petition in th are reasonable grour alleged in the petitior respondent (Patient mentally ill and dange Review revealed the custody by ABC City at 1336 (Patient in El Review of a Compute Entry (CPOE) report, #398912, revealed a ED Physician A on 11 "Restraints, Place in Priority: "Routine". F Assessment Tool-Inta 1452 revealed "pre group staff. Staff from (client) was trying to threatened to kill self admission clt was mand placing it to the his	r and Schizophrenia who is time. He is making threats ers - needs in-patient w of a "Findings and Custody mmitment" revealed the 11/01/2013 at 1258 by a revealed "The Court finds e above matter that there ands to believe that the facts are true and that the facts are true and that the found to self or others" respondent was taken into Police Officer on 11/01/2013 D when taken into custody). Prized Physician's Order Order # 26, CPOE physician's order entered by 1/01/2013 at 1358 for The Frequency: "ONCE", Review of a Comprehensive ake form dated 11/01/2013 at 15 sents to (Hospital A) - ED commor group home report clt run away this am and as well as staff. Upon aking a gun with his fingers need of staff, threatening to a plastic fork and being	A	175	DEFICIENCE 1)		
	admission c forensic pepper spray p (after " Review of nursin 11/01/2013 at 1106 " home. MR high func (and) Bipolar. Pt pre 'flipping off' other pat "Pt moved to isolation	restraints and required ) refusing chemical restraint. g documentation revealed on Pt cc Hl. Pt @ (at) group tioning w (with)/Psychosis + tending to shoot staff + ients from room." At 1245, n room (Exam Room #1), @ bedside. Pt acting iriatic					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		340132	B. WING	B. WING		C 01/15/2015	
NAME OF PE	ROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE	0.7	10/2010
MARIA PA	RHAM MEDICAL CENTE	R			BOX 59 NDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL (SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EAG CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 175	[sic], cuffed (restraint), tried to hang self w/be + trying to bite him, P cuffs, bed now broker violent behavior." At violent, calling everyor posey chest vestth sprayed w/pepper sprayed w	to bed, Pt had previously elt. Now threatening officer t trying to break free from n, officer warning pt of 1400, "Pt out of control, one 'F**king Bi**hs.' Broke reatening to kill officer. Pt ray @ close range." At shing treatment. V/S (vital brinal limits), resting in bed (respirations) nonlabored." o yell out again, HPD (ABC ont) at bedside." At 1755, "Pt of Crisis Assessment obile crisis management staff 1/01/2013 at 1800 revealed I was physical aggression, stored by the standard aggression, sions, homicidal and brailed "Became aggressive at oreatened to stab + shoot oneighbors. Upon entering the put a belt around his neck. sprayed + put in 4 point of mental status I the patient was disheveled d in 4 point restraints. patient had good eye	A	175	DEFICIENCY)		
	communication and a revealed the patient's slightly withdrawn, an nursing documentation sleeping on bed in 4 (with) patient." At 220 cooperative." At 010	and had no impairment with appropriate speech. Review a mood was depressed, and cooperative. Review of on revealed at 1900, "Pt point restraints. HPD c 330, "Sleeping. Quiet and 0 (11/02/2013), Pt continues 0300, "Pt. continues to o wrist." At 0730,					

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IG	COMPLETED
					С
		340132	B. WING _		01/15/2015
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>	<u> </u>	STREET ADDRESS, CITY, STATE, ZIP C	
			ł	PO BOX 59	
MARIA PA	RHAM MEDICAL CENT	rer		HENDERSON, NC 27536	
0/4) ID	SUMMARYS	STATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CO	PRRECTION (EACH (X5)
(X4) ID PREFIX TAG	(EACH DEFICIEN	CYMUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG		OULD BE CROSS- COMPLETION DATE
A 175	Continued From page	ge 89	A 1	75	
	"Observed asleep.	Law enforcement present"	1		
	,	ealth Services cont. (continue)			
		tal health facility placement."			
		s cooperative." At 1200, "Law			
		ns present" At 1330,			
		ative. No suicidal or homicidal			
		"Remains cooperative"			
		cement remains present.			
	No suicidal or hon	nicidal gestures." At 1900, "Pt			
	moved to room 7 (S	eclusion Room). Police			
	officer remains @ b	edside" At 2000 to 0200			
	, , , , ,	ued observation by police	ļ		
		Pt calm + cooperative" At,			
		erativeOfficer outside of rm			
		Pt calm + cooperative" At			
		r sitting outside of rm" At			
	1	alm + cooperative" At 2055,			
,		tiveRt. ankle remains			
		er by HPD. Good PMS (pulse,			
		Pt remains IVC'd." At 2300,			
	"Pt continues to wat				
		operative" At 0810,			
		ve" At 0900, "Remains			
		00, "Law enforcement			
		At 1545, "Remains			
		icidal/homicidal gestures"			
		cooperative" At 2040, "Pt. tive" At 0140 (11/05/2013),			
		sedLaw enforcement			
		"Remains cooperative." At		•	
		ement remains present. No			
		estures." Review of an			
		ecommendation to Determine			
		ntary Commitment" form			
		t 1745 revealed "Description			
		Pt now stabilized, A+OX4,			
		iscussed with) group home			
		es not currently meet IVC			
		ED physician reassessment			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDII	NG	Į(XS	COMPLETED		
		340132	B. WING _			C 01/15/2015	
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		BE CROSS-	(X5) COMPLETION DATE	
A 175	patient was re-examin AOX4, Stable, No hou Group home agrees to revealed a clinical important of the patient of the patient's dignity, men well being), readinest patient's understanding restraints used in the limb restraints." Interseponsible for agshackles.	sis (11/05/2013) revealed the med and has improved, micidal or suicidal ideation. To assume care. Review pression of Psychosis, exacerbation. Review of on revealed at 1858, up home per law cord review failed to reveal going monitoring and attent at least every 15 elf-destructive restraint or con-violent restraint (as the of restraint used) for one mg: signs of injury the estraints, nutrition/hydration, of motion in the extremities, and elimination, physical and and comfort (i.e. skin body temperature, the tall status, and emotional is for release from restraints, and of the reasons for the reasons for the reasons for the release, per soft the partments use handcuffs	A	175			

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF	CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	IG	CON	MPLETED	
						С	
		340132	B. WING _	B. WING		01/15/2015	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD	Œ		
			ŀ	PO BOX 59			
MARIA PA	RHAM MEDICAL CEN	ITER		HENDERSON, NC 27536			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	RECTION (EACH	(X5)	
PREFIX TAG	(EACH DEFICIEN	NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	PREFIX TAG		ILD BE CROSS- PROPRIATE	COMPLETION DATE	
A 175	Continued From pa	nge 91	A 1	75			
	Medical Director re	vealed he spoke with a police					
		City Police Department while					
		w revealed the police officer					
		Police had determined that the	1				
	IVC patients were i	n the custody of the police					
		as Departmental policy for all					
		placed into handcuffs or					
	shackles while in th	ne ED. Interview revealed "we				<b>!</b>	
	can't control the po	lice putting the patients in					
	custody." Interview	v revealed "we can control the					
	monitoring of the pa	atients." The interview	i				
	revealed " we have	been trying to work through					
	this for the past 9 n	nonths with Chief of Police."					
	Interview on 01/15/	/2015 at 1235 with the ED					
	Nursing Director re	vealed patients brought into					
	the ED under IVC of	or who are placed under IVC					
	while in the ED wer	re placed into "forensic"					
	restraints (handcuf	fs or shackles) by the law	Ì				
		rs. Interview revealed the ED					
	staff did not view th	ne placement of IVC patients in	ļ				
		les as a restraint, because					
		stody of law enforcement.					
		there would not be any				·	
		nonitoring and assessment					
		for violent self-destructive					
,		hours (for non-violent					
		the handcuffs and shackles					
		ed a restrictive intervention by				1	
		revealed the ED staff did not	İ				
		Restraint of Patient policy for					
		#9 while he was restrained in					
		cuffs/shackles placed by a law					
	enforcement officer						
		record review revealed Patient					
		/11/2014 diagnosed with					
	•	intestinal bleeding. Record					
		09/14/2015 at 0700 the					
	ratient was placed	in soft upper limb restraints				1	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	X2) MULTIPLE CONSTRUCTION (X: A. BUILDING		
	340132 B. WING		···-	C 01/15/2015		
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		
	position. Medical reco 09/14/2014 0930 the restraint documentati made to promote com potential for harm, Lo Foley in Place, Lying review revealed no co documentation from 15 further restraint comp from 09/14/2015 2000 hours). Interview on 01/15/20 Systems Analyst, rev restraint documentati interview revealed "A nothing else there." Nursing staff is expe assessments every 2 482.13(e)(12) PATIEN OR SECLUSION  When restraint or sec management of viole behavior that jeopard safety of the patient, the patient must be s 1-hour after the initial o By a Physician or o practitioner; or - Registered no who has been trained	the bed placed in the up ord review revealed on following components of on; "Restraint adjustments of ord review revealed and osened/Rotated Restraints, Down". Medical record omponents of restraint 1200-1600 (4 hours). No conents were documented 0 until 09/15/2015 0400(8 015 1130 with Nursing ealed there was no further on available for review. The ll you see is here, there's The interview indicated the cted to document restraint thours.  NT RIGHTS: RESTRAINT	A 17	A178 – Maria Parham Medical Cent meets and will continue to meet the regulations that require a hospital t protect and promote each patient's The following actions have been implemented in support of Tag A 17  • The Medical Director of the educated all ED physicians specifically for the need of a hour face-to-face evaluation performed by a qualified practitioner.	e o rights.  28: ED re- 1/22/2015	
		not met as evidenced by: blicy and procedure reviews,				

DEPART	MENT OF HEALTH AND HUMAN SERVICES		<u> </u>	RM APPROVED
	<del>-</del> ·			
	!			
İ				
İ				
		}		
				!
			·	
		1		
· ·		1		
1				
			*	
1				
				Ì
			<u> </u>	

PRINTED: 01/26/2015

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						(	
		340132	B. WING _			l	15/2015
	ROVIDER OR SUPPLIER	R		P	TREET ADDRESS, CITY, STATE, ZIP CODE O BOX 59 ENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<b>(</b>	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 178	medical record review hospital's Emergency failed to ensure a 1-howas performed by a quicensed independent Registered Nurse (RN restraint for 2 of 2 pat for management of violehaviors (#12, #9).  The findings include:  Review of current hospatients, PC 17", review "PURPOSE: The uses therapeutic intervention the patient from injuring others DEI Violent or Self-Destruuse of restraints in the management of violent behavior towards there caregivers or other paphysical restraint to metal behaviors in ANY sett USE OF RESTRAINT Orders When use of a physician/LIP or RN restraint application mace-to-face assessm restraints, and docum within the 1 hour time evaluation, conducted initiation of restraint of management of violent behavior that jeopardithe patient, staff or other	pepartment (ED) staff pur face-to-face evaluation pualified physician or other practitioner (LIP) or trained a) after the initiation of ients restrained in the ED polent or self-destructive  spital policy "Restraint of sed 12/2014, revealed of restraints is a on implemented to prevent ing himself/herself or from FINITIONS:Restraints for ctive Behavior: refers to the ose patients who require int or self-destructive inselves or others (including attents) or, who require in anage suicidal or homicidal ingPROCEDURE FOR is Initiation and Renewal of if restraints is contemplated, if who has been trained in inust document a ent prior to applying ent the need for restraint if frameThe in-person if within one hour of the int or self-destructive izes the physical safety of iners, includes the following: patient's immediate situation	A	178	Monitored by Director of Quand reported to Patient Safe Clinical Quality Committee winnutes from this committee to the Board of Trustees a minimum of ten times a year Physician documentation winclude their initial assessment of the appropriateness of continuing restraints using Mental Hear Reassessment form (Attache E). Reassessment is based of patient's age; every four how adults 18 years or older, even hours for children ages 9 – 1 every hour for children under Responsible Person – Nursin Director ED	ety and with e going r. ill ent as lth ment on the ery two 17, er 9.	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			ŀ			С	
		340132	B. WING _		01/	15/2015	
	ROVIDER OR SUPPLIER  RHAM MEDICAL CENTI  SUMMARY ST	ER ATEMENT OF DEFICIENCIES	ID	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536 PROVIDER'S PLAN OF CORRECT	ION (EACH	(X5)	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI) TAG	REFERENCED TO THE APPRO DEFICIENCY)		COMPLETION DATE	
A 178	patient's medical and need to continue or to seclusionFor Viole Restraints [V/SD] A pmust document a fact 1 hour of implementa The 1-hour face-to-fa a physical and behave patient that must be or practitioner within the evaluation of the patient would include a compassessment, behavior review and assessment, behavior review and assessment drugs and medication etc. The purpose is comprehensive revied determine if other face medication interaction hypoxia, sepsis, etc., patient's violent or securitioner will evaluation, the patient' the patient's medical and the need to contrestraint or seclusion 1. Closed medical rerevealed a 9 (nine) yethe Emergency Depatient Hyperactividaymark and referred (evaluation). Mother when not getting 'his foul language, and depatient to face to face the face to face to face the patient's medical and the need to contrestraint or seclusion 1. Closed medical rerevealed a 9 (nine) yethe Emergency Depatient Hyperactividaymark and referred (evaluation). Mother when not getting 'his foul language, and depatient to face the patient's foul language, and depatient to face the patient to	behavioral condition *the erminate the restraint or ent/Self-Destructive oblysician/LIP or trained RN be-to-face assessment within ation of restraint or seclusion. In the evaluation includes both vioral assessment of the conducted by a qualified escope of their practice. An ent's medical condition plete review of systems oral assessment, as well as ent of the patient's history, as, most recent lab results, to complete a w of the patient's condition to ctors, such as drug or ans, electrolyte imbalances, are contributing to the elf-destructive behavior. In the patient's immediate is reaction to the intervention, and behavioral condition; inue or terminate the condition to extract the patient's immediate is reaction to the intervention, and behavioral condition; inue or terminate the condition to extract the patient with mother on with a chief complaint of "Pt tory) of ADHD (Attention	A	Continued from page 95  Monitoring: Quality D designee conducting N Friday restraint rounds Emergency Departmer Nursing Supervisors Sa Sunday. Quality Directontinue to audit 1009 patient charts to assur appropriate time limits Any deficiencies are in reported to the Nursin the ED for resolution. audits will be reported Patient Safety & Clinical Committee at a minim times a year with minus committee going to th Trustees.	fonday - is in the it and iturday - ctor will of of restraint e ed orders. inmediately g Director of Restraint to the ial Quality um of ten ites of this		

STATEMENT OF I		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
							c
		340132	B. WING			01/1	15/2015
NAME OF PRO	VIDER OR SUPPLIER	<u> </u>		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MADIA DADI	HAM MEDICAL CENTE	:D		F	PO BOX 59		
MATIA TATI	IIAM MEDIOAE OLIVIE	•••			IENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
tu ne se con a u a la con a u a la con a u a la con a u a la con a u a la con a u a la con a u a la con a u a la con a u a la con a u a la con a u a la con a u a la con a u a la con a u a la con a la c	record review revealed staff that triage was combiled was alert responsive triangle was decided was alert responsive the triangle was decided was alert responsive the triangle was the triangle was anguage. Medical reducementation of the screening exam (MSE room 1. Review of the was with the patient of child was "angry, frusthe MSE revealed the chysician was ADHD documentation reveal was "very agitated - so floor, slapping at wall instructions. Medical patient was administed this was administed that was administed the was administed to the was a	acute distress)." Medical and documentation by nursing conducted at 2003 and the nided to voice and was the and place. Review of an at 2002 revealed the "Pt Pt very agitated and eaming, constantly in motion at home. Pt using foul ecord review revealed physician's medical (E) on 12/12/2014 at 2010 in the MSE revealed the parent during the exam and the strated, agitated". Review of the clinical impression by the colinical impression by the revealed to the patient creaming, rolling around on and not following record review revealed the ered per physician's order or treatment of anxiety (2219 and Benadryl 25 psychiatric symptoms) mg record review revealed the traint" form of a physician's to be physically restrained (b) behavior uncontrollable reging to bite, cursingeds." Further review of the restraint revealed the	A	178			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENT/FICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		340132	B. WING _			C 01/15/2015	
	ROVIDER OR SUPPLIER	R	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X CORRECTIVE ACTION SHOULD I	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A 178	the physician at 2250 reveal any document restraining the child. reveal any document face evaluation.  Interview on 01/15/20 Nursing Director reveal the ED under IVC or while in the ED were restraints (handcuffs enforcement officers. staff did not view the handcuffs or shackles they were in the custoff the handcuffs and shad restrictive intervent confirmed the documentation of a fafter initiation of restraint signature of the handcuffs and shad restrictive intervent confirmed the documentation of restraint signature of the documentation of the patient policy.  2. Closed medical restrictive intervent for restraint signature of the patient #9 per ED on 11/01/2013 at transportation accomentation admitted to new group reports pt made threat	and the order was signed by . Review of the order did not ation of the time limit for Record review did not ation of an one hour face to  215 at 1235 with the ED aled patients brought into who are placed under IVC placed into "forensic" or shackles) by the law Interview revealed the ED placement of IVC patients in as a restraint, because ody of law enforcement. Here would not be any ace-to-face within 1-hour aint for Patient #12 because ackles were not considered ion by ED staff. Interview entation of the physician on Interview confirmed the ED en hospital's Restraint of  cord review on 01/14/2015 resented to the hospital's 1106 via private panied by group home staff, patient's chief complaint (cc) a Referral. Review of triage at 1116 revealed "pt phome Monday, staff ats to 'kill himself and	A	178			
	away." Review of init	ed pt attempted to run ial nursing assessment led the patient was alert,					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT	riple construction		(X3) DATE SURVEY COMPLETED		
		340132	B. WING			C 01/15/2015		
NAME OF P	ROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZI		01/13/2013		
	RHAM MEDICAL CENT	ER		PO BOX 59 HENDERSON, NC 27536				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE CROSS- HE APPROPRIATE	(X5) COMPLETION DATE		
A 178	Continued From pag awake, responsive to time, and place. Rev revealed the patient risk for self harm/elo the patient was evaluation. Review revealed thoughts, exideation) and HI (hor revealed a past med disorder, schizophre retardation (MR). Review assessed as no alert; oriented X4 (pesituation); mood and non-tender and no si Affidavit and Petition form dated 11/01/20. Respondent was Pawas ED Physician Aupon which this opin followsPatient is in history of Bipolar D/0	e 97 o voice, oriented to person, view of a ED risk screen was assessed as "No" for pement. Review revealed uated by a ED physician at led a chief complaint of pressing SI (suicidal micidal ideation). Review ical history of bipolar nia, and moderate mental eview revealed the patient acute distress; awake and erson, place, time, and affect normal. Extremities igns of injury. Review of a For Involuntary Commitment 13 (note timed) revealed the tient #9 and the Petitioner. Review revealed "The facts ion is based are as nentally challenged with						
	He is making threats group home and him and Custody Order I revealed the order w 1258 by a Magistrate Court finds from the that there are reason the facts alleged in the respondent (Patimentally ill and dang Review revealed the custody by ABC City at 1336 (Patient in E Review of a Comput Entry (CPOE) report	that he will kill others at the self." Review of a "Findings involuntary Commitment" as signed on 11/01/2013 at e. Review revealed "The petition in the above matter hable grounds to believe that he petition are true and that ent #9) is probably: [X] 1. erous to self or others" respondent was taken into Police Officer on 11/01/2013 D when taken into custody). erized Physician's Order						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		040400	B. WING			1	0	
		340132	B. WING	01/15/2015				
NAME OF PR	ROVIDER OR SUPPLIER		I		ET ADDRESS, CITY, STATE, ZIP CODE			
MARIA PA	RHAM MEDICAL CENTE	B		PO BO				
		•••	ŀ	HEND	DERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX CORRECTIVE ACTION SHOULD BE CROSS-			(X5) COMPLETION DATE	
A 178	Continued From page	98	A 1	78				
	ED Physician A on 11				*			
	_	Frequency: "ONCE",						
	Priority: "Routine". R							
	-	led on 11/01/2013 at 1106						
		group home. MR high						
	` , ,	sychosis + (and) Bipolar. Pt						
		taff + 'flipping off' other						
		At 1245, "Pt moved to						
		place, officer @ bedside.	İ					
	Pt acting iriatic [sic], o	cuffed (restraint) to bed, Pt						
	had previously tried to	o hang self w/belt. Now						
	threatening officer + t	rying to bite him, Pt trying to					,	
		, bed now broken, officer						
		behavior." At 1400, "Pt out						
		ling everyone 'F**king						
		chest vestthreatening to		1				
		d w/pepper spray @ close						
		refusing flushing treatment.						
		. (within normal limits),						
		es open, resp (respirations)						
	nonlabored." Review	· · · · · · · · · · · · · · · · · · ·						
		ake form dated 11/01/2013 at						
		sents to (Hospital A) - ED c						
		aff from group home report to run away this am and		1				
		as well as staff. Upon						
		as well as stall. Opon						
		nead of staff, threatening to						
		plastic fork and being						
	verbally abusiveCl							
		restraints and required						
		) refusing chemical restraint.						
	' ' ' ' ' ' ' ' ' '	g documentation revealed at						
		vell out again, HPD (ABC						
		ent) at bedside." At 1755, "Pt						
		of Crisis Assessment						
		bile crisis management staff						
	for Patient #9 dated 1	11/01/2013 at 1800 revealed						
	the reason for referra	l was physical aggression,						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		340132	B. WING			C 01/15/2015	
	ROVIDER OR SUPPLIER	TER		STREET ADDRESS, CITY, STATE, ZIP COE PO BOX 59 HENDERSON, NC 27536		5.7.10/2010	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CYMUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF CORRECTIVE ACTION SHOU REFERENCED TO THE AP DEFICIENCY)	JLD BE CROSS- PROPRIATE	(X5) COMPLETION DATE	
A 178	property destruction aggression, running hallucinations or de suicidal. Review re GH (group home). self + others. Ran tended to be pepperestraints Review examination reveale with poor hygiene, a Review of nursing of 1900, "Pt sleeping HPD c (with) patien reveal documentation assessment of Patien qualified physician/ (1246 to 1345) after for violent or self-de 11/01/2013 at 1245 (1401-1500) after b (a weapon) while restricted the patient's immediate per hospital policy. Interview on 01/15/Nursing Director restreated to while in the ED wer restraints (handcuff enforcement officer staff did not view th handcuffs or shackly were in the custom to th	away, verbal aggression, lusions, homicidal and vealed "Became aggressive at Threatened to stab + shoot to neighbors. Upon entering s + put a belt around his neck. or sprayed + put in 4 point ew of mental status ed the patient was disheveled and in 4 point restraints. It is locumentation revealed at g on bed in 4 point restraints. It. "Record review failed to on of a 1-hour face-to-face ent #9, conducted by a LIP or trained RN within 1 hour rimplementation of restraint estructive behaviors on and within 1 hour eing sprayed with pepper spray estrained at 1400; that included iate situation, the patient's wention, the patient's medical dition; and the need to continue	A1	78			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		340132	B. WING		C 01/15/2015	
	ROVIDER OR SUPPLIER	R		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	3171072313	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX CORRECTIVE ACTION SHOULD BE CROSS-		
A 179	after initiation of restrathe handcuffs and sha a restrictive interventic confirmed the documfor restraint entered by 11/01/2013 at 1358. Staff did not follow the Patient policy.  482.13(e)(12) PATIEN OR SECLUSION  [the patient must be shour after the initiation of the patient state of the patient stat	aint for Patient #9 because ackles were not considered on by ED staff. Interview entation of the CPOE order y ED Physician A on Interview confirmed the ED enospital's Restraint of INT RIGHTS: RESTRAINT  een face-to-face within 1 in of the intervention ]  evaluate diate situation; on to the intervention; cal and behavioral condition; use or terminate the restraint  not met as evidenced by: icy review, medical record enviews the hospital's ent (ED) staff failed to or other licensed iner (LIP) or trained RN offace evaluation within 1 in of restraint evaluated the truation; the patient's medical ion; and the need to the restraint for 2 of 2 trained for the management	A 17	9 A179 – Maria Parham Medical Center m will continue to meet the regulations that a hospital to protect and promote each prights.  The following actions have been implem support of Tag A 179:  The Medical Director of the ED educated all ED physicians spet for the need of a one hour face evaluation performed by a qual practitioner.  Monitored by Director of Qual and reported to Patient Safety a Clinical Quality Committee with from this committee going to the of Trustees a minimum of ten ti year with the report going to the of Trustees.  Responsible person Chief Nurs Officer	require eatient's ented in 1/22/2015 re-ciffically -to-face iffied ented in 1/22/2015 ented in 1/22/2015 re-ciffically -to-face iffied enter ent	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ED:   ` '			(X3) DATE SURVEY COMPLETED	
AND PLAN OF	CORRECTION	IDENTIFICATION NOMBER.	A. BUILDI	NG_			
		340132	B. WING				
<u>-</u>		340132	D. WING			01/1	15/2015
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
MARIA PA	RHAM MEDICAL CENTE	:R			PO BOX 59		
				_ '	HENDERSON, NC 27536		
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORRECTION (E PREFIX CORRECTIVE ACTION SHOULD BE CRO TAG REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETION DATE
A 179	Patients, PC 17", revi"PURPOSE: The use therapeutic interventi the patient from injuri injuring othersDE Violent or Self-Destruse of restraints in the management of viole behavior towards the caregivers or other paphysical restraint to no behaviors in ANY set USE OF RESTRAINTOrdersWhen use of a physician/LIP or Rivestraint application in face-to-face assessment restraints, and document within the 1 hour times	spital policy "Restraint of seed 12/2014, revealed e of restraints is a con implemented to prevent ing himself/herself or from FINITIONS:Restraints for active Behavior: refers to the cose patients who require into or self-destructive inselves or others (including atients) or, who require inanage suicidal or homicidal tingPROCEDURE FOR its Initiation and Renewal of its restraints is contemplated, it who has been trained in must document a grent prior to applying ment the need for restraint in frameThe in-person	A	1179	Physician documentation will in their initial assessment as well reassessment of the appropriat continuing restraints. using the Health Reassessment form (Attachment E). Reassessment based on the patient's age; even hours for adults 18 years or old two hours for children ages 9 every hour for children under 9 (Director, ED)  Monitoring: Quality Director of designee conducting Monday restraint rounds in the Emerger Department and Nursing Super Saturday - Sunday. Quality Divill continue to audit 100% of repatient charts to assure approprime limited orders. Any deficie are immediately reported to the	as eness of Mental  It is ery four er, every 17, Friday ncy visors eirector estraint riate encies	
	initiation of restraint of management of viole behavior that jeopard the patient, staff or of an evaluation of the attention patient's medical and need to continue or to seclusion For Viole Restraints [V/SD] A pmust document a fact 1 hour of implementa The 1-hour face-to-face physical and behave patient that must be opractitioner within the	nt or self-destructive izes the physical safety of thers, includes the following: patient's immediate situation to the restraint *the behavioral condition *the erminate the restraint or			Director of the ED for resolution Restraint audits will be reported Patient Safety & Clinical Quality Committee at a minimum of ter year with minutes of this comm going to the Board of Trustees.  Responsible Person Chief Nurs Officer	n. d to the y n times a ittee	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	IPLE CONSTRUCTION IG	COMPLETED	
		340132	B. WING _		01/15/2015
	ROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	01/10/2010
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG		E CROSS- COMPLETION
A 179	assessment, behavior review and assessment drugs and medication etc. The purpose is comprehensive review determine if other farmedication interaction hypoxia, sepsis, etc. patient's violent or separactitioner will evaluate situation, the patient the patient's medical and the need to contrestraint or seclusion.  1. Closed medical revealed a 9 (nine) yethe Emergency Depation of the patient's medical and the need to contrestraint or seclusion.  1. Closed medical revealed a 9 (nine) yethe Emergency Depation of the emergency Depation of	plete review of systems oral assessment, as well as ent of the patient's history, ins, most recent lab results, to complete a ew of the patient's condition to ctors, such as drug or ons, electrolyte imbalances, are contributing to the elf-destructive behavior. In the patient's immediate is reaction to the intervention, and behavioral condition; inue or terminate the in"  Decord review of Patient #12 ear old child presenting to partment with mother on with a chief complaint of "Pt tory) of ADHD (Attention ty Disorder) seen by die to ER for psych eval. It is states) pt acting out way'. Mother sts pt using amaging property at home. The especial end documentation by nursing conducted at 2003 and the nided to voice and was me and place. Review of on at 2002 revealed the "Pt	A 1	79	

	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILE			1 (	c
		340132	B. WING		<u>·</u>	1	15/2015
NAME OF PE	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		10/2010
******			PO BOX 59				
MARIA PA	RHAM MEDICAL CENTE	:H	HENDERSON, NC 27536		HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 179	room 1. Review of the was with the patient of child was "angry, frusthe MSE revealed the physician was ADHD documentation reveal was "very agitated - set floor, slapping at wall instructions. Medical patient was administed Ativan (medication for disorders) 1 mg IM at (medication used for IM at 2213. Medical documentation on the "Appropriateness/Jus Medical/Surgical Resorder for the patient to due to "Pt's (patient's spitting, scratching-truncontrollable with m physician's order for restraint type was order for revealed no door how many limbs we of the order revealed 12/12/2014 at 2248 at the physician at 2250 reveal any document restraining the child. reveal any document face evaluation.	E) on 12/12/2014 at 2010 in e MSE revealed the parent during the exam and the strated, agitated". Review of e clinical impression by the . Review of nursing led at 2140 the patient creaming, rolling around on and not following record review revealed the ered per physician's order retreatment of anxiety 2219 and Benadryl 25 psychiatric symptoms) mg record review revealed extification for Acute traint" form of a physician's to be physically restrained behavior uncontrollable rying to bite, cursingeds." Further review of the restraint revealed the lered "Soft limb ails". Review of the type cumentation of which limbs ere to be restrained. Review the restraint was initiated on and the order was signed by a Review of the order did not ation of the time limit for Record review did not ation of an one hour face to	A	179			
	Nursing Director reve	aled patients brought into who are placed under IVC					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		340132	B. WING _				C 15/ <b>201</b> 5
NAME OF PE	ROVIDER OR SUPPLIER	<u> </u>	<u> </u>	STRE	ETADDRESS, CITY, STATE, ZIP CODE	01/	13/2013
				РО В	OX 59		
MARIA PA	RHAM MEDICAL CENT	ER		HEN	DERSON, NC 27536		
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION (EA	СН	(X5)
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		PREFIX CORRECTIVE ACTION SHOULD IT TAG REFERENCED TO THE APPRO DEFICIENCY)		:S-	COMPLETION DATE
A 179	Continued From pag	ge 104	A	179			
	restraints (handcuffs	or shackles) by the law		-			
	•	. Interview revealed the ED		į			
		placement of IVC patients in					
		es as a restraint, because					
		tody of law enforcement.					
		nere would not be any					
		face-to-face within 1-hour					
		traint for Patient #12 because					
ļ	the handcuffs and sh	nackles were not considered					
	a restrictive interven	tion by ED staff. Interview					
	confirmed the docum	nentation of the physician's					
,		gned by the ED physician on					
		Interview confirmed the ED					
		e hospital's Restraint of					
	Patient policy.						
	2. Closed medical re	ecord review on 01/14/2015					
		presented to the hospital's		ļ			
	ED on 11/01/2013 at	t 1106 via private		[			
		npanied by group home staff.		-			
		patient's chief complaint (cc)		ļ			
		n Referral. Review of triage					
		n at 1116 revealed "pt					
		up home Monday, staff		ļ			
		eats to 'kill himself and					
		ted pt attempted to run		į			
		itial nursing assessment					
		aled the patient was alert,					
		o voice, oriented to person, view of a ED risk screen					
		was assessed as "No" for					
		pement. Review revealed					
		uated by a ED physician at					
.		led a chief complaint of					
		pressing SI (suicidal				4	
		micidal ideation). Review					
	, ,	lical history of bipolar					
		nia, and moderate mental					
		eview revealed the patient					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		340132	B. WING _				C 15/2015	
NAME OF PE	ROVIDER OR SUPPLIER		<del>-                                    </del>	_	STREET ADDRESS, CITY, STATE, ZIP CODE	1 01/	19/2019	
	RHAM MEDICAL CENTE	ER .	PO BOX 59 HENDERSON, NC 27536					
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION (EA	CH	(X5)	
PREFIX TAG	(EACH DEFICIENC) REGULATORY OR I	PREFI TAG		CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLETION DATE		
A 179	9 Continued From page 105		Α.	179	9 9			
	was assessed as no	acute distress; awake and	ļ					
		rson, place, time, and						
		affect normal. Extremities						
		gns of injury. Review of a						
		For Involuntary Commitment						
		3 (note timed) revealed the			·			
		ient #9 and the Petitioner						
		Review revealed "The facts						
	upon which this opini	on is based are as						
	followsPatient is m	entally challenged with						
	history of Bipolar D/O	(disorder) and						
	Schizophrenia who is	very unstable at this time.						
		that he will kill others at the				,		
	group home and hims	self." Review of a "Findings						
		nvoluntary Commitment"						
		as signed on 11/01/2013 at					:	
		. Review revealed "The						
		petition in the above matter						
		able grounds to believe that						
		e petition are true and that						
		ent #9) is probably: [X] 1.						
		erous to self or others"				ł		
		respondent was taken into						
		Police Officer on 11/01/2013						
		O when taken into custody).						
		erized Physician's Order	4		·	ļ		
	Entry (CPOE) report,							
		physician's order entered by						
	ED Physician A on 11					1		
		, Frequency: "ONCE",				ŀ		
	Priority: "Routine". F					,		
		led on 11/01/2013 at 1106				1		
		group home. MR high				1		
		sychosis + (and) Bipolar. Pt						
		taff + 'flipping off' other						
		At 1245, "Pt moved to						
		place, officer @ bedside.					]	
		cuffed (restraint) to bed, Pt						
	nau previously tried to	o hang self w/belt. Now						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		340132	B. WING _			C 01/15/2015	
	ROVIDER OR SUPPLIER	· R	,	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG			ID PREFIX TAG	CORRECTIVE ACTION SHOULD	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A 179	break free from cuffs, warning pt of violent to fontrol, violent, call Bi**hs.' Broke posey kill officer. Pt sprayed range." At 1410, "Pt V/S (vital signs) WNL resting in bed with eynonlabored." Review Assessment Tool-Inta 1452 revealed "pres (with) group staff. Staclt (client) was trying threatened to kill self admission clt was ma and placing it to the h stab another staff c a verbally abusive Cl admission c forensic pepper spray p (after) "Review of nursing 1600, "Pt starting to y City Police Departme resp WNL" Review documentation by mo for Patient #9 dated 1 the reason for referra property destruction, aggression, running a hallucinations or delusuicidal. Review reveals (group home). The self + others. Ran to ED he refused meds He had to be pepper restraints "Review examination revealed."	rying to bite him, Pt trying to bed now broken, officer behavior." At 1400, "Pt out ling everyone 'F**king chest vestthreatening to d w/pepper spray @ close refusing flushing treatment. (within normal limits), es open, resp (respirations) of a Comprehensive ke form dated 11/01/2013 at sents to (Hospital A) - ED c aff from group home report to run away this am and as well as staff. Upon king a gun with his fingers ead of staff, threatening to plastic fork and being t was restrained on restraints and required a refusing chemical restraint. If documentation revealed at rell out again, HPD (ABC and the crisis management staff 1/01/2013 at 1800 revealed to was physical aggression, threats of physical laway, verbal aggression, sions, homicidal and readed "Became aggressive at threatened to stab + shoot neighbors. Upon entering + put a belt around his neck. sprayed + put in 4 point	A1	79			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		340132	B. WING			C 01/15/2015	
NAME OF PE	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
MARIA PA	MARIA PARHAM MEDICAL CENTER				PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 179	Review of nursing do 1900, "Pt sleeping of HPD c (with) patient." reveal documentation assessment of Patier qualified physician/LI (1246 to 1345) after in for violent or self-des 11/01/2013 at 1245 a (1401-1500) after bei (a weapon) while rest the patient's immedia reaction to the interve and behavioral condit or terminate the restriper hospital policy.  Interview on 01/15/20 Nursing Director reverthe ED under IVC or while in the ED were restraints (handcuffs enforcement officers staff did not view the handcuffs or shackles they were in the cust Interview revealed the documentation of a fa after initiation of restrictive intervent confirmed the document officers at a fide in the document officers and shall restrictive intervent confirmed the document of	cumentation revealed at on bed in 4 point restraints.  ' Record review failed to on of a 1-hour face-to-face of #9, conducted by a P or trained RN within 1 hour implementation of restraint tructive behaviors on ind within 1 hour ing sprayed with pepper spray trained at 1400; that included it is situation; the patient's medical tion; and the need to continue aint or seclusion  15 at 1235 with the ED isaled patients brought into who are placed under IVC placed into "forensic" or shackles) by the law interview revealed the ED placement of IVC patients in it is as a restraint, because ody of law enforcement. Here would not be any ace-to-face within 1-hour aint for Patient #9 because ackles were not considered ion by ED staff. Interview entation of the CPOE order		179			
A 263	402.21 WATI		A	263	3		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION  A. BUILDING				(X3) DATE SURVEY COMPLETED C	
	340132 B. WING					1/15/2015	
	ROVIDER OR SUPPLIER  RHAM MEDICAL CENTE  SUMMARY ST.	TRATEMENT OF DEFICIENCIES	ID	PROVIDER'S			(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG		VE ACTION SHOULD BE CROS NCED TO THE APPROPRIATE DEFICIENCY)	S-	COMPLETION DATE
A 263	The hospital must demaintain an effective, data-driven quality as improvement program. The hospital's govern the program reflects thospital's organizatio hospital departments those services furnish arrangement); and fo to improved health or and reduction of med. The hospital must man evidence of its QAPI. This CONDITION is Based on restraint lis reviews, observations interviews the hospital effective, ongoing, how quality assessment a improvement (QAPI) restraint in the ED.  The findings include:  1. The hospital failed Assessment Perform program monitoring the findings involuntary commit restrained by Law En ED.  ~Cross refer to 482.2	velop, implement and ongoing, hospital-wide, sessment and performance in.  ing body must ensure that the complexity of the in and services; involves all and services (including ned under contract or cuses on indicators related atcomes and the prevention ical errors.  intain and demonstrate program for review by CMS.  Into the metal evidenced by:  t/log documentation is during tours, and staff all failed to maintain an impital-wide, data-driven indicators related to maintain an impital-wide, data-driven indicators related by:  t/log documentation is during tours, and staff all failed to maintain an impital-wide, data-driven indicators related by:  t/log documentation is during tours, and staff all failed to maintain an impital-wide, data-driven indicators related by:  t/log documentation is during tours, and staff all failed to maintain an impital-wide, data-driven indicators related by:  t/log documentation is during tours, and staff all failed to maintain an impital-wide, data-driven indicators related by:  t/log documentation is during tours, and staff all failed to maintain an impital-wide, data-driven indicators related by:  t/log documentation is during tours, and staff all failed to maintain an impital-wide, data-driven indicators related by:  t/log documentation is during tours, and staff all failed to maintain an impital by:  t/log documentation is during tours, and staff all failed to maintain an impital by:	A 2	A263 – Maria Parwill continue to me a hospital to main hospital-wide data performance improved The following actions support of A263:  Nursing hand off restraints documer restraints nurses wheeled a documer continue behavior of all pat behavior frame for	ring will be through daily tients in restraints for sa ral by Director of Quality or this monitor is three utive months of 100%	require ng, ient and nented in e in their s in eview in of the Care l off/shift shift's s and ased on y review afety or	1/19/2015

STATEMENT OF DEFICIENCIES (X: AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		340132	B. WING		01/15/2015	
	ROVIDER OR SUPPLIER	ER .	'	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 273 A 273	482.21(a), (b)(1),(b)(2) COLLECTION & ANA  (a) Program Scope (1) The program musto, an ongoing prograimprovement in indicate vidence that it will in (2) The hospital must track quality indicator performance that ass hospital service and control (b) Program Data (1) The program must indicator data including other relevant data, for submitted to, or received Quality Improvement (2) The hospital mustom (i) Monitor the effectives and quality (3) The frequency	c)(i), (b)(3) DATA ALYSIS  It include, but not be limited arm that shows measurable ators for which there is approve health outcomes It measure, analyze, and as and other aspects of ess processes of care, operations.  It incorporate quality appatient care data, and or example, information oved from, the hospital's Organization.  It use the data collected to-sectiveness and safety of	A 273		d to the y pard of	
	Based on restraint lis reviews, observations interviews the hospita Assessment Perform program monitoring to finvoluntary commit	s during tour, and staff al failed to have the Quality ance Improvement (QAPI) he effectiveness and safety				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED		
		340132	B. WING			C 01/15/2015	
	ROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHOULD REFERENCED TO THE APPRI DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE	
A 273	Continued From page	e 110	A 2	73			
	ED (1420-1500) with the ED had three (3) involuntary commitme #5, #17 and one (1) proom #7. Observatio patients (#13, #14, #1 aforementioned exam restraints (handcuffs/Enforcement Officers  Review of a "Restrain 1501 for the Hospital 01/14/2015 at 0000 to revealed no documer Patients #13, #14, #1 restraints during the E 1420-1500.	n rooms were observed in shackles) applied by Law on the List dated 01/15/2015 at the sharp shar					
	Nursing Director reversions Director reversions Director reversions (lenforcement officers restraint log and are in the log of the hospital's restrain reviews inpatient rest "the hospital had not from an ED perspection 2014." Interview reversions of the restraint professions of the logical persons	ector of Quality Management to revealed she maintains at log. Interview revealed she traints. Interview revealed been looking at restraints					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	G		COMPLETED			
		340132	B. WING		İ	C 01/15/2015		
NAME OF PROVIDE	R OR SUPPLIER  MEDICAL CENT	ER		STREET ADDRESS, CITY, STATE, ZIP C PO BOX 59 HENDERSON, NC 27536		01/10/2010		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO CORRECTIVE ACTION SHO REFERENCED TO THE DEFICIENCE	OULD BE CROSS- APPROPRIATE	(X5) COMPLETION DATE		
curre law e "We' restr revea (patil Inter incluento 482." The servi The super This Base Hosp recointer inter ensult hosp failed mon restr depa comi (ICU The The ongo conditor 6	enforcement officere not looking at aints from a qualed "I have no dent's restrained view revealed the ED patients prement officers 23 NURSING Simbospital must have that provides nursing services ervised by a region CONDITION is ed on Hospital poital administration reviews, observiews and Law views the hospital policy and patient of the containt or seclusion aint or seclusion artment (IVC) and patients not unfindings include thospital's nursing assessment of 6 emergency	forensic" restraints applied by cers. Interview revealed a patients in forensic dity perspective." Interview data for that population by law enforcement)." He hospital staff failed to placed in restraint by law in their restraint data.  ERVICES  ave an organized nursing services. In their nursing services. In the furnished or stered nurse.  Inot met as evidenced by: policy/procedure review, we staff interview, medical ervations, staff/physician Enforcement Officer (LEO) and nursing staff failed to revision of care per the rocedure when the staff poing assessment and andition of patients during in the emergency of were under involuntary and of intensive care unit ander IVC.	A 2					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B 14/11/0			С	
		340132	B. WING			01/	15/2015
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
MARIA PA	RHAM MEDICAL CENTE	R			O BOX 59		
				Н	ENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 385	commitment (IVC) and (ICU) patients not und (ICU) patients not und (ICU) patients not und cross refer to 482.23 Standard - Tag A0395 482.23(b)(3) RN SUP CARE  A registered nurse must the nursing care for elements of the nursing care for elements, observations record reviews, observations record reviews, tagget and phospital's nursing state assessment and more patient during restrain emergency departme #13, #17 #12, #9) und (IVC) and 1 of 1 internot under IVC (#2).  The findings include:  Review of current hos Patients, PC 17", review of current hos Patients, PC 17", review TPURPOSE: The use therapeutic interventier.	d 1 of 1 intensive care unit der IVC (#2).  B(b)(3) Nursing Services is.  ERVISION OF NURSING  Lest supervise and evaluate ach patient.  Let met as evidenced by:  Legicological policy and procedure of during tours, medical enforcement Officer (LEO)  Legicological interviews, the ff failed to provide ongoing itoring of the condition of a let or seclusion for 6 of 6 ont (ED) patients (#14, #16, der involuntary commitment sive care unit (ICU) patients	A 3	395	A385 & A395 – Maria Parham Medical C will meet and continue to meet the regula that require a hospital to provide ongoing assessment and monitoring of a patient restraint or seclusion.	ations during ented in e in their s in eview in of the Care d off/shift s shift's ss and ased on y review afety or y. Time ient ee with es at a	2/1/2015
injuring others. The decision to use a restraint is driven by a comprehensive individual assessment. This document is used to provide consistent guidelines for the safe use of chemical and physical restraints and seclusion, if alternatives, as determined by an interdisciplinary team, have proven to be clinically ineffective to		ensive individual cument is used to provide for the safe use of chemical s and seclusion, if mined by an interdisciplinary			Responsible Person: Chief Nursing Officer		

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		IDENTIFICATION AND IMPED		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BUILDI	ING				
		340132	B. WING			C		
NAME OF D	OVIDED OD GUIDDUIED	340132	D. WIIIG	<b>,</b>	CTREET ADDRESS OUTV STATE 710 CORE	01/	15/2015	
NAME OF F	ROVIDER OR SUPPLIER			l	STREET ADDRESS, CITY, STATE, ZIP CODE			
MARIA PA	RHAM MEDICAL CENT	ER		ı	PO BOX 59		•	
					HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
A 395	Continued From pag	e 113	A	39:	5			
		onment for the patient.					•	
	DEFINITIONS: Re							
		al force to a patient, with or						
		permission, to restrict his or			·			
		ement. The physical force			·			
	may be human, med	· -						
		Physical Restraints - any						
	manual method or ph	nysical/mechanical device,						
	material or equipmer	nt that immobilizes or						
	reduces the ability of	a patient to move his or her						
		head freelyRestraint to						
		covery (non-violent): refers						
		ts in those patients who						
		cally essential therapies						
		d who demonstrate a state of						
		cognition that puts those						
		those patients who require				İ		
		psychiatric behaviors that				1		
		njury. Restraints for Violent	_			İ		
		ehavior: refers to the use of				ļ	•	
	restraints in those pa management of viole	·						
	_	emselves or others (including						
		atients) or, who require				ļ		
		manage suicidal or homicidal						
		ttingRestrictive Devices			*	1		
		rcement Officials - handcuffs				ļ		
		devices applied by law						
		for custody, detention, and						
		s and is not involved in the						
	provision of health ca	are; no considered restraints.						
	Seclusion - seclusi	on is the involuntary				1		
	confinement of a pati	ient alone in a room or area						
		nt is physically prevented						
		sion may only be used for the						
	management of viole							
		dizes the immediate physical						
		a staff member, or others.					[	
	The following interve	ntions are not considered						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '		(X3) DATE SURVEY COMPLETED	
	340132	B. WING		01/15/2015	
ROVIDER OR SUPPLIER  RHAM MEDICAL CENTE	ER .		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	CORRECTIVE ACTION SHOULD BE	CROSS- COMPLETION	
seclusion: 1. a patie alone in an unlocked policy of (Hospital nat Prevent, reduce and restraints by: a. prevent, reduce and restraints by: a. prevents the potential to b. limiting the use of where there is a risk of himself/herself or otherestrictive method. 2 preserve the patient's being during restraint patient as an individuand safe environment patient's modesty, prevents and maintaining commaintained. 3. Proving removal of the restraints. 5. Re-assof restraints as soon be used only in situated demonstrating observed he/she is at risk of injothers. Restraints are punishment, coercion the patient or for staff does not apply to devenforcement officials care stated within this applicablePROCE OF RISK FACTORS, ALTERNATIVES TO comprehensive asset determine that the risk of the restraint are out	nt physically restrained roomPOLICY: It is the me) Medical Center to: 1. eliminate the use of venting emergencies that lead to the use of restraints, restraints to emergencies of the patient harming ers. c. using the least Protect the patient and a rights, dignity and well use by: a. respecting the al; b. maintaining a clean t;d. maintaining the eventing visibility to others, fortable body temperature is de for safe application and nt by qualified staff. 4. In patient's needs while in less and encourage release as possible Restraints will lions where the patient is vable behaviors that indicate uring himself/herself or enot to be used for an indicate u	A 3	95		
using itAttempts s and use the following	hould be made to evaluate interventions/alternatives				
	CORRECTION  ROVIDER OR SUPPLIER  RHAM MEDICAL CENTE  SUMMARY ST.  (EACH DEFICIENCY REGULATORY OR I  Continued From page seclusion: 1. a patie alone in an unlocked policy of (Hospital nai Prevent, reduce and restraints by: a. prev have the potential to i b. limiting the use of where there is a risk of himself/herself or othe restrictive method. 2. preserve the patient's being during restraint patient as an individu and safe environmen patient's modesty, pre and maintaining com maintained. 3. Provi removal of the restrai Monitor and meet the restraints. 5. Re-ass of restraints as soon be used only in situat demonstrating obsen he/she is at risk of inj others. Restraints an punishment, coercion the patient or for staff does not apply to dev enforcement officials care stated within this applicablePROCE OF RISK FACTORS, ALTERNATIVES TO comprehensive asses determine that the ris of the restraint are ou using itAttempts s and use the following	ROVIDER OR SUPPLIER  RHAM MEDICAL CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	A BUILDIN  340132  B. WING	IDENTIFICATION NUMBER:  340132  STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536  SUMMARY STATEMENT OF DEFICIENCIES EACH DEFICIENCY MUST BE PRECEDED BY PLU REGULATORY OR LSC IDENTIFYING INFORMATION  Continued From page 114  seclusion: 1. a patient physically restrained alone in an unlocked roomPOLICY: It is the policy of (Hospital name) Medical Center to: 1. Prevent, reduce and eliminate the use of restraints, b. limiting the use of restraints be. limiting the use of restraints be. but set of restraints be where there is a risk of the patient harming himself/herself or others. c. using the least restrictive method. 2. Protect the patient and preserve the patient's rights, dignity and well being during restraint use by: a. respecting the patient and and safe environment;d. maintaining a clean and safe environment;d. maintaining the patient's modesty, preventing visibility to others, and maintaining comfortable body temperature is maintained. 3. Provide for safe application and removal of the restraint by qualified staff. 4. Monitor and meet the patient's needs while in restraints as soon as possibleRestraints will be used only in situations where the patient is demonstrating observable behaviors that indicate he/she is at risk of injuring himself/herself or others. Restraints are not to be used for punishment, coercion, discipline, or retaliation of the patient or for staff convenience. This policy does not apply to devicesused by law enforcement officials although the standards of care stated within this document may be applicablePROCEDURES: ASSESSMENT OF RISK FACTORS, INTENVENTIONS AND ALTERNATIVES TO RESTRAINT USE: A comprehensive assessment of the patient must determine that the risks associated with the use of the restraint are outweighed by the risk of not using itAttempts should be made to evaluate and use the following interventions/alternentives	

340132 NAME OF PROVIDER OR SUPPLIER	B. WING		C
NAME OF PROVIDER OR SUPPLIER			01/15/2015
MARIA PARHAM MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY I TAG REGULATORY OR LSC IDENTIFYING INFORMA	FULL PRE	CORRECTIVE ACTION SHOULD I	BE CROSS- COMPLETION
A 395  Continued From page 115 assessed needs: *Monitoring: 1. Companionship; staff or family stay with particle Room near or visible from nursing station of Close, frequent observation*Environment Measures:5. Room/halls clear of obstations such as excess equipmentRegular toilettestablish consistent toileting schedule forCLINICAL JUSTIFICATION FOR USE Of RESTRAINT AND/OR SECLUSION: Whe clinically indicated, the restraint procedure implemented by the RN who is trained in reand/or seclusion techniques upon a physician/s/LIP's order. Unless there is an immediate and overriding concern for safe restraint procedure is utilized only after all alternatives, less restrictive treatment interventions have been tried without succe Prior to implementation of any restraint, cateam members will confer to determine the appropriate alternative measures have been attempted. Using the decision flowcharts of patient behaviors and alternatives for use of restraint, clinical assessment and utilization restraint should be based on patient's behavior and alternative measures have been that may place the patient or others at risk harm. Situations in which restraints are clinicated include: *Threatens placement and patiency of necessary therapeutic lines/tub interfering with necessary medical treatment appropriate alternative measures have been attempted*Unable to follow directions to self-injury, and appropriate protective, alternative measures have been attempted. *Vulnera patient populations, such as Pediatrics, whe cognitively or physically limited, are at a grisk for injury Great caution should be utilitie before initiating restraint use. LEAST RESTRICTIVE RESTRAINT/SAFE APPLICATION: Assessment and reassess.	atient 2. 3. Intal cles ing: 1. Datient. F In is estraint  ty, the  ess. Ire It en Ire It en Ire Ire Ire Ire Ire Ire Ire Ire Ire Ire	395	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		2) MULTIPLE CONSTRUCTION BUILDING			(X3) DATE SURVEY COMPLETED	
			A. BUILDI	ING		С		
		240422	B. WING			1		
		340132	B. WING	_		01/	15/2015	
NAME OF P	ROVIDER OR SUPPLIER			١	STREET ADDRESS, CITY, STATE, ZIP CODE			
MARIA PA	RHAM MEDICAL CENTI	ER		l	PO BOX 59			
					HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS-	(X5) COMPLETION DATE	
A 395	processes should in the choice of restrain restraints will be loos skin integrity and cirr restraints. The types available within this f safely is as follows: . 1>2>3>4-point the involuntary confir room or area from will prevented from leaving used for the manage self-destructive behas immediate physicals member, or others. Sphysically restrained ALTERNATIVE THEIR restraining a patient, such as (but not limit attempted: *Provide in low position, clutted in low position i	clude the appropriateness of an and/or seclusion. Physical sened periodically to evaluate culation while the patient is in a of restraint devices acility and how to apply2. Limb Restraints5. Seclusion - Seclusion is mement of a patient alone in a mich the patient is physically and how to apply in a patient alone in a mich the patient of a patient alone in a mich the patient or vior that jeopardizes the safety of the patient, staff Seclusion is not a patient alone in an unlocked room RAPY: Prior to physically restraint-free interventions and to) the following are safe environment, i.e., bed or free environment tion*Sitter PROCEDURE	A	39	5			
		ed *durationThe in-person						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
, <u>_</u>			A. BUILDI	NG _			
						C	
		340132	B. WING			01/	15/2015
NAME OF P	ROVIDER OR SUPPLIER			S	STREET ADDRESS, CITY, STATE, ZIP CODE		
MADIA DA	DUAM MEDICAL CENT	<b>F</b> D		P	PO BOX 59		
MARIA PA	RHAM MEDICAL CENT	EK		н	HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 395	initiation of restraint management of viole	ed within one hour of the or seclusion for the ent or self-destructive	A	395			
	the patient, staff or o *an evaluation of the *the patient's reactio patient's medical and need to continue or t seclusion The Non Orders: Orders for renewed each calendatending physician obased on his or her dis not necessary for within a 24-hour time re-evaluate the patien non-violent/self-dest routine rounds. If resident physician order form the LIP before the order, a restraint renphysician order form the LIP before the ordis based on his or he the patient. For Viole Restraints (V/SD] Apmust document a fact 1 hour of implementation of the patient that must be practitioner within the evaluation of the pat would include a comassessment, behavior	ructive restraints during straints for nonviolent re anticipated to be e maximum time limit of the ewal sticker is placed on the and must be completed by iginal order expires. Its use or face-to-face examination of ent/Self-Destructive physician/LIP or trained RN be-to-face assessment within ation of restraint or seclusion. In acceptable of the conducted by a qualified escope of their practice. An ident's medical condition plete review of systems or al assessment, as well as					
	within a 24-hour time re-evaluate the patier non-violent/self-dest routine rounds. If rese behavior purposes a continued beyond the order, a restraint ren physician order form the LIP before the oris based on his or he the patient. For Viola Restraints [V/SD] A purpose and thour of implementa 1 hour of implementa 1 hour of implementa 1 hour face-to-fa a physical and behave patient that must be practitioner within the evaluation of the pat would include a com assessment, behavior review and assessment.	e-frame as the physician can ent and need for ructive restraints during straints for nonviolent re anticipated to be e maximum time limit of the ewal sticker is placed on the and must be completed by iginal order expires. Its use er face-to-face examination of ent/Self-Destructive physician/LIP or trained RN ex-to-face assessment within ation of restraint or seclusion. In acceptable of the conducted by a qualified escope of their practice. An ident's medical condition plete review of systems oral assessment, as well as ent of the patient's history, ns, most recent lab results,					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		340132	B. WING _			C <b>01/15/2015</b>	
NAME OF P	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE		01/13/2013	
MARIA PA	ARHAM MEDICAL CENTE	ER		PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECT PLA	D BE CROSS-	(X5) COMPLETION DATE	
A 395	comprehensive revier determine if other factor medication interaction hypoxia, sepsis, etc., patient's violent or se During the face-to-factor practitioner will evaluate situation, the patient's medical and the need to continue restraint or seclusion Violent/Self-Destructifor adults (18 years of children (ages 9-17) age of 9All patients be continuously monithe need to continue registered nurse (RN restraints expires, a completion will re-evaluate patient's treatment plus the physician/LIP resongoing care will the physician order form for completion by the qualified staff member physician/LIP continuate telephone order physician/LIP will reface-to-face assessment of controllers under aggrestraints. If restraints	w of the patient's condition to tors, such as drug or ns, electrolyte imbalances, are contributing to the lif-destructive behavior. Ce assessment, the qualified ate the patient's immediate is reaction to the intervention, and behavioral condition; nue or terminate the limit for ve Restraints is: *4 hours for the time limit for ve Restraints is: *4 hours for the time for children under is who are in restraints must stored and reassessed for restraint by a qualified limit in limit for will conduct an in-person attent is not ready for its, the authorized staff ate the efficacy of the an and revise accordingly. Ponsible for the patient's in be notified and a telephone if and a new restraint will be placed on the chart LIP. When the authorized,	AS	395			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	IPLE CONSTRUCTION  IG	COMPLETED		
		340132	B. WING _		01/15/2015	
NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		61/10/2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPRO DEFICIENCY)	E CROSS- COMPLETION	
A 395	4 hours for adult patichildren ages 9-17 a under age 9. Seclus placed in seclusion or private observable etheir dignity and well seclude may be made emergency situation violent, self-destructiphysician is not avail face-to-face assessor determine whether the seclusion. A physicie evaluate the need for after the intervention who is simultaneous continually monitored in-person or through audio equipment that patient. 5. Staff murplaced in seclusion aminimum of every 15 might be used to infire removed prior to place individual falls asleed be unlocked and open minute period monitor unlocked, clinical just documented in the pawakening, the patie RN or the physician continued release with individual was asleed length of time prescription.	P. For Violent/Self s, a face-to-face physician/LIP is required after ents, after 2 hours for nd after 1 hour for children ion guidelines 1. Individuals nust have a protected, nvironment that safe guards being. 2. The decision to le by a trained RN in an in which the patient exhibits ve behavior, when the lable, after conducting a ment of the individual to ne behavior requires an or other LIP must see and r seclusion within one hour is initiated4. The patient dy restrained and secluded is d by trained staff either the use of both video and it is in close proximity to the set monitor an individual and document findings at a se minutes. 6. Articles that ict self-injury must be coing in seclusion8. If an or in seclusion, the door must ened within the nearest fifteen oring. If the door is not diffication must be attent's clinical record. Upon ent must be re-evaluated by a upon awakening for thout regard to how long the or whether the maximum ibed in the order has expired. traint Once restraint is	AS	395		

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	PLE CONSTRUCTION  G	, ,	ATE SURVEY OMPLETED
		340132	B. WING _			C <b>01/15/2015</b>
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD REFERENCED TO THE APPR DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE
A 395	of the intervention an appropriateness of th restraint should be dispatient meets the berdiscontinuation. The continued need for rerelease should be doevery two hours or mondition improves ASSESSING, AND CRESTRAINTS: When an increased need for assessment to assure restrictive methods at that restraint is disconfirmediately after restassessment should be restraints were proper to not cause the patient adjustments made. The patient must be mondified and health statincludes, as appropriated: *signs of injury restraints *nutrition/hyrange of motion in the *hygiene and elimination psychological status at integrity, comfortable patient's dignity, men well being) *readiness*patient's understand restraint and requirements.	ated for the continued need d the continued e type of intervention The scontinued as soon as the navior criteria for its assessment of the straint to determine early cumented at a minimum of ore often as the patient's MONITORING, ARE OF THE PATIENT IN a restraints are used there is a patient monitoring and e patient safety, that the less are used when possible, and entinued as soon as possible. It is a possible, and entinued as soon as possible. It is are applied an elemade to ensure that the rily and safely applied so as ent harm or pain. If it is response, any the frequency of monitoring the patient's medical that reflects and include this assessment is response, any the frequency of monitoring the patient's medical that reflects and include the type of restraint are associated with the red to the type of restraint are to the type of restraint and the extremities *vital signs tion *physical and and comfort (i.e. skin body temperature, the tal status, and emotional as for release from restraints ing of the reasons for	A 3	95		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTII IDENTIFICATION NUMBER: A. BUILDIN		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		340132	B. WING _			C 01/15/2015	
	NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP COD PO BOX 59 HENDERSON, NC 27536	)E	01/15/2015	
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX		X CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)			
A 395	procedures should be does not violate the p Non-Violent restraints documentation is requand for Violent/Self-D required every 15 min. The medical record si patient and/or family organization's policy of medical condition or a would place the patier restraints/seclusion; * physical abuse that w grater psychological restraint/seclusion. D patient's record shoul progression in how te with the less intrusive attempted or consider of more restricted me initiated, the order multimediately upon initiated, the order must be followed the patient's attending possible Each epis use is to be recorded Documentation will inapplied *time restraint (non-violent or violent device (soft, mitten, v application verified *le *safety/rights/dignity r *observed restraints *vital injury associated with	atient's rightsFor the reassessment and uired at least every 2 hours estructive restraints, it is tutes. DOCUMENTATION: mould document: *that the was informed of the on the use of restraints; *any tuny physical disability that int at greater risk during any history of sexual or ould place the patient at tisk during focumentation within the dindicate a clear chniques were implemented restrictive intervention red prior to the introduction asure. When a restraint is list be documented ation. If the order for ed by the treating physician, by by consultation with g physician as soon as ode of restraint/seclusion in the medical record. clude: *date restraint trapplied *type of Restraint tyself destructive) *restraint est, geri-chair, etc.) *safe evel of consciousness maintained verified appropriately intact *behavior a signs taken *free from restraint *skin under/around a of motion done *circulation ited *offered	A	395			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION  3	(X3) DATE SURVEY COMPLETED	
		340132	B. WING		C 01/15/2015
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
MARIA PA	MARIA PARHAM MEDICAL CENTER			PO BOX 59 HENDERSON, NC 27536	
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ( CORRECTIVE ACTION SHOULD BE CR REFERENCED TO THE APPROPRIA' DEFICIENCY)	OSS- COMPLETION
A 395	circumstances that le use *consideration or interventions includin successful *the ration intervention selected family/significant othe *patient's response a result of the restraints received from a physipatient with staff *any and treatment received deaths. DISCONTIN DOCUMENTATION or restraint release met *Time restraint discor when applicable for b (violent/self-destructiv PATIENT'S PLAN OF should clearly reflect intervention, evaluation Restraint use must be written modification to 1. Observation durin 1427 of exam room #located across from to Observation revealed glass door. Observation durin 1427 of exam room #located across from to Observation on the encoyer a bedside table. stretcher's two side relocked position. Observation the stretcher's frame revealed the patient's to the stretcher's frame restriction or the stretcher's frame restriction.	red comfort measures *the d to restraint or seclusion failure of non-physical g alternatives attempted and ale for the type of physical *notification of the patient's ir, when appropriate and any changes made as a seach telephone order ician/LIP * debriefing of the rinjuries that are sustained and from these injuries *any UING RESTRAINT GUIDELINES *Criteria for *Date restraint discontinued antinued *Restraint debriefing ehavior ve) MODIFICATION TO CARE: The plan of care a loop of assessment, on and re-intervention. It is in accordance with a contract the patient's plan of care"	A 3	95	
	not exhibit any violen				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION  NG	` -/	MPLETED
		340132	B. WING _			C 01/15/2015
	ROVIDER OR SUPPLIER	:R		STREET ADDRESS, CITY, STATE, ZIP C PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		OULD BE CROSS- APPROPRIATE	(X5) COMPLETION DATE
A 395	behaviors. Observation the exam room alor supervision of a LEO. revealed Patient #14 stretcher and pivoted stretcher without difficobservation revealed (CSD) #1 was sitting a cubical. Observation the opposite side of from exam room #17. #1 stood up and exited down the hallway on nursing station, away exited the emergency through a set of doub revealed Patient #14 #17 unsupervised by observation revealed cubical in the nursing Observations from 14 any violent or self-deceived.	on revealed the patient was ne and without direct. At 1433, observation stood up off the end of the around to the side of the culty or assistance. At 1434, XYZ County Sheriff Deputy behind the nursing station in on revealed the cubical was of the nursing station, away. Observation revealed CSD of the cubical and walked the opposite side of the from exam room #17 and of department treatment area alle doors. Observation was alone in exam room	AS	395		
	revealed Patient #14, presented to the hosp 1820 accompanied by IVC petition. Review complaint was IVC-C Review of triage nurs revealed "IVC, per cabizarre behavior, pt w gentials [sic], pt endo pt with rambling thou will only hurt someon	pital's ED on 01/13/2015 at y Law Enforcement under revealed the patient's chief risis Evaluation Referral. e documentation at 1827 aregiver pt (patient) with valking around showing rees auditory hallucinations, ghts in triage, pt states he e if they try to hurt him."				

NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27538  SUMMARY STATEMENT OF DESCRIPCIOES (EACH DEFICIENCY) STATE (EACH DEFICIENCY) REGULATORY OR LSC IDENTIFYING INFORMATION)  A 395  Continued From page 124 (person, place, time) and anxious. Review revealed the patient was evaluated by a physician at 1908. Review revealed a chief complaint of being agitated and exposing genitals. Review revealed the patient was assessed as no acute distress, awake and alert, slightly agitated, pressured speech, and directable. Review revealed the patient was fooperative." Review of a "Findings and Custody Order Involuntary Commitment" revealed the roder was signed on 01/13/2015 at 1541 by a Magistrate. Review revealed "The Court finds from the petition in the above matter that there are reasonable grounds to believe that the facts alleged in the petition are true and that the respondent (Patient #14) is probably. [X] I. mentally ill and dangerous to self or others or mentally ill and in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness" Review of an "Examination and Recommendation to Determine Necessity for Involuntary Commitment" form dated 01/13/2015 at 2345 revealed "Description of Findings" with "presenting for agitation, exposing himself inappropriately to others. On evaluation, pt is disorganized with pressured speech. Oriented to location but not situation. Is currently a danger to himself due to psychosis." Review of units and one of the patient was a submitted to location but not situation. Is currently a danger to himself due to psychosis. "Review of units and one of the patient was a submitted to be not one of the patient was a submitted to the notion of the patient was a submitted to the notion of the patient was a submitted to the notion of the patient was a submitted to the patient was a submitted to the patient was a submitted to the patient was a submitted to the pa		OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED C	
MARIA PARHAM MEDICAL CENTER  SUMMARY STATEMENT OF DEFICIENCIES  (PA) ID  GEACH DEFICIENCY MUST BE PRECEDED BY PULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  A 395  Continued From page 124  (person, place, time) and anxious. Review revealed the patient was evaluated by a physician at 1908. Review revealed the patient was assessed as no acute distress, awake and alert, slightly agitated, pressured speech, and directable. Review revealed the patient was isosperative." Review revealed the patient was isosperative." Review revealed "The Court finds from the petition in the above matter that there are reasonable grounds to believe that the facts alleged in the petition are true and that the respondent (Patient #14) is probably: [X] 1, mentally ill and dangerous to self or others or mentally ill and in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness" Review of a "Examination and Recommendation to Determine Necessity for Involuntary Commitment" form dated 01/13/2015 at 2345 revealed "Description of Findings" with "presenting for agitation, exposing himself inappropriately to others. On evaluation, pt is disorganized with pressured speech. Oriented to location but not situation. Is currently a danger to himself due to psychosis." Review of rursing documentation at 2235 revealed "Description of Findings" with himself inappropriately to others. On evaluation, pt is disorganized with pressured speech. Oriented to location but not situation. Is currently a danger to himself due to psychosis." Review of nursing documentation at 2235 revealed "Description of Findings" with the processor of the p			340132	B. WING		01	1	
PREEIX TAG PREFICIENCY MUST BE PRECEDED BY FULL TAG REFERENCED TO THE APPROPRIATE  CONFICENCY  A 395  Continued From page 124 (person, place, time) and anxious. Review revealed the patient was evaluated by a physician at 1908. Review revealed a chief complaint of being agitated and exposing genitals. Review revealed the patient was assessed as no acute distress, awake and alert, slightly agitated, pressured speech, and directable. Review revealed the patient was "cooperative." Review revealed the patient was cooperative." Review revealed the Court finds from the petition in the above matter that there are reasonable grounds to believe that the facts alleged in the petition are true and that the respondent (Patient #14) is probably. [X] 1. mentally ill and dangerous to self or others or mentally ill and in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness" Review of an "Examination and Recommendation to Determine Necessity for Involuntary Commitment" form dated 01/13/2015 at 2345 revealed "Description of Findings" with "presenting for agitation, exposing himself inappropriately to others. On evaluation, pt is disorganized with pressured speech. Oriented to location but not situation. Is currently a danger to himself due to psychosis." Review of nursing documentation at 2235 revealed "Resting quietty					PO BOX 59	•		
(person, place, time) and anxious. Review revealed the patient was evaluated by a physician at 1908. Review revealed a chief complaint of being agitated and exposing genitals. Review revealed the patient was assessed as no acute distress, awake and alert, slightly agitated, pressured speech, and directable. Review revealed the patient was "cooperative." Review of a "Findings and Custody Order Involuntary Commitment" revealed the order was signed on 01/13/2015 at 1541 by a Magistrate. Review revealed "The Court finds from the petition in the above matter that there are reasonable grounds to believe that the facts alleged in the petition are true and that the respondent (Patient #14) is probably. [V]. mentally ill and dangerous to self or others or mentally ill and in need of treatment in order to prevent further disability or deterioration that would predictably result in dangerousness" Review of an "Examination and Recommendation to Determine Necessity for Involuntary Commitment" form dated 01/13/2015 at 2345 revealed "Description of Findings" with "presenting for agitation, exposing himself inappropriately to others. On evaluation, pt is disorganized with pressured speech. Oriented to location but not situation. Is currently a danger to himself due to psychosis." Review of nursing documentation at 2235 revealed "Resting quietly	PREFIX	(EACH DEFICIENC)	YMUST BE PRECEDED BY FULL	PREFIX	CORRECTIVE ACTION SHOULD IN	BE CROSS-	COMPLETION	
self-injurious behavior" At 1215 (01/14/2015) "Pt unshackled while bed was exchanged." At 1330 "Pt sitting at end of bed. No c/o voiced. No distress noted." At 1500 "Pt sitting on bed c (with) no distress noted." At 1845 "Pt transported to (hospital name)ambulated to police care no distress noted." Review of "Suicide Precautions Flow sheet" documentation on 01/13/2015 from 1900 to 2300 and 01/14/2015 from 0715 to 1845	A 395	(person, place, time) revealed the patient vat 1908. Review revealed the patient vat 1908. Review revealed the patient vat 1908. Review revealed the patient vat distress, awake and a pressured speech, ar revealed the patient vat of a "Findings and Cu Commitment" revealed 01/13/2015 at 1541 be revealed "The Court above matter that the to believe that the fact true and that the respondably: [X] 1. mer or others or mentally in order to prevent furtue and that the respondably: [X] 1. mer or others or mentally in order to prevent furtue and Recommendation Involuntary Commitment 2345 revealed "De"presenting for agit inappropriately to oth disorganized with presenting for agit inappropriately to oth disorganized with presenting for agit in bed. No aggressivelf-injurious behavior "Pt unshackled whith 1330 "Pt sitting at endistress noted." At 1 (with) no distress noted. Revelow sheet document distress noted. Revelow sheet document distress noted. Revelow sheet document distress noted. Revelow sheet document distress noted.	and anxious. Review vas evaluated by a physician valed a chief complaint of cosing genitals. Review vas assessed as no acute alert, slightly agitated, and directable. Review vas "cooperative." Review vas "cooperative." Review vas tody Order Involuntary ved the order was signed on vy a Magistrate. Review finds from the petition in the vere are reasonable grounds vas alleged in the petition are vondent (Patient #14) is valid pill and dangerous to self ill and in need of treatment orther disability or valid predictably result in valid predictably result valid predictably result valid predictably result valid predi	A 3	95			

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		340132	B. WING _			01/	5 15/2015
NAME OF PE	ROVIDER OR SUPPLIER		<del></del>	5	STREET ADDRESS, CITY, STATE, ZIP CODE	01/	10/2010
MADIA DA	RHAM MEDICAL CENTE	:D		F	PO BOX 59		
WANIA FA	MANIA PARISH MEDIONE OCTIVED			+	HENDERSON, NC 27536		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 395	Continued From page	125	Α:	395		5	
	revealed the patient's	behavior was documented					
		operative. Review revealed				ļ	
	•	patient was violent or					
		evealed on 01/14/2015 at					
		(corresponding timeframe					
İ		ation [1427-1500] of the					
	patient cuffed/shackle	ed to the stretcher) as being				1	
	cooperative. Record	review failed to reveal any					
	available documentat	ion Patient #14 exhibited					
	violent or self-destruc	tive behaviors necessitating					
	the need for restraint	use while hospitalized from					
	01/13/2015 at 1820 th						
	01/14/2015 at 1845.	Further record review failed					
		ion of ongoing monitoring					
	and assessment of th	e patient at least every 15					
		If-destructive restraint or			·		
		on-violent restraint (as					
		e of restraint used) for one					
	or more of the following						
		estraints, nutrition/hydration,					
	_	of motion in the extremities,					
		nd elimination, physical and					
	psychological status	•					
		body temperature, the					
		tal status, and emotional					
	• • • • • • • • • • • • • • • • • • • •	s for release from restraints,					
	patient's understanding						
	restraint and requiren	nents for release, per					
	hospital policy.						i
	Interview on 01/14/00	015 at 1442 with CSD #1					
		eputy Sheriff with the XYZ					
		artment. Interview revealed					
		ED for a "10-73" (mental					
		evealed the patient (#14) in					
	exam room #17 was						
		was brought to the ED on					
		was brought to the EB on w revealed he relieved the					
		morning (01/14/2015) at					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ′	IPLE CONSTRUCTION  NG	COMPLETED		
						С
		340132	B. WING			01/15/2015
NAME OF PI	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 2 PO BOX 59	ZIP CODE	
MARIA PA	RHAM MEDICAL CENTE	:R		HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFI) TAG	REFERENCEDTO		
A 395	shift change. Intervied Deputy placed the pal Interview revealed the wither or not the paties or shackled." Interview not going to jail and with Interview revealed he until a mental health of patient. Interview revealed he until a mental health of patient. Interview revealed the patient complains the or hurting, he will use if the cuffs/shackles a revealed there was not periodically removing checking for tightness "patient lets me know Interview revealed if the restroom, the cuff Interview revealed he skin for circulation. In its responsible for taking medical needs. Interview on 01/13/20 with Charge Nurse #1 restraints used in the limb restraints." Inter Sheriff and Police De and shackles with IVO revealed the nurse is and assessing the pashackles. Interview rot responsible for apshackles.	tient into "ankle shackles."  "officer makes the decision on the needs to be handcuffed on revealed Patient #14 was as not under arrest.  (CSD #1) was on standby facility could be found for the realed because the patient of linterview revealed when the cuffs/shackles are too tight. 2-3 fingers to check to see the too tight. Interview revealed the rest schedule for the cuffs/shackles or so linterview revealed the rest fit they are too tight."  The patient needed to go to so shackles are removed. The does not check pulses or anterview revealed the nurse ng care of the patient's view revealed the only approved are too by nursing staff are "soft view revealed "only the patients." Interview responsible for monitoring tient when in handcuffs or evealed the nursing staff is oplying the handcuffs or	A	395		
	interview on 01/15/20	015 at 1015 with the ED				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	, ,	(X3) DATE SURVEY COMPLETED	
		340132	B. WING _			C 01/ <b>15/2015</b>	
NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		,		
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE CORRECTIVE ACTION SHOULD REFERENCED TO THE APPI DEFICIENCY)	D BE CROSS-	(X5) COMPLETION DATE	
A 395	Medical Director reverons officer with the ABC of in the ED. Interview is stated the Chief of Policy of Po	aled he spoke with a police city Police Department while revealed the police officer slice had determined that the the custody of the police Departmental policy for all ced into handcuffs or ED. Interview revealed "we the putting the patients in the evealed "we can control the tents." The interview the entrying to work through this with Chief of Police."  115 at 1235 with the ED taled patients brought into the are placed under IVC to placed into "forensic" to shackles) by the law Interview revealed the ED the placement of IVC patients in the sas a restraint, because the body of law enforcement. The end of law enforcement the handcuffs and shackles the end of the ED staff did not the handcuffs and shackles the end of Patient policy for the handcuffs and shackles the end of Patient policy for the handcuffs and shackles the end of Patient policy for the handcuffs and shackles the end of Patient policy for the handcuffs and shackles the end of Patient policy for the handcuffs and shackles the end of Patient policy for the handcuffs and shackles the end of Patient policy for the handcuffs and shackles the end of Patient policy for the handcuffs and shackles the end of Patient policy for the handcuffs and shackles the end of Patient policy for the handcuffs and shackles the end of Patient policy for the handcuffs and shackles the end of the end of the end of the end the	A 3	95			
	station. Observation	revealed the room had a					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		340132	B. WING		01/15/2015	
	NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER			TREET ADDRESS, CITY, STATE, ZIP CODE O BOX 59 IENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CRO- REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS- COMPLETION	
A 395	scrubs and laying on stretcher, watching te revealed the stretche and in the locked pos the patient was alert, Observation revealed chained to the stretch cuff/shackle (restraint patient did not exhibit self-destructive behavithe patient was in the without direct supervirevealed an ABC City was sitting behind the reading a magazine. 1500 failed to observe self-destructive behavithe without direct supervirevealed an ABC City was sitting behind the reading a magazine. 1500 failed to observe self-destructive behavith while being restration of the without direct supervirevealed the patient #16 revealed presented to the Hos 1726 for "potential drivevealed the patient wand was assessed by Review revealed the 1912 by a mobile crist on 01/14/2015 at 005 being mentally ill and others. Review revealed the patient's behavior way with parent and LEO revealed from 0600 to patient's behavior way with eyes closed and	cion revealed a female wearing green disposable her left side on the levision. Observation r's two side rails were up ition. Observation revealed calm, and cooperative. Ithe patient's left wrist was ler's frame with a metal color of a Leo. Observation Police Department officer or nursing station in a cubical, Observations from 1438 to eleany violent or viors exhibited by Patient ained in exam room #5.  Treview on 01/15/2015 for an 18 year old female pital's ED on 01/13/2015 at algoverdose." Review was triaged by a RN at 1732 of a ED Physician at 1734. patient was assessed at is worker. Review revealed of the patient was IVC for dangerous to self and aled at 0200 and 0400, the se documented as asleep	A 395			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION	COMPLETED
		340132	B. WING		01/15/2015
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPF DEFICIENCY)	CROSS- COMPLETION
A 395	requested the "shack and the hospital staff revealed at 0725, the documented as alert extremity "cuffed" (re Review revealed at 0 transferred to a Psycreview failed to revealed the commentation Paties elf-destructive behafor restraint use while 01/13/2015 at 1726 to 01/15/2015 at 0835.  Interview on 01/13/20 with Charge Nurse #restraints used in the limb restraints." Inte Sheriff and Police Deand shackles with IV revealed the nurse is and assessing the pashackles. Interview not responsible for a shackles.  Interview on 01/15/20 Medical Director revents of the ED. Interview stated the Chief of PIVC patients were in officer and that it was IVC patients to be pleshackles while in the can't control the polic custody." Interview monitoring of the patients were in officer and that it was IVC patients to be pleshackles while in the can't control the polic custody." Interview monitoring of the patients was a series of the patients of th	le" (restraint) be loosened informed the LEO. Review patient behavior was and oriented with right lower estraint) to bed frame. 835, the patient was hiatric hospital. Record all any available nt #16 exhibited violent or viors necessitating the need e hospitalized from	A 39	95	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		340132	B. WING		C 01/15/2015	
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE CF REFERENCED TO THE APPROPRIA DEFICIENCY)	ROSS- COMPLETION	
A 395	this for the past 9 modern line in the ED under IVC or while in the ED were restraints (handcuffs enforcement officers staff did not view the handcuffs or shackle they were in the cust Interview revealed the documentation of modern line in the cust Interview revealed the documentation of modern line in the cust Interview revealed the documentation of modern line in the line i	onths with Chief of Police."  215 at 1235 with the ED caled patients brought into who are placed under IVC placed into "forensic" or shackles) by the law . Interview revealed the ED placement of IVC patients in s as a restraint, because ody of law enforcement. ere would not be any onitoring and assessment r violent self-destructive	A 39			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE O	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		340132	B. WING		01/15/2015	
	ROVIDER OR SUPPLIER	ER	РО	BOX 59 NDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (E CORRECTIVE ACTION SHOULD BE CR REFERENCED TO THE APPROPRIAT DEFICIENCY)	OSS- COMPLETION	
A 395	(restraint). Observation of exhibit any violent behaviors. Observation the isolation room a supervision of a LEO ABC City Police Department of the could not Observation revealed ante room could be of from 1430 to 1500 fair self-destructive behave #16 while being restration of the could not Observation revealed are room could be of from 1430 to 1500 fair self-destructive behave #16 while being restration of the could not Open medical record Patient #13 revealed presented to the hosp Department) on 01/13 of suicide and for sub Review revealed at 0 by a RN and at 0234, by a ED Physician. Expatient was assessed and was admitted for revealed at 1600, the (Involuntary Committed angerous to self and revealed when the patient's behavior and resting with eyes in shackled (restraint) 01/14/2015 at 0000, 0035, the patient behasleep and resting quishackled. Review revealed.	on revealed the patient did tor self-destructive on revealed the patient was alone and without direct. Observation revealed an artment officer was sitting ation in a cubical and due to observe the patient.  I from the LEO's location the bserved only. Observations led to observe any violent or viors exhibited by Patient ained in exam room #7.  review on 01/14/2015 for a 26 year old male bital ED (Emergency 8/2015 at 0125 with thoughts estance abuse detoxification. 127, the patient was triaged the patient was assessed deview revealed at 0840, the liby a mobile crisis worker suicidal thoughts. Review	A 395			

AND PLAN OF CORRECTION (X1) PHOVIDEN/SUPPLIENCIA IDENTIFICATION NUMBER:		A. BUILDING	NSTRUCTION	COMPLETED			
		340132	B. WING		C		
	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EAK CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)			
A 395	the patient demonstrations self-destructive behave reveal any available exhibited violent or successitating the necessitating the necessitating the necessitating the necessitating the necessitating the necessitating the necessitating the necessitating the necessitating the necessitating the necessitating the necessitating the necessitating the necessitation of the	rated violent or aviors. Record review failed to documentation Patient #13 relf-destructive behaviors red for restraint use while /13/2015 at 0125 through 2015 at 1645.	A 395				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED C	
		340132	B. WING _	B. WING		01/15/2015
	ROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG			PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHOULD REFERENCED TO THE APPRI DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE
A 395	IVC patients to be plashackles while in the can't control the polic custody." Interview remonitoring of the pati revealed "we have be this for the past 9 mound interview on 01/15/20. Nursing Director revealed "we have be the ED under IVC or while in the ED were restraints (handcuffs enforcement officers. staff did not view the handcuffs or shackles they were in the cust interview revealed the documentation of mo every 15 minutes (for behavior) and/or 2 he behavior), because the were not considered ED staff. Interview refollow the hospital's follow the hospital's follow the hospital's follow the hospital's follow the hospital's follow the hospital's follow the hospital's follow the seclusion with a solid wood docand the blinds were considered at the head of the strasharp pointed corners wall. Observation revealed at the head of the strasharp pointed corners wall. Observation revealed at the lead of the strasharp pointed corners wall. Observation revealed at the lead of the strasharp pointed corners wall. Observation revealed at the lead of the strasharp pointed corners wall. Observation revealed at the lead of the strasharp pointed corners wall. Observation revealed at the lead of the strasharp pointed corners wall.	Departmental policy for all aced into handcuffs or ED. Interview revealed "we e putting the patients in evealed "we can control the ents." The interview een trying to work through on this with Chief of Police."  115 at 1235 with the ED caled patients brought into who are placed under IVC placed into "forensic" or shackles) by the law Interview revealed the ED placement of IVC patients in a a restraint, because ody of law enforcement. Ere would not be any nitoring and assessment violent self-destructive	A3	95		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1, ,	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		340132	B. WING _		0.	C 1/ <b>15/2015</b>
	ROVIDER OR SUPPLIER	ER ·		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROP DEFICIENCY)	CROSS-	(X5) COMPLETION DATE
A 395	exiting the room a may observed standing capersonnel at his side patient was escorted along with the Menta Approximately 10 min observed entering the MHRN standing out and the blinds were of MHRN during the observed entering the patient in scrubs interview revealed the patient in scrubs interview revealed the patient of the patient in the patient of the patient in the patient of the patient in October, she was also aware and seclusion policy 2014. Patient #17 was interview with both which with Charge Nurse # restraints used in the limb restraints." Interview on 01/13/20 with Charge Nurse # restraints used in the limb restraints." Interview on sales with IV revealed the nurse is and assessing the pashackles. Interview in side pashackles. Interview in the sales with IV revealed.	ale patient (Patient #17) was almly beside with door EMS.  Observation revealed the into the seclusion room I Health Nurse (MHRN). The seclusion room and the side of the room. The door closed. Interview with the servation revealed City LEO arching the patient, putting and cuffing the patient. The set LEO cuffed the patient was IVC. The interview the patient is calm and ant is always cuffed. The se MHRN had training on the rocedure for restraining 2014. The interview revealed of the revision of the restraint completed in December, as observed during the rist cuffed with metal cuffs of 15 at 1107 during ED tour 11 revealed the only approved as ED by nursing staff are "soft roview revealed "only the spartments use handcuffs or responsible for monitoring attent when in handcuffs or revealed the nursing staff is oplying the handcuffs or	A3	95		
		olice Officer #1 on evealed he was responsible VC in the ED at this time.				

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING			MPLETED  C			
		340132	B. WING _		۱,	01/15/2015
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		11/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD E REFERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE
A 395	The interview revealed area in the corner. To observe the patient in patient in room #5. To Officer # 1 was not all questions. The interview of the patient if further asked.  Interview on 01/15/20 Medical Director reverse officer with the ABC of in the ED. Interview is stated the Chief of PolyC patients were in the can't control the policic custody." Interview remonitoring of the patient revealed "we have both this for the past 9 modern of the patient of the ED under IVC or while in the ED were restraints (handcuffs enforcement officers. staff did not view the handcuffs or shackles they were in the customentation of modern of the patient of the patient of the ED were restraints (handcuffs enforcement officers. Staff did not view the handcuffs or shackles they were in the customentation of modern of the patient of the patient of the patient of the ED were restraints (handcuffs enforcement officers. Staff did not view the handcuffs or shackles they were in the customentation of modern of the patient of the patien	de he stations himself at an the interview revealed he can the seclusion room and the the interview revealed lowed to answer any further view revealed a phone mant at the City Police questions needed to be  215 at 1015 with the ED aled he spoke with a police City Police Department while revealed the police officer police had determined that the the custody of the police in Departmental policy for all aced into handcuffs or ED. Interview revealed "we ee putting the patients in evealed "we can control the ents." The interview een trying to work through miths with Chief of Police."  215 at 1235 with the ED aled patients brought into who are placed under IVC placed into "forensic" or shackles) by the law Interview revealed the ED placement of IVC patients in as a restraint, because ody of law enforcement. Here would not be any nitoring and assessment in violent self-destructive	A3	95		
		ne handcuffs and shackles				

AND DI AN OF CORRECTION IN INCIDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED C	
		340132	B. WING _		,	01/15/2015
	ROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI CORRECTIVE ACTION SHOULD BI REFERENCED TO THE APPROF DEFICIENCY)	E CROSS-	(X5) COMPLETION DATE
A 395	ED staff. Interview refollow the hospital's Fmonitoring patients with metal cuffs/shade enforcement officer.  5. Closed medical referevealed a 9 (nine) yith Emergency Depa 12/12/2014 at 2001 with (patient) with hx (histopeticient Hyperactivity daymark and referred (evaluation). Mother when not getting 'hisfoul language, and dayth age appropriate, refundabored, NAD (no a record review reveales staff that triage was child was alert respondiented to person, timursing documentation ambulated to ER-1 - uncontrollable. Pt sor and tearing up thins a language". Medical redocumentation of the screening exam (MS) room 1. Review of the was with the patient of child was "angry, frust the MSE revealed the physician was ADHD documentation reveal was "very agitated - selloor, slapping at wall	a restrictive intervention by evealed the ED staff did not destraint of Patient policy for hile restrained in the ED kles placed by a law cord review of Patient #12 ear old child presenting to rtment with mother on with a chief complaint of "Pt cry) of ADHD (Attention by Disorder) seen by the ER for psych evaluates (states) pt acting out the way'. Mother sts pt using amaging property at home. The especial property at home and acute distress)." Medical and documentation by nursing conducted at 2003 and the ended to voice and was me and place. Review of the patient of the earling, constantly in motion at home. Pt using foul ecord review revealed physician's medical ED on 12/12/2014 at 2010 in the MSE revealed the parent during the exam and the strated, agitated". Review of the clinical impression by the service with restrictions, rolling around on	A 3	95		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		340132	B. WING		01	C / <b>15/2015</b>
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MARIA PA	RHAM MEDICAL CENTE	ER .		PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PROVIDER'S PLAN OF CORRECTION PREFIX CORRECTIVE ACTION SHOULD BE CF TAG REFERENCED TO THE APPROPRIA  DEFICIENCY)		E CROSS-	(X5) COMPLETION DATE
A 395	Ativan (medication for disorders) 1 mg IM at (medication used for IM at 2213. Medical documentation on the "Appropriateness/Just Medical/Surgical Resorder for the patient to due to "Pt's (patient's spitting, scratching-truncontrollable with methodical spitting, sc	ered per physician's order or treatment of anxiety of 2219 and Benadryl 25 psychiatric symptoms) mg record review revealed of etrification for Acute traint" form of a physician's o be physically restrained of behavior uncontrollable - rying to bite, cursing- eds." Further review of the restraint revealed the	A 39	05		
	behavior for about tw doctor giving client 2	continued his aggressive to hours which led to the 5 mg Benedryl IM at 10:10 IM at 10:30 pm due to client				

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			l <sup>(x)</sup>	(X3) DATE SURVEY COMPLETED	
		340132	B. WING _			C 01/15/2015	
	RHAM MEDICAL CENTE			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF X CORRECTIVE ACTION : REFERENCED TO TI DEFICIE	SHOULD BE CROSS- HE APPROPRIATE		
A 395	mg of Haldol IM at 11 behavior for about thi down at that time XXX placed patient into cubed back into seclusion had to be place in four staff." Record review "Petition for involunta 12/12/2014 and compatating the patient was self and others and reand stabilization. Nurrevealed "Pt got hims of control. Nursing do 2306 the patient was seclusion and at 2314 door. Nursing documentation the patient was seclusion and at 2314 door. Nursing documentation medical Further review of nursing the patient was law enforcement with bed. Documentation the patient will aw enforcement with bed. Pt sleeping with documentation reveal o200, 0300, 0400 and sleeping without district revealed the patient with the patient of t	ehavior client was given 2 :10 pmcontinue disruptive rty minutes before calming X County Officer arrived and stody. Medical staff place on room at that timeClient in point restraints by medical revealed documentation of ry commitment" dated bleted by the physician s agitation and a danger to requested inpatient treatment rsing documentation at 2254 relf out of restrains, still out becumentation revealed at moved to room 7 for the patient was hitting the rentation at 2309 revealed reg scratching and spitting relown door, Haldol ration) 2 mg IM" was given. resing documentation revealed restrains on reaching and spitting restrains on reaching and restrained by re	A	395			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		Γ' ΄			COMPLETED	
	340132	B. WING _			C 01/15/2015	
ROVIDER OR SUPPLIER					01/19/2019	
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	X CORRECTIVE ACTION SHO REFERENCED TO THE A	OULD BE CROSS- APPROPRIATE	(X5) COMPLETION DATE	
documentation on 12 law enforcement was ankle cuffed to bed raprotocol." Nursing do 0810 the patient was staff "encouraged to coming soon." Documente child continued your was given orange juic crackers. Review of "Suicide precautions Officer on 12/13/2014 at 0716 revealed the bed". Documentation breakfast tray was mand at 0940 he was a documentation at 110 nursing staff that hea him to do it". Review 1300 revealed the patients by Documentation revealed the patient was meditaking redirection. Nurevealed the patient was meditaking redirection. Nurevealed the patient sawoke and asked for documentation at 199 placed in "4 pt (point) "slamming upon bed cursing and threatent	present and the child's "left ail per law enforcement ocumentation revealed at yelling "I'm hungry" and the relax breakfast will be mentation at 0835 revealed ell for the nurse and the child oc and peanut butter documentation on the flow sheet"by Security from 0900 until 12/14/2014 patient was " A-resting in at 0900 revealed the ade available to the child asleep. Nursing to revealed the child told and sees the devil telling of nursing documentation at tient was released from the LEO and the patient ran. alled "the officer captured pt from pt began banging RN (as needed) given at mentation at 1400 revealed cated due to the patient not cursing documentation slept until 1905 when he dinner. Nursing 51 revealed the patient was forensic restraints after and jumping up and down, ing staff." Nursing	AS				
4 pt restraint, at 2033 removed. Leg shackl monitored by nurses	B "Forensic arm restraint es remainPt being and officer." Documentation					
	RHAM MEDICAL CENTE  SUMMARY ST.  (EACH DEFICIENCY REGULATORY ON IT  Continued From page documentation on 12 law enforcement was ankle cuffed to bed raprotocol." Nursing do 0810 the patient was staff "encouraged to coming soon." Documentations Officer on 12/13/2014 at 0716 revealed the bed". Documentation breakfast tray was mand at 0940 he was a documentation at 110 nursing staff that hea him to do it". Review 1300 revealed the patient was modumentation revealed the patient was medical tray and at 0940 he was a documentation at 110 nursing staff that hea him to do it". Review 1300 revealed the patient so pocumentation revealed the patient was medical taking redirection. No revealed the patient was medical taking redirection. No revealed the patient sawoke and asked for documentation revealed the patient sawoke and treatent do	CORRECTION IDENTIFICATION NUMBER:	A BUILDII  340132  B. WING  ANDIDER OR SUPPLIER  RHAM MEDICAL CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 139  documentation on 12/13/2014 at 0730 revealed law enforcement was present and the child's "left ankle cuffed to bed rail per law enforcement protocol." Nursing documentation revealed at 0810 the patient was yelling "I'm hungry" and the staff "encouraged to relax breakfast will be coming soon." Documentation at 0835 revealed the child continued yell for the nurse and the child was given orange juice and peanut butter crackers. Review of documentation on the "Suicide precautions flow sheet"by Security Officer on 12/13/2014 from 0900 until 12/14/2014 at 0716 revealed the patient was "A-resting in bed". Documentation at 0900 revealed the breakfast tray was made available to the child and at 0940 he was asleep. Nursing documentation at 1100 revealed the child told nursing staff that heard and sees the devil telling him to do it". Review of nursing documentation at 1300 revealed the patient was released from forensic restraints by the LEO and the patient ran. Documentation revealed "the officer captured pt and brought back to room pt began banging forensic restraints PRN (as needed) given at 1322". Nursing documentation at 1400 revealed the patient was medicated due to the patient not taking redirection. Nursing documentation revealed the patient was placed in "4 pt (point) forensic restraints after "slamming upon bed and jumping up and down, cursing and threatening staff." Nursing documentation reveraled at 2000 "remains in 4 pt restraints, at 2033 "Forensic arm restraint removed. Leg shackles remainPt being monitored by nurses and officer." Documentation	A BUILDING  340132  STREET ADDRESS, CITY, STATE, ZIP OF PO BOX 39 HENDERSON, NC 27536  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUIATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 139 documentation on 12/13/2014 at 0730 revealed law enforcement was present and the child's "left ankle cuffed to bed rail per law enforcement protocol." Nursing documentation revealed at 0810 the patient was yelling "I'm hungry" and the staff "encouraged to relax breakfast will be coming soon." Documentation at 0835 revealed the child continued yell for the nurse and the child was given orange juice and peanut butter crackers. Review of documentation on the "Suicide precautions flow sheet"by Security Officer on 12/13/2014 from 0900 until 12/14/2014 at 0716 revealed the patient was "A-resting in bed". Documentation at 1900 revealed the breakfast tray was made available to the child and at 0940 he was asleep. Nursing documentation at 1100 revealed the patient was released from forensic restraints by the LEO and the patient ran. Documentation revealed "the officer captured pt and brought back to room pt began banging forensic restraints PRN (as needed) given at 1322". Nursing documentation at 1400 revealed the patient was medicated due to the patient totaking redirection. Nursing documentation revealed the patient safer "slamming upon bed and jumping up and down, cursing and threatening staff." Nursing documentation at 1951 revealed the patient was placed in "4 pt (point) forensic restraints after "slamming upon bed and jumping up and down, cursing and threatening staff." Nursing documentation at 1951 revealed the patient was placed in "4 pt (point) forensic restraints in 4 pt restraint, at 2033 "Forensic arm restraint removed. Leg shakles remain Pt being monitored by nurses and officer." Documentation	A BUILDING  340132  B. WING  B. WING  STREET ADDRESS, CITY, STATE, ZIP CODE  PO BOX 59  HENDERSON, NC 27538  SUMMARY STATEMENT OF DEFICIENCIES  GEAN DEFICIENCY MAY BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 139  documentation on 12/13/2014 at 0730 revealed law enforcement was present and the child's "left ankle cuffed to bed rail per law enforcement protocol." Nursing documentation revealed at 0810 the patient was yelling "I'm hungy" and the staff "encouraged to relax breakfast will be coming soon." Documentation at 0835 revealed the child continued yell for the nurse and the child was given or range juice and peant butter crackers. Review of documentation at 0805 revealed the breakfast way was made available to the child and 10340 few was asleep. Nursing documentation of the breakfast tray was made available to the child and 10340 few was asleep. Nursing documentation at 1100 revealed the breakfast tray was made available to the child and 10340 few was asleep. Nursing documentation at 1300 revealed the patient was released from forensic restraints by the LEO and the patient to at 1300 revealed the patient was released from forensic restraints by the LEO and the patient to taking redirection. Nursing documentation at 1300 revealed the patient twas medicated due to the patient to taking redirection. Nursing documentation at 1300 revealed the patient twas medicated due to the patient to taking redirection. Nursing documentation at 1300 revealed the patient to traking redirection. Nursing documentation revealed at 2000 "remains in 4 pt restraints. Altivan was given, at 2012 "remains in 4 pt restraint, at 2033 "Forensic arm restraint removed. Leg shackles remain Pt being monitored by nurses and officer." Documentation  removed. Leg shackles remain Pt being monitored by nurses and officer." Documentation	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		340132	B. WING		1	C 15/2015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 0.7	10,2010
MARIA PA	MARIA PARHAM MEDICAL CENTER			PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (E CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS-	(X5) COMPLETION DATE
A 395	point restraints due to documentation at 211 remained in 4 point re as ordered". Docume patient remained in 4 nursing documentation revealed the patient sat "midnight" and "rem Documentation by nuthe "pt yelling out 'I'm	e cursing and yelling.  8 revealed the patient estraints and "Haldol given entation at 2215 revealed the point restraints. review of on on 12/14/2014 at 0615 elept since being medicated nains in restraints".  rsing staff at 0820 revealed wet' In room to assess pt.	A 39	95		
	pt voided self and floor ptpt c/o (complainer mad I pissed myself". on the "Suicide precase Security Officer on 12 12/16/2014 at 0630 resting in bed". Documentation at 13 made to remove one bed. Forensic restrair cursing, yelling, urinar revealed the patient vat 1415 and was documented after medical previous assessment 1730 (51 minutes later.	or. Officer in room to uncuff d of) 'my moms gonna be so " Review of documentation utions flow sheet"by 2/14/2014 from 0830 until evealed the patient was " Amentation revealed the and rested quietly until 1345. 45 revealed an attempt was restraint "Pt climbing over at had to be reapplied "Pt ted on self". Record review was administered Haldol IM umented resting at 1455 (40 tion), 1548 (53 minutes after c), 1639 (1 hour later) and at ear). Nursing documentation				
	revealed the patient r 12/15/2014 at 2400 th law enforcement. Nur revealed the patient of mother. Nursing door the patient was up to (bowel movement) x1 nursing documentation documentation of the aggressive behaviors bathroom. Nursing d	ested quietly from nrough 1319 (13 hours) with rsing documentation cried at intervals for his umentation at 1500 revealed the bathroom "for BM . Shackles on." Review of				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY LETED
			A. BOILDI		<del></del>	(	_
		340132	B. WING			1	
NAME OF B	ROVIDER OR SUPPLIER			_	STREET ADDRESS, CITY, STATE, ZIP CODE	01/	15/2015
IVAIVIC OF F	OVIDER ON SUFFEIER			ı	PO BOX 59		
MARIA PA	RHAM MEDICAL CENTE	R					
					HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A 395	Continued From page	9 141	A	395	5		
j		rom 1600 on 12/15/2014					
		t 0710. Documentation at					
	-	O was at the bedside.					į
		on on 12/16/2014 at 1100				}	
	revealed "Patient kep						
		n,charge nurse and writer in					
		t that if he stops yelling out					
	•	to talk to his mother and					
	will be moved to a roo	om with tv". Documentation					
	at 1140 revealed the	patient vomited yellowish					İ
		nd told the nurse he "does					
	not feel good". Docu	mentation revealed the					
	nurse notified the phy	sician and at 1315 the					
	patient continued to y	ell out for the Nurse.	ĺ				
	Documentation at 150	00 revealed the patient					
	vomited a second tim	e and the physician was					
		entation revealed Zofran					
		lministered at 1830 and					
		d at a "bolus rate". Record	1				
		rsing documentation at	İ				
		edication) that the patient			:		
	was resting. Record						
		he patient was administered					
		an by mouth and the patient	1				
		Record review revealed at	İ				
		placed in 4 point restraints			}		
		ot following directions and					
		to the door." Review of					
	documentation by me						
	ſ	evealed "Client pulled out his ade himself vomit. Client					
		re he is yelling constantly nds and one leg put in					
		ocumentation revealed at					
	1357 the patient rema				·		
	-	nce last documentation).					
		cumentation on 12/18/2014					
		patient remained in 2 point					
		ursing documentation					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDING	ELE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C		
		340132	B. WING			01/15/2015	
	ROVIDER OR SUPPLIER	:R	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD REFERENCED TO THE APPROPRIES OF THE APPROPRIES OF THE APPROPRIES OF THE APPROPRIES OF THE APPROPRIES OF THE APPROPRIES OF THE APPROPRIES OF THE APPROPRIES OF THE APPROPRIES OF T	BE CROSS-	(X5) COMPLETION DATE	
A 395	revealed at 1230 the urinating on self. Revenetal health staff at "Reassessment compyell and have outburs Client has been medi Client now has a one with him. Client has been medi Client now has a one with him. Client has been medi client now has a one with him. Client has been medi client now has a one with him. Client has been medi compared at 1445"staff Nursing documentation good at 1445"staff Nursing documentation by nurevealed the "officer" patient "remains coop documentation on 12. "Pt unshackled by off with bathPt states "thurt". "Record review documentation of an afeet after he complair "cuffs". Review of do health staff at 1010 recompleted. Client co follow directions. Client confollow directions.	patient complained of view of documentation by 1400 revealed beted. Client continues to st. Staff not able to redirect. cated and is still in restrains. on one staff member sitting been calmer when staff him." Documentation by member sitting with pt 1:1". On at 1645 and 1755 ber sat with the patient 1:1 pleasant & cooperative." It is used to the patient of the patient of the patient of the patient of hurting due to the patient of hurting due to the patient of hurting due to the patient of hurting due to the patient of the patient. It is still in restraint. If cumentation at 1845 the hospital to transport the patient physician the transfer of the child to a pital for psychiatric services ospital. Review of the the patient remained under reted by law enforcement direvel affect of the circument of the patient remained under reted by law enforcement direvel and reveal of the creation of the patient remained under reted by law enforcement direvel and reveal of the creation of the patient remained under reted by law enforcement direvel and reveal of the creation of the patient remained under reted by law enforcement direvel and reveal of the creation of the patient remained under reted by law enforcement direvel and reveal of the creation of the patient remained under reted by law enforcement direvel and reveal of the creation of the patient remained under reted by law enforcement direvel and reveal of the creation of the patient remained under reted by law enforcement direvel and reveal of the creation of the patient remained under reted by law enforcement direvel and reveal of the patient remained under reted by law enforcement direvel and reveal of the patient remained under reted by law enforcement directed by law enforcement directed by law enforcement directed by law enforcement directed by law enforcement directed by law enforcement directed by law enforcement directed by law enforcement directed by law enforcement directed by law enforcement directed by law enforcement directed by law enforcement directed by	A 38	95			
	assessment of the pa	itient at least every 15					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340132	B. WING	B. WING		C 01/15/2015	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59				
				HENDERSON, NC 27536			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	X CORRECTIVE ACT	I OF CORRECTION (EACH ION SHOULD BE CROSS TO THE APPROPRIATE FICIENCY)		
A 39	minutes for violent/se every two hours for n appropriate to the typ or more of the following associated with the recirculation and range vital signs, hygiene and psychological status and integrity, comfortable patient's dignity, men well being), readiness patient's understanding restraint and requirer hospital policy.  Interview on 01/13/20 with Charge Nurse # restraints used in the limb restraints." Inter Sheriff and Police De and shackles with IV0 revealed the nurse is and assessing the pashackles. Interview on on the possible for apshackles.  Interview on 01/15/20 Medical Director reversity officer with the ABC 0 in the ED. Interview is stated the Chief of Police officer and that it was IVC patients to be plashackles while in the can't control the police.	If-destructive restraint or on-violent restraint (as se of restraint used) for one ng: signs of injury estraints, nutrition/hydration, of motion in the extremities, and elimination, physical and and comfort (i.e. skin body temperature, the tal status, and emotional is for release from restraints, and of the reasons for ments for release, per 15 at 1107 during ED tour if revealed the only approved ED by nursing staff are "soft view revealed "only the partments use handcuffs C patients." Interview responsible for monitoring attent when in handcuffs or evealed the nursing staff is oplying the handcuffs or evealed the police officer of the custody of the police thad determined that the the custody of the police is Departmental policy for all aced into handcuffs or ED. Interview revealed "we e putting the patients in evealed "we can control the	A	395			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED			
		340132	B. WING _	·		C 01/15/2015	
	ROVIDER OR SUPPLIER	ER	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE CORRECTIVE ACTION THE APPROPRIES OF THE APPROPRIES OF THE APPROPRIES OF THE APPROPRIES OF THE APPROPRIES OF THE APPROPRIES OF THE APPROPRIES OF THE APPROPRIES OF T	LD BE CROSS- COMP		
A 395	revealed " we have be this for the past 9 modern Interview on 01/15/20 Nursing Director revealed Interview on 01/15/20 Nursing Director revealed Interview I	een trying to work through nths with Chief of Police."  215 at 1235 with the ED aled patients brought into who are placed under IVC placed into "forensic" or shackles) by the law Interview revealed the ED placement of IVC patients in as a restraint, because ody of law enforcement. Here would not be any nitoring and assessment violent self-destructive ours (for non-violent ne handcuffs and shackles a restrictive intervention by evealed the ED staff did not destraint of Patient policy for 2 while he was restrained in ffs/shackles placed by a law encord review on 01/14/2015 persented to the hospital's 1106 via private panied by group home staff, patient's chief complaint was erral. Review of triage nurse if revealed "pt admitted to inday, staff reports pt made and everybody else.' Stated way." Review of initial documentation revealed the lake, responsive to voice, me, and place. Review of a	A3	95			
	ED risk screen revea assessed as "No" for						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		340132	B. WING _			C 01/15/2015
	ROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP COI PO BOX 59 HENDERSON, NC 27536		, i.e., <u>2</u>
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	CORRECTIVE ACTION SHOU REFERENCED TO THE AF	PLAN OF CORRECTION (EACH ACTION SHOULD BE CROSS- ED TO THE APPROPRIATE DEFICIENCY)	
A 395	patient was initially pineview revealed the ED physician at 1109 complaint of suicidal (suicidal ideation) and Review revealed a padisorder, schizophrer retardation (MR). Rewas assessed as no alert; oriented X4 (pesituation); mood and non-tender and no significant of the second of	cord review revealed the laced in exam room #20. patient was evaluated by a laced. Review revealed a chief thoughts, expressing SI de HI (homicidal ideation). The state medical history of bipolar hia, and moderate mental eview revealed the patient acute distress; awake and erson, place, time, and affect normal. Extremities gns of injury. Review of a For Involuntary Commitment 13 (note timed) revealed the itent #9 and the Petitioner Review revealed "The facts on is based are as itentally challenged with 0 (disorder) and it wery unstable at this time, that he will kill others at the	AS	395		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1, ,	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED C	
		340132	B. WING _		01/15/2015
	ROVIDER OR SUPPLIER	R		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPE DEFICIENCY)	CROSS- COMPLETION
A 395	Review revealed the custody by ABC City of at 1336 (Patient in ED Review of a Compute Entry (CPOE) report, #398912, revealed a ED Physician A on 11 "Restraints, Place in" Priority: "Routine". F Assessment Tool-Inta 1452 revealed "pres group staff. Staff from (client) was trying to rethreatened to kill self admission clt was ma and placing it to the h stab another staff c a verbally abusive Cladmission c forensic pepper spray p (after" Review of nursing 11/01/2013 at 1106 "F home. MR high funct (and) Bipolar. Pt pres 'flipping off' other pati "Pt moved to isolation IVC in place, officer (clic), cuffed (restraint tried to hang self w/or + trying to bite him, P cuffs, bed now broker violent behavior." At violent, calling everyoposey chest vestth sprayed w/pepper sp 1410, "Pt refusing flusigns) WNL (within no with eyes open, resp	respondent was taken into Police Officer on 11/01/2013 Owhen taken into custody). Prized Physician's Order Order # 26, CPOE Physician's order entered by Polician's order	AS	395	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	( ) ( )			(X3) DATE SURVEY COMPLETED		
	340132	B. WING _		l l	C 01/15/2015	
NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTE	R		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			
PREFIX (EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPE DEFICIENCY)	ILD BE CROSS- COMPROPRIATE		
resp WNL" Review documentation by mo for Patient #9 dated 1 the reason for referral property destruction, aggression, running a hallucinations or delusuicidal. Review reversed (GH (group home). The self + others. Ran to ED he refused medshe had to be pepper restraints" Review examination revealed with poor hygiene, and Review revealed the contact, was calm, and a revealed the patient's slightly withdrawn, and nursing documentation sleeping on bed in 4 (with) patient." At 220 cooperative." At 0100 to sleep soundly." At sleep with restraints to "Observed asleep. Leat 0930, "Mental Heat to evaluate for mental At 1050, "Remains enforcement remains"Remains cooperatives." At 1440, "At 1555, "Law enforcNo suicidal or homi moved to room 7 (Se officer remains @ bed	of Crisis Assessment bile crisis management staff 1/01/2013 at 1800 revealed I was physical aggression, threats of physical away, verbal aggression, sions, homicidal and baled "Became aggressive at breatened to stab + shoot neighbors. Upon entering put a belt around his neck asprayed + put in 4 point of mental status I the patient was disheveled d in 4 point restraints. patient had good eye and had no impairment with appropriate speech. Review a mood was depressed, d cooperative. Review of on revealed at 1900, "Pt coont restraints. HPD c 30, "Sleeping. Quiet and 0 (11/02/2013), Pt continues 0 300, "Pt. continues to o wrist." At 0730, aw enforcement present" Ilth Services cont. (continue) I health facility placement." cooperative." At 1200, "Law	AS	395			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340132	B. WING _			C 01/15/2015	
	ROVIDER OR SUPPLIER	iR		STREET ADDRESS, CITY, S PO BOX 59 HENDERSON, NC 275	·	01/10/2010	
(X4) ID PREFIX TAG			ID PREFI TAG	X CORRECTIVE	PLAN OF CORRECTION (EAC ACTION SHOULD BE CROSS DED TO THE APPROPRIATE DEFICIENCY)		
A 395	Continued From page	e 148	Α:	395			
	officer. At 0327, "P 0600 "Calm Cooper (room)." At 0705, " 0930, "HPD officer 1330, "Pt remains cal "Pt. calm + cooperative shackled to stretcher motor, sensation). Pt "Pt continues to watc (11/04/2013), "coop "Remains cooperative." At 120 remains present" A Cooperative No suic At 1800, "Remains copleasant + cooperative "Resting c eyes close present." At 0815, " 1400, "Law enforce suicidal/homicidal ge "Examination and Re Necessity for Involundated 11/05/2013 at of Findings" with "P (No) HI, SI. D/W (dis for disposition. Does criteria." Review of Edocumentation at 175 patient was re-exami AOX4, Stable, No ho Group home agrees revealed a clinical im Schizophrenia, acute nursing documentatic "Taken back to grouenforcement" Redocumentation of ong assessment of the page 1330, "	t calm + cooperative" At, rative Officer outside of rm Pt calm + cooperative" At sitting outside of rm" At lm + cooperative" At 2055, veRt. ankle remains by HPD. Good PMS (pulse, t remains IVC'd." At 2300, th TV" At 1130 perative" At 0810, e" At 0900, "Remains 0, "Law enforcement at 1545, "Remains cidal/homicidal gestures" properative" At 2040, "Pt. ve" At 0140 (11/05/2013), edLaw enforcement at 1545, "Remains cooperative" At ement remains present. No stures." Review of an accommendation to Determine tary Commitment" form 1745 revealed "Description of the now stabilized, A+OX4, coussed with) group home anot currently meet IVC ED physician reassessment 55 (11/05/2013) revealed the ned and has improved, micidal or suicidal ideation. To assume care. Review pression of Psychosis, a exacerbation. Review of on revealed at 1858, up home per law cord review failed to reveal					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
	340132	B. WING		01/15/2015	
NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CEN	TER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
PREFIX (EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (E. CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS- COMPLETION	
appropriate to the tor more of the followassociated with the circulation and rangivital signs, hygiene psychological statu integrity, comfortab patient's dignity, me well being), readine patient's understan restraint and requir hospital policy.  Interview on 01/13/with Charge Nurse restraints used in the limb restraints." Interview and shackles with I revealed the nurse and assessing the shackles. Interview not responsible for shackles.  Interview on 01/15/Medical Director re officer with the ABC in the ED. Interview stated the Chief of IVC patients were in officer and that it would be shackles while in the can't control the pocustody." Interview monitoring of the pinches in the pocustody." Interview monitoring of the pinches in the pocustody." Interview monitoring of the pinches in the pocustody." Interview monitoring of the pinches in the pocustody." Interview monitoring of the pinches in the pinches in the pocustody." Interview monitoring of the pinches in the pin	ge 149 Inon-violent restraint (as type of restraint used) for one wing: signs of injury restraints, nutrition/hydration, ge of motion in the extremities, and elimination, physical and s and comfort (i.e. skin ble body temperature, the ental status, and emotional east for release from restraints, ding of the reasons for ements for release, per  2015 at 1107 during ED tour #1 revealed the only approved the ED by nursing staff are "soft terview revealed "only the Departments use handcuffs VC patients." Interview is responsible for monitoring patient when in handcuffs or verealed the nursing staff is applying the handcuffs or verealed the police officer Police had determined that the in the custody of the police as Departmental policy for all placed into handcuffs or the ED. Interview revealed "we dice putting the patients in verealed "we can control the atients." The interview elbeen trying to work through	A 39	95		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION  G	COMF	SURVEY	
		340132	B. WING	·	1	C / <b>15/2015</b>	
	ROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROP DEFICIENCY)	CROSS-	(X5) COMPLETION DATE	
A 395	Interview on 01/15/20 Nursing Director reversithe ED under IVC or while in the ED were restraints (handcuffs enforcement officers staff did not view the handcuffs or shackles they were in the cust Interview revealed the documentation of mo every 15 minutes (for behavior) and/or 2 hobehavior), because the were not considered ED staff. Interview refollow the hospital's Femonitoring Patient #9 the ED with metal cut enforcement officer.  482.41(c)(2) FACILIT EQUIPMENT MAINT  Facilities, supplies, a maintained to ensure safety and quality.  This STANDARD is a Based on hospital poduring Emergency Destaff interviews the homaintain the facilities	nths with Chief of Police."  215 at 1235 with the ED raled patients brought into who are placed under IVC placed into "forensic" or shackles) by the law Interview revealed the ED placement of IVC patients in as a restraint, because ody of law enforcement. ere would not be any nitoring and assessment violent self-destructive ours (for non-violent ne handcuffs and shackles as restrictive intervention by evealed the ED staff did not restraint of Patient policy for owhile he was restrained in offs/shackles placed by a law TIES, SUPPLIES, ENANCE  and equipment must be an acceptable level of mot met as evidenced by: licy reviews, observations repartment (ED) tour, and ospital's ED staff failed to o, supplies, and equipment in an acceptable level of	A 7	A724 – Maria Parham Medical Cerand will continue to meet the regularequire a hospital to maintain facilit and equipment to ensure an accepsafety and quality.  The following actions have been in support of Tag A724:  • End of month checks to reexpired supplies in the ED Responsible Person: Nursing ED I	ations that ies, supplies table level of applemented in emove any o.	2/2/2015	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  340132  NAME OF PROVIDER OR SUPPLIER	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		CONSTRUCTION	(X3) DATE	LETED	
		340132	B. WING _			01/1	; 15/2015
	SUMMARY ST (EACH DEFICIENCE		ID PREFI TAG	S F H	PROVIDER'S PLAN OF CORRECTION (EAR CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)  Continued from page 152	СН	(X5) COMPLETION DATE
A 724	Review of current ho Gas and Oxygen Usir revealed "PROCEDU*Cylinders must be cannot fall*Oxyge gases are potentially precautions shall be using or storing oxyg secure on rack and review of current ho and Experience of the control of the c	spital policy "Compressed be, EOC-69" revised 10/2014, JRE: *General Standards secured at all times so they in Use: *Oxygen and other dangerous. Special safety followed at all times while en. *Ensure cylinders are sever hand anything on ygen cylinders upright and ygen cylinders are secured fr"  spital policy "Refrigerators of, PC 19" revised 02/2012, it is insure that refrigerators an, contents properly stored, monitored. POLICY: 1. ators/freezers should be das necessary for spills by GUIDELINES CONTENTS: serators should contain only roperly wrapped. Food items cific patient should be dated patient's name"  spital policy "Emergency in Prevention Guidelines, 2011, revealed efrigerators will be cleaned food stored for patients ers and labeled with the and discarded in 24 hours, work surfaces and equipment it a disinfectant solution y soiled. Routine daily equired and walls routinely	A	724	Monitoring - End of month checks is sent to Risk Manager.  • Emergency Department staff has re-educated that oxygen tanks stored upright and secured and secured in a dedicated carrier.  • Cleaning of refrigerator/freezers been added to the daily cleaning schedule.  • Patient microwave has been addily cleaning schedule.  • Medication Room has been addily cleaning schedule.  • Linen cart has been covered.  Responsible Person: Nursing Director Emergence in the property of the	ave been are to be //or s has g dded to ded to	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	PLE CONSTRUCTION  IG	COMPLETED		
		340132	B. WING _			1/15/2015	
	ROVIDER OR SUPPLIER	TER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ( CORRECTIVE ACTION SHOULD REFERENCED TO THE APPI DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE	
A 724		-	A 7	724		ţ	
	Review of current herevention Guidelin revealed "ENVIR CLEANING:Med check supplies before expiration dates. Report of the composition of th	Storage Room - Observed multiple shelves, uncovered. ed the room was not a lage room. Observation in medical supplies and in track shelves. lator/Freezer - Observed four late (3) fruit cobblers stored in trach, not dated or labeled. id spills on the inside late. Observed brown food the inside surfaces of the					
	Patient Microwa and dried liquids sp microwave.	ve - Observed food particles illed on inside surfaces of the born - Observed heavy dust					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
						(	c	
		340132	B. WING _			01/	01/15/2015	
NAME OF PR	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE			
MARIA PA	RHAM MEDICAL CENTE	R		_	0 B0X 59			
					ENDERSON, NC 27536			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
A 724	Continued From page	153	A	724				
	accumulation on oute	r surfaces of the automated						
	medication dispensing	g system (Pyxis). Observed						
	- ·	the countertop surfaces,						
	outer cabinet doors so	urfaces, outer medication					İ	
	refrigerator door surfa	ace, and the floor.						
	Interview during ED to	our with ED Nursing Director						
	_	urse #1 revealed the above						
		ew revealed nursing staff						
	check the trauma roo						1	
		g) to ensure supplies are						
		vealed nursing staff should						
		for expiration dates and						
		ald be removed and not						
		are. Interview revealed the ld not be stored standing						
		d, the cylinder should be						
		rview revealed the clean						
	l .	is used to store medical						
	_	Interview revealed the linen						
		terview revealed food items						
		into the refrigerator without						
		led. Interview revealed it is						
		e salads and fruit cobblers						
	had been in the refrig	erator. Interview revealed						
	dietary staff are respo	onsible for cleaning the						
	inside of the refrigera	tor/freezer. Interview						
	revealed it is unknow							
		as last cleaned. Interview						
		a set schedule for cleaning						
		view revealed nursing staff						
		eaning the microwave when						
		view revealed it is unknown was last cleaned. Interview						
	revealed nursing staff							
	_	surfaces in the medication						
		oing is responsible for						
	dusting and mopping							
		a set schedule for cleaning						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C			
		340132	B. WING		01/15/2015		
	ROVIDER OR SUPPLIER	R		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ( CORRECTIVE ACTION SHOULD BE CF REFERENCED TO THE APPROPRIA DEFICIENCY)	OSS- COMPLETION	N	
A724	the medication room. unknown when the m floors were last clean ED staff failed to follo 482.55 EMERGENCY The hospital must me patients in accordance of practice.  This CONDITION is Based upon hospital reviews, observations record reviews, Law interviews, staff and p hospital failed to mee	Interview revealed it is edication room surfaces and ed. Interview revealed the w hospital policies.  Y SERVICES  The the emergency needs of e with acceptable standards  The thorough the standards of the composition of the emergency needs of eduring tours, medical enforcement Officer (LEO) obspician interviews, the the emergency needs of the emission accordance with the	A 72	O A1100 & A 1104 – Maria Parham Me Center meets and will continue to meregulations that require a hospital to nemergency needs of patients.  The following actions have been implesupport of A1100 & A 1104:	et the neet the		
A1104	to provide ongoing as the condition of a pat seclusion for 6 of 6 er patients (#14, #16, #10 involuntary commitmed coross refer to 482.55 A1104.  482.55(a)(3) EMERG POLICIES  [If emergency services hospital]	5(a)(3) Standard - Tag	A110	Continued on page 157			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED C	
		340132	340132 B. WING		01/15/2015	
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59		
MARIA PA	RHAM MEDICAL CENTE	R		HENDERSON, NC 27536		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES  ID  PROVIDER'S PLAN OF CORRECTION (EACH  CORRECTIVE ACTION SHOULD BE CROSS-  REFERENCED TO THE APPROPRIATE  DEFICIENCY)					
A1104	This STANDARD is r Based upon hospital reviews, observations record reviews, Law I interviews, staff and phospital's Emergency provide ongoing asset the condition of a patiseclusion for 6 of 6 er patients (#14, #16, #1 involuntary commitmed)  The findings include:  Review of current hose Patients, PC 17", review of current hose Patients, PC 17", review injuring others. The use therapeutic intervention the patient from injuring others. The driven by a comprehence assessment. This doconsistent guidelines and physical restrainful alternatives, as deter team, have proven to provide a safe enviro DEFINITIONS: Reapplication of physical without the patient's pher freedom of move may be human, meet combination thereof. manual method or physical or equipment and method or equipment in the patient or equipmen	ablished by and are a lity of the medical staff.  not met as evidenced by: policy and procedure a during tours, medical enforcement Officer (LEO) physician interviews, the mursing staff failed to assment and monitoring of ent during restraint or mergency department (ED) 13, #17 #12, #9) under ent (IVC).  spital policy "Restraint of seed 12/2014, revealed as on implemented to preventing himself/herself or from decision to use a restraint is ensive individual accument is used to provide for the safe use of chemical as and seclusion, if mined by an interdisciplinary be clinically ineffective to a ment for the patient.  Straint - is the direct all force to a patient, with or permission, to restrict his or ment. The physical force manical devices, or a Physical Restraints - any pysical/mechanical device, it that immobilizes or	A110	Continued from page 156  A100 and A 1104 – Maria Parham Medic Center does and will continue to protect promote each patient's rights during resiseclusion.  This is evidenced by our practice of not metal shackles in the treatment of any opatients. It is only the Law Enforcement (LEOs) who apply forensic restraints whinclude handcuffs, other chain-type restrictive devices and other restrictive devices whused for custody, detention and public sand are not involved in the provision of loare. (Attachment B) PC 17 – Restraint Patients policy. Maria Parham Medical Chas had numerous discussions with LEC regarding their practice of applying forer restraints. Forensic Standard Policy EO (Attachment F)  Corrective Action: On January 28, 2015 Emergency Department implemented the "Behavioral Management/Forensic Rest Flow Record" (Attachment C) to monitor observe patients in restraints. Language includes forensic restraints and defines and non-violent behaviors to guide care stated in Patient Care Policy #17 - "Rest Patients (Attachment B)  Responsible Person: Nursing Director of the provision of the provisi	and traint or applying four Officers ich are afety nealth of Center Onsic C 66 1/28/2015 the eraint and eviolent as raint of	
	without the patient's permission, to restrict his or her freedom of movement. The physical force may be human, mechanical devices, or a combination thereof. Physical Restraints - any manual method or physical/mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her			Hesponsible Person: Nursing Director of	IT ED.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION  IG	СОМЕ	(X3) DATE SURVEY COMPLETED	
	340132	B. WING _	B. WING		C 01/15/2015	
NAME OF PROVIDER OR SUPPLIER		<u> </u>	STREET ADDRESS, CITY, STATE, ZIP CODE	1 01/	13/2013	
MARIA PARHAM MEDICAL CENTE	R		PO BOX 59 HENDERSON, NC 27536			
PREFIX (EACH DEFICIENCY	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		PROVIDER'S PLAN OF CORRECTIO  CORRECTIVE ACTION SHOULD BE  REFERENCED TO THE APPROPE  DEFICIENCY)	CROSS-	(X5) COMPLETION DATE	
Promote Medical Recto to the use of restraints require various medical while hospitalized and confusion or altered of therapies at risk OR the management of non-put them at risk for injour Self-Destructive Be restraints in those path management of violet behavior towards their caregivers or other paphysical restraint to me behaviors in ANY sett Applied by Law Enfor and other restrictive cenforcement officials public safety reasons provision of health caSeclusion - seclusion confinement of a patient from leaving. Seclusion management of violet behavior that jeopard safety of the patient, and the patient of the p	peed freelyRestraint to covery (non-violent): refers in those patients who cally essential therapies d who demonstrate a state of cognition that puts those hose patients who require posychiatric behaviors that fury. Restraints for Violent chavior: refers to the use of tients who require not or self-destructive miselves or others (including atients) or, who require manage suicidal or homicidal tingRestrictive Devices devices applied by law for custody, detention, and and is not involved in the re; no considered restraints. On is the involuntary cent alone in a room or area at is physically prevented from may only be used for the int or self-destructive izes the immediate physical a staff member, or others. Intions are not considered momPOLICY: It is the me) Medical Center to: 1. The immate the use of venting emergencies that lead to the use of restraints, restraints to emergencies	A11	Continued from page 157  Corrective Action: Nursing Supervisinclude in their hand off a discussion in restraints and are expected to revidocumentation of every patient in reappropriateness of the restraints base behavior. Care nurses will include it off/shift huddle a review of the previdocumentation for completeness and need for restraints based on behavior Monitoring will be through daily review patients in restraints for safety or be Director of Quality. Time frame for this three consecutive months of 1009 compliance. Further monitoring will be results of the 3 months review and the recommendations from Patient Safety Quality Committee, that reports directors and of Trustees.  Responsible Person Chief Nursing Control of Patient Safety Person Chief Nursing Patients In Patie	n of patients riew straints and sed on not their hand ous shift's dontinued or.  The word all havioral by this monitor for the continued or to the	2/1/2015	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		340132	B. WING		01/15/2015	
MARIA PA			ID PREFIX	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536  ID PROVIDER'S PLAN OF CORRECTION (EACH		
A1104	O4 Continued From page 157		TAG A110	Continued from page 158  14  The following actions have been imple	mented in	
	being during restraint patient as an individu and safe environmen patient's modesty, pre and maintaining commaintained. 3. Provi removal of the restraint Monitor and meet the restraints. 5. Re-ass of restraints as soon a be used only in situat demonstrating observhe/she is at risk of injothers. Restraints are punishment, coercion the patient or for staff does not apply to devenforcement officials care stated within this applicable PROCE OF RISK FACTORS, ALTERNATIVES TO I comprehensive asses determine that the ris of the restraint are ou using it Attempts stand use the following when possible and in assessed needs: *McCompanionship; staff Room near or visible Close, frequent observing the companionship; staff Room near or visible close, frequent observing the companions of the companionship; staff Room near or visible Close, frequent observing the companions of the compani	i, discipline, or retaliation of convenience. This policy icesused by law although the standards of document may be DURES: ASSESSMENT INTERVENTIONS AND RESTRAINT USE: A sement of the patient must ke associated with the use tweighed by the risk of not hould be made to evaluate interventions/alternatives response to the patient's		The ED staff, including physic re-educated on restraint usag Restraint of Patients policy Pt (Attachment B). Surgical, Me Progressive Care (PCU) and received re-education on rest usage and the restraint policy Responsible Person: Nursing ED	cians were e and the C 17 dical, ICU staffs raint	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		ł	A. BOILDING			١,	.
		340132	B. WING				
NAME OF D	20/4050 00 01/00/450	340132	D. Willia _		TEST ADDRESS OF STATE TO CODE	01/1	15/2015
NAME OF PE	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
MARIA PA	RHAM MEDICAL CENTE	R			PO BOX 59		
				ŀ	HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X CORRECTIVE ACTION SHOULD BE CROSS- COM		(X5) COMPLETION DATE	
					Continued from page 159		
A1104	Continued From page	e 158	A1	104			
	· <del>-</del>	RN who is trained in restraint			Monitoring: Quality Director or	- 1	
	and/or seclusion tech				designee conducting Monday -	Friday	
	physician's/LIP's orde				restraint rounds in the Emerger	cy	
		ding concern for safety, the			Department and Nursing Super	visors	
	restraint procedure is				Saturday - Sunday. Any defic	iencies	
	alternatives, less rest				are immediately reported to the	Nursing	
		en tried without success.			Director of the ED for resolution	í. ļ	
	Prior to implementation	on of any restraint, care					
		onfer to determine that			Quality Director will continue to	audit	
	appropriate alternative measures have been 100% of restraint patient charts to		to				
	attempted. Using the decision flowcharts for assure ongoing assessment and		d				
	patient behaviors and	alternatives for use of			monitoring of the patient's cond	ition	
	restraint, clinical asse	essment and utilization of			meets standards specified in Po	C 17. A	
	restraint should be ba	ased on patient's behavior			restraint report will be reported	,	
	that may place the pa	atient or others at risk for			Patient Safety & Clinical Quality	/ at a	
	harm. Situations in w	hich restraints are clinically			minimum of ten times each yea	r with	
	justified include: *Thr	reatens placement and/or			minutes of this committee going	to the	
	patiency of necessary	y therapeutic lines/tubs,	ł		Board of Trustees.		
	interfering with neces	ssary medical treatment, and			1		
	appropriate alternativ	re measures have been			When restrictive devices have to	been	
	attempted*Unable	to follow directions to avoid			applied by LEO, these patients	must be	
	self-injury, and appro	priate protective, alternative			observed 100% of the time by t	he law	
	measures have been	attempted. *Vulnerable			enforcement official. Responsi	- 1	
		such as Pediatrics, who are			person: Chief Operating Office		
		ally limited, are at a greater			, , , , , , , , , , , , , , , , , , , ,		
		caution should be utilized	-		Monitoring: Any deviation in L	.aw	
	before initiating restra				enforcement practice would be	reported	
	RESTRICTIVE REST				to the Nursing Supervisor who	would	
		essment and reassessment	ì		contact the Administrator on Ca		
		lude the appropriateness of			report to the Chief Operating O	fficer.	
		t and/or seclusion. Physical					
		ened periodically to evaluate	1		Metal plate with two sharp poin	ted	1/15/2015
		ulation while the patient is in			corners has been secured to th	I	
	restraints. The types				thus assuring no danger to pati	ent.	
		acility and how to apply			Responsible person: Nursing D		
	safely is as follows:				Emergency Department		
		.5. Seclusion - Seclusion is					
		nement of a patient alone in a					
	room or area from wh	nich the patient is physically			,		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED C		
		340132	B. WING	WING		01/15/2015	
	NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPRO DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE	
A1104	used for the manager self-destructive behavimmediate physical simember, or others. Simember, or others. Simember, or others. Simember, or others. Simember, or others. Simember, or others. Simember, or others. Simember, such as (but not limite attempted: *Provide in low position, clutter Enhanced observation for USE OF RESTR. Renewal of Orders Simulation of PRN orders and initiating the use of a restraint physician's of Violent/Self Destruction placed on the chart woriginal order is time-restraint and age of prestraints is contemp who has been trained document a face-to-fit to applying restraints restraint within the 1 physician's/LIP's order restraint type *the just *date and time order evaluation, conducted initiation of restraint of management of viole behavior that jeopard the patient, staff or of *an evaluation of the *the patient's reaction patient's medical and need to continue or to the self-self-self-self-self-self-self-self-	ing. Seclusion may only be ment of violent or vior that jeopardizes the afety of the patient, staff seclusion is not a patient alone in an unlocked room  APY: Prior to physically restraint-free interventions and to) the following are safe environment, i.e., bed or free environment and transport of the following are straint. The appropriate order form (Nonviolent or ve) must be completed and within 30 minutes. This slimited based on type of lated, a physician/LIP or RN of the interstraint application must are assessment prior and document the need for thour time frame. The per must specify: *the stification for the restraint ed *durationThe in-person do within one hour of the or seclusion for the int or self-destructive lizes the physical safety of thers, includes the following: patient's immediate situation	A11	04			

	FOR DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
		340132	B. WING _	·		C 01/15/2015	
	ROVIDER OR SUPPLIER	R		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD REFERENCED TO THE APPF DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE	
A1104	renewed each calend attending physician or based on his or her exis not necessary for the within a 24-hour time-re-evaluate the patier non-violent/self-destruction routine rounds. If resulting behavior purposes are continued beyond the order, a restraint renephysician order form at the LIP before the original based on his or her the patient. For Viole Restraints [V/SD] A promust document a face 1 hour of implementa The 1-hour face-to-face a physical and behave patient that must be confirmed a practitioner within the evaluation of the patient would include a compassessment, behavior review and assessment drugs and medication etc. The purpose is the comprehensive review determine if other face medication interaction hypoxia, sepsis, etc., patient's violent or sell During the face-to-face practitioner will evaluation, the patient's situation, the patient's	conviolent restraints must be ar day by the patient's or other designated LIP examination of the patient. It he renewal to be completed frame as the physician can at and need for active restraints during traints for nonviolent enticipated to be maximum time limit of the examination of the examinat	A11	04			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		340132	B. WING		01/15/2015	
	ROVIDER OR SUPPLIER	R		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (I CORRECTIVE ACTION SHOULD BE CR REFERENCED TO THE APPROPRIAT DEFICIENCY)	OSS- COMPLETION	
A1104	restraint or seclusion. Violent/Self-Destructi for adults (18 years or children (ages 9-17) age of 9 All patients be continuously monithe need to continue registered nurse (RN) restraints expires, a continue (who has been author perform this function) assessment. If the parelease from restraint member will re-evaluate patient's treatment plate the physician/LIP resongoing care will the physician order form for completion by the qualified staff member physician/LIP continuent to the physician/LIP will respond to the physician order for for adults, 2 hours for adults, 2 hours for for children under age restraints. If restraint time-limited order for from the physician/LI Destructive restraints re-evaluation by the patient of the physician or adult patient age 9. Seclus placed in seclusion memory and well-red ignity and well-	The time limit for we Restraints is: *4 hours of age or older) *2 hours for thour for children under who are in restraints must tored and reassessed for restraint by a qualified of the order for qualified, trained individual rized by the organization to will conduct an in-person atient is not ready for so, the authorized staff ate the efficacy of the an and revise accordingly. Ponsible for the patient's of be notified and a telephone of and a new restraint will be placed on the chart LIP. When the authorized, we other than the eless restraints based on a by the physician/LIP, the evaluate the patient i.e. went at least every 24 hours of 9 years for nonviolent of 9 years for nonviolent of 9 years for nonviolent of a face-to-face onlysician/LIP is required after	A11	04		

	DEFICIENCIES CORRECTION				COMPLETED		
		340132	B. WING _			01/	) 15/2015
	NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER			STREET ADDRESS, PO BOX 59 HENDERSON, NO	CITY, STATE, ZIP CODE	017	10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	CORRE	DER'S PLAN OF CORRECTION (EA ECTIVE ACTION SHOULD BE CROS ERENCED TO THE APPROPRIATE DEFICIENCY)	S-	(X5) COMPLETION DATE
A1104	violent, self-destructive physician is not availate face-to-face assessment of the continued release with individual was asleep length of time presori intervention who is simultaneously continually monitored in-person or through the audio equipment that patient. 5. Staff must placed in seclusion at minimum of every 15 might be used to inflice removed prior to place individual falls asleep be unlocked and open minute period monito unlocked, clinical just documented in the patient RN or the physician use continued release with individual was asleep length of time prescrii Discontinuing Restror initiated, the patient evaluated for the continued as soon behavior criteria for it assessment of the continued need for rerelease should be done.	n which the patient exhibits we behavior, when the able, after conducting a ent of the individual to be behavior requires in or other LIP must see and seclusion within one hour is initiated4. The patient is restrained and secluded is by trained staff either the use of both video and is in close proximity to the trainity must be in the individual and document findings at a minutes. 6. Articles that it self-injury must be ing in seclusion8. If an in seclusion, the door must hed within the nearest fifteen ring. If the door is not iffication must be attent's clinical record. Upon that must be re-evaluated by a upon awakening for hour regard to how long the or whether the maximum bed in the order has expired. It is applied at should be monitored and tinued need of the continued appropriateness of in The restraint is applied as the patient meets the set discontinuation. The	A1	04			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		RUCTION	(X3) DATE SURVEY COMPLETED	
		040400	B WING	B. WING		С	
		340132	B. WING_			01/	15/2015
	ROVIDER OR SUPPLIER RHAM MEDICAL CENTE	ER .		РО ВОХ	ADDRESS, CITY, STATE, ZIP CODE 59 RSON, NC 27536		
				HENDE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	× _	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS-	(X5) COMPLETION DATE
A1104	Continued From page	e 163	A1	104			
	ASSESSING, AND C	ARE OF THE PATIENT IN	1				
		restraints are used there is					
		r patient monitoring and					
		e patient safety, that the less					
		re used when possible, and					
		ntinued as soon as possible.					
	Immediately after rest	·					
	_	e made to ensure that the					
	restraints were prope	rly and safely applied so as					
	to not cause the patie	ent harm or pain.					
	Documentation shoul	d include this assessment					
	as well as the patient						
		The frequency of monitoring					
	T	nade on an individual basis,	f				
	which includes a ratio						
		ndividual patient's medical					
	needs and health stat						
		ate to the type of restraint					
	used: *signs of injury						
		ydration *circulation and		ļ			
		e extremities *vital signs					
	*hygiene and elimina			ĺ			
	psychological status						
		body temperature, the		-			
		tal status, and emotional					
	Ų,	s for release from restraints					
	*patient's understand	·					
	restraint and requiren	EDUCATION: Restraint					
	,	performed in a manner that					
	does not violate the p						
	Non-Violent restraints	•					
		uired at least every 2 hours					
		Destructive restraints, it is					
		nutes. DOCUMENTATION:					
		hould document: *that the					
	patient and/or family						
		on the use of restraints; *any					
		any physical disability that					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340132	B. WING			C 01/15/2015
	ROVIDER OR SUPPLIER	iR		STREET ADDRESS, CITY, STATE, ZIP CO PO BOX 59 HENDERSON, NC 27536	DDE	01/10/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ULD BE CROSS- PPROPRIATE	
A1104	would place the patier restraints/seclusion; *physical abuse that w grater psychological restraint/seclusion. Depatient's record should progression in how the with the less intrusive attempted or conside of more restricted me initiated, the order musimmediately upon init restraint is not initiated the order must be foll the patient's attending possible Each episuse is to be recorded Documentation will in applied *time restraint (non-violent or violent device (soft, mitten, vapplication verified *le *safety/rights/dignity to *safety/rights/dignity to toileting/hygiene *offecircumstances that le use *consideration or interventions includin successful *the ration intervention selected family/significant other *patient's response a result of the restraints.	and at greater risk during fany history of sexual or would place the patient at risk during cocumentation within the did indicate a clear echniques were implemented a restrictive intervention red prior to the introduction asure. When a restraint is ust be documented iation. If the order for id by the treating physician, owed by consultation with g physician as soon as ode of restraint/seclusion in the medical record. Clude: *date restraint t applied *type of Restraint t/self destructive) *restraint rest, geri-chair, etc.) *safe evel of consciousness maintained verified appropriately intact *behavior I signs taken *free from restraint *skin under/around er of motion done *circulation fied *offered fered assistance with ered comfort measures *the d to restraint or seclusion failure of non-physical g alternatives attempted and lale for the type of physical *notification of the patient's	A1	104		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		340132	B. WING _			C 01/15/2015	
	ROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD I REFERENCED TO THE APPRODEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE	
A1104	and treatment received deaths. DISCONTIN DOCUMENTATION of restraint release met *Time restraint discort when applicable for be (violent/self-destructive PATIENT'S PLAN OF should clearly reflect intervention, evaluation Restraint use must be written modification to 1. Observation during 1427 of exam room # located across from to Observation revealed glass door. Observation destroited across from to Observation revealed (Patient #14) wearing and sitting on the endover a bedside table, stretcher's two side relocked position. Observation the stretcher's fram (restraint). Observation texhibit any violent behaviors. Observation the exam room alo supervision of a LEO revealed Patient #14 stretcher and pivoted stretcher without difficobservation revealed (CSD) #1 was sitting a cubical. Observation	vinjuries that are sustained and from these injuries *any UING RESTRAINT GUIDELINES *Criteria for *Date restraint discontinued attinued *Restraint debriefing rehavior (ve) MODIFICATION TO CARE: The plan of care a loop of assessment, on and re-intervention. In accordance with a context of the patient's plan of care"  If the patient's plan of care"  If the room had a sliding the room was the nursing station. If the room had a sliding the revealed a male patient of green disposable scrubs of the stretcher leaning Observation revealed the patient cooperative. Observation is right leg/ankle was chained the with a metal shackle/cufficion revealed the patient did to release the patient was concerned the patient did to revealed the patient was concerned the patient was concerned the patient did to revealed the patient was concerned to the p	A11				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
	340132	B. WING			C 01/15/2015	
NAME OF PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE		01/15/2015	
MARIA PARHAM MEDICAL CEN	ITER		PO BOX 59 HENDERSON, NC 27536			
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRE  CORRECTIVE ACTION SHOULD  REFERENCED TO THE APPR  DEFICIENCY)	D BE CROSS-	(X5) COMPLETION DATE	
#1 stood up and ex down the hallway of nursing station, aw exited the emerger through a set of do revealed Patient #17 unsupervised to observation revealed cubical in the nursi Observations from any violent or self-by Patient #14 while room #17.  Open medical reconserved Patient #15 presented to the hotal 1820 accompanied IVC petition. Review of triage nurevealed "IVC, per bizarre behavior, per gentials [sic], pt en pt with rambling the will only hurt some Review of triage as revealed the patier (person, place, tim revealed the patier at 1908. Review rebeing agitated and revealed the patier distress, awake an pressured speech, revealed the patier of a "Findings and	age 166 17. Observation revealed CSD cited the cubical and walked on the opposite side of the ay from exam room #17 and noy department treatment area uble doors. Observation 14 was alone in exam room by a LEO. At 1436, ed CSD #1 returned to the ng station and sat down. 1427 to 1500 failed to observe destructive behaviors exhibited the being restrained in exam ord review on 01/14/2015 at 14, a 60 year old male obspital's ED on 01/13/2015 at 15 by Law Enforcement under ew revealed the patient's chief crisis Evaluation Referral. The walking around showing dorses auditory hallucinations, oughts in triage, pt states he one if they try to hurt him." It was alert, oriented x 3 e) and anxious. Review the was evaluated by a physician evealed a chief complaint of exposing genitals. Review that was assessed as no acute dialert, slightly agitated, and directable. Review that was "cooperative." Review Custody Order Involuntary aled the order was signed on	A11	104			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION  NG		E SURVEY PLETED
			1			С
		340132	B. WING _		01	/15/2015
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
MARIA PA	RHAM MEDICAL CENTE	R		PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECTIO  CORRECTIVE ACTION SHOULD BE ( REFERENCED TO THE APPROPE  DEFICIENCY)	ROSS-	(X5) COMPLETION DATE
A1104	revealed "The Court fabove matter that the to believe that the factrue and that the responder to believe that the factrue and that the responder to prevent further or others or mentally in order to prevent further or others or mentally in order to prevent further or others or mentally in order to prevent further order to prevent further order to prevent further order to mental to the disorganized with prelocation but not situat himself due to psychological to bed. No aggressiv self-injurious behavio "Pt unshackled whill 1330 "Pt sitting at endistress noted." At 15 (with) no distress noted. At 15 (with) no distress noted to (hospital name)	y a Magistrate. Review inds from the petition in the re are reasonable grounds ts alleged in the petition are ondent (Patient #14) is tally ill and dangerous to self ill and in need of treatment ther disability or old predictably result in Review of an "Examination on to Determine Necessity for ent" form dated 01/13/2015 escription of Findings" with ation, exposing himself ers. On evaluation, pt is essured speech. Oriented to ion. Is currently a danger to osis." Review of nursing est revealed "Resting quietly be behaviors, no r" At 1215 (01/14/2015) e bed was exchanged." At the dof bed. No c/o voiced. No 500 "Pt sitting on bed combulated to police care no ew of "Suicide Precautions attaion on 01/13/2015 from 0715 to 1845 to behavior was documented operative. Review revealed expatient was violent or revealed on 01/14/2015 at 0 (corresponding timeframe ation [1427-1500] of the ed to the stretcher) as being review failed to reveal any tion Patient #14 exhibited	A1	104		
	in order to prevent fur deterioration that wou dangerousness" Fand Recommendation Involuntary Commitm at 2345 revealed "De"presenting for agita inappropriately to othe disorganized with pre location but not situat himself due to psychologous to bed. No aggressiv self-injurious behavio "Pt unshackled whill 1330 "Pt sitting at endistress noted." At 15 (with) no distress note to (hospital name)a distress noted." Revi Flow sheet document 1900 to 2300 and 01/2 revealed the patient's by staff as calm or cono documentation the aggressive. Review 1430, 1445, and 1500 to Surveyor's observa patient cuffed/shackle cooperative. Record available documentation	ther disability or ald predictably result in Review of an "Examination on to Determine Necessity for ent" form dated 01/13/2015 scription of Findings" with ation, exposing himself ers. On evaluation, pt is assured speech. Oriented to ion. Is currently a danger to ion. Is currently a danger to ion. Is currently a danger to ion. Is currently a danger to ion. Is currently a danger to ion. Is currently a danger to ion. Is currently a danger to ion. Is currently a danger to ion. Is currently a danger to ion. Is currently a danger to ion. Is currently a danger to ion. Is currently a danger to ion. Is currently a danger to ion. Is currently a danger to ion. Is currently a danger to ion. Is currently a danger to ion. Is currently a danger to ion. Is currently a danger to ion. If 1215 (01/14/2015) is behaviors, no in a danger to ion. In 122015 from in 122015 from in 122015 from in 122015 from in 122015 from ion ion ion ion ion ion ion ion ion ion				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED C	
		340132	B. WING _				15/2015
	ROVIDER OR SUPPLIER	ER		PO BOX 59	RESS, CITY, STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	_	PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE C REFERENCED TO THE APPROPRI DEFICIENCY)	ROSS-	(X5) COMPLETION DATE
A1104	01/13/2015 at 1820 to 01/14/2015 at 1845. to reveal documentat and assessment of the minutes for violent/se every two hours for nappropriate to the typor more of the following associated with the recirculation and range vital signs, hygiene a psychological status integrity, comfortable patient's dignity, mer well being), readines patient's understandirestraint and requires hospital policy.  Interview on 01/14/2 revealed he was a D County Sheriff's Dephe was present in the subject). Interview rexam room #17 was revealed the patient 01/13/2015. Intervie previous Deputy this shift change. Intervie Deputy placed the patient or shackled." Intervinot going to jail and Interview revealed he until a mental health patient. Interview reverse revealed he until a mental health patient. Interview reverse	use while hospitalized from hrough discharge on Further record review failed tion of ongoing monitoring he patient at least every 15 elf-destructive restraint or ion-violent restraint (as be of restraint used) for one	A1	104			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
						(	С
		340132	B. WING			01/	15/2015
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
MADIA DA	DUAM MEDICAL OFM				PO BOX 59		
MARIA PA	RHAM MEDICAL CENT	EH			HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CYMUST BE PRECEDED BY FULL ILSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS-	(X5) COMPLETION DATE
A1104	patient complains the or hurting, he will us if the cuffs/shackles revealed there was a periodically removin checking for tightner "patient lets me known interview revealed if the restroom, the cull interview revealed he skin for circulation. It is responsible for tal medical needs. Interview on 01/13/2 with Charge Nurse frestraints used in the limb restraints." Interview Dand shackles with Ivervealed the nurse is	Interview revealed when the e cuffs/shackles are too tight e 2-3 fingers to check to see are too tight. Interview no set schedule for g the cuffs/shackles or ss. Interview revealed the wifthey are too tight."  The patient needed to go to ffs/shackles are removed. He does not check pulses or Interview revealed the nurse king care of the patient's review revealed he does not ients ED medical record.  The patient needed to go to ffs/shackles are removed. He does not check pulses or interview revealed the nurse king care of the patient's review revealed he does not ients ED medical record.  The patient needed to go to ffs/shackles are removed. He does not ients ED medical record.  The patient needed to go to ffs/shackles are removed. He does not ients ED medical record.  The patient needed to go to ffs/shackles are removed. He does not ients ED medical record.  The patient needed to go to ffs/shackles are removed. He does not ients ED medical record.  The patient needed to go to ffs/shackles are removed. He does not ients ED medical record.	A1	104	4		
	shackles. Interview not responsible for a shackles.  Interview on 01/15/2 Medical Director revofficer with the ABC in the ED. Interview stated the Chief of FIVC patients were in officer and that it wa IVC patients to be p shackles while in the can't control the poli	atient when in handcuffs or revealed the nursing staff is applying the handcuffs or 2015 at 1015 with the ED realed he spoke with a police City Police Department while revealed the police officer Police had determined that the othe custody of the police is Departmental policy for all laced into handcuffs or ED. Interview revealed "we ce putting the patients in revealed "we can control the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	COMF	(X3) DATE SURVEY COMPLETED	
		340132	B. WING		1	C
NAME OF D	DOMEST OF CHIEF	340132		STREET ADDRESS, CITY, STATE, ZIP CODE	01/	/15/2015
NAME OF PE	ROVIDER OR SUPPLIER		l			
MARIA PA	RHAM MEDICAL CENTE	ER .		PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX C		PROVIDER'S PLAN OF CORRECTI CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROF DEFICIENCY)	E CROSS-	(X5) COMPLETION DATE	
A1104	Continued From page	e 170	A110	04		
	monitoring of the pati	ents." The interview				
		een trying to work through				
		nths with Chief of Police."				
	and for any past of the			1		
	Interview on 01/15/20	)15 at 1235 with the ED				
		aled patients brought into				
	. •	who are placed under IVC				
	while in the ED were					
		or shackles) by the law				
		Interview revealed the ED				
	staff did not view the	placement of IVC patients in	ł			
		s as a restraint, because				
	they were in the custo	ody of law enforcement.				
	Interview revealed the					
		nitoring and assessment				
		violent self-destructive				
	behavior) and/or 2 ho	ours (for non-violent				
	·	ne handcuffs and shackles				
		a restrictive intervention by				
	ED staff. Interview re	evealed the ED staff did not				
	follow the hospital's F	Restraint of Patient policy for		1		
		4 while he was restrained in		1		
	the ED with metal cut	ffs/shackles placed by a law				
	enforcement officer.		}			
	2. Observation durin	g ED tour on 01/14/2015 at		1		1
	1438 of exam room #	5, revealed the room was				
	located diagonally ac		ĺ			
		revealed the room had a				
	wood door. Observa	tion revealed a female				
	patient (Patient #16)	wearing green disposable				
	scrubs and laying on					
		elevision. Observation				
		r's two side rails were up				
		sition. Observation revealed				
	the patient was alert,	calm, and cooperative.				
	Observation revealed	the patient's left wrist was				
	chained to the stretch	ner's frame with a metal				
	cuff/shackle (restrain	t). Observation revealed the				

NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER    CAN JO   CAN J	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			A. BUILDING		(X3) DATE SURVEY COMPLETED	
MARIA PARHAM MEDICAL CENTER  (P4) I) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL PREFIX TAG (EACH DEFICIENCY MIST BE PRECEDED BY FULL PREFIX PROVIDER'S PLAN OF CORRECTION EACH COMPLETE THE APPROPRIATE DEFICIENCY)  A1104  Continued From page 171 patient did not exhibit any violent or self-destructive behaviors. Observation revealed the patient was in the exam room alone and without direct supervision of a LEO. Observation revealed an ABC City Police Department officer was sitting behind the nursing station in a cubical, reading a magazine. Observations from 1488 to 1500 failed to observe any violent or self-destructive behaviors exhibited by Patient #16 while being restrained in exam room #5.  Open medical record review on 01/15/2015 for Patient #16 revealed an 18 year old female presented to the Hospital's ED on 01/13/2015 at 1726 for 'potential drug overdose." Review revealed the patient was triaged by a FIN at 1732 and was assessed by a ED Physician at 1734. Review revealed the patient was striaged by a find others. Review revealed on 01/14/2015 at 0050, the patient was IVC for being mentally ill and dangerous to self and others. Review revealed at 0200 and 0400, the patient's behavior was documented as asleep, tearful, and resting quietly in bed, resting in bed with veyes closed and laying in bed with eyes closed and laying in bed with eyes closed. Review revealed at 0536, the patient requested the "shackle" (restraint) be loosened and the hospital staff informed the LEO. Review revealed at 0725, the patient behavior was documented with right lower revealed at 0725, the patient behavior was documented with right lower			340132	B. WING _			C 01/15/2015
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  A1104  Continued From page 171 patient did not exhibit any violent or self-destructive behaviors. Observation revealed the patient was in the exam room alone and without direct supervision of a LEO. Observation revealed an LEO City Police Department officer was sitting behind the nursing station in a cubical, reading a magazine. Observations from 1438 to 1500 failed to observe any violent or self-destructive behaviors exhibited by Patient #16 while being restrained in exam room #5.  Open medical record review on 01/15/2015 for Patient #16 revealed an 18 year old female presented to the Hospital's ED on 01/13/2015 at 1726 for "potential drug overdose." Review revealed the patient was triaged by a RN at 1732 and was assessed by a ED Physician at 1734. Review revealed the patient was voice were revealed on 01/14/2015 at 0050, the patient's behavior was documented as askeep with parent and LEO at bedside. Review revealed from 0600 to 01/15/2015 at 0515, the patient's behavior was documented as askeep, tearful, and resting quietly in bed, resting in bed with eyes closed and laying in the late of the patient behavior was documented as alert and oriented with right lower			R		PO BOX 59		
patient did not exhibit any violent or self-destructive behaviors. Observation revealed the patient was in the exam room alone and without direct supervision of a LEO. Observation revealed an ABC City Police Department officer was sitting behind the nursing station in a cubical, reading a magazine. Observations from 1438 to 1500 failed to observe any violent or self-destructive behaviors exhibited by Patient #16 while behaviors exhibited by Patient #16 while being restrained in exam room #5.  Open medical record review on 01/15/2015 for Patient #16 revealed an 18 year old female presented to the Hospital's ED on 01/13/2015 at 1726 for "potential drug overdose." Review revealed the patient was triaged by a RN at 1732 and was assessed by a ED Physician at 1734. Review revealed the patient was assessed at 1912 by a mobile crisis worker. Review revealed on 01/14/2015 at 0050, the patient was IVC for being mentally ill and dangerous to self and others. Review revealed at 0200 and 0400, the patient's behavior was documented as asleep with parent and LEO at bedside. Review revealed from 0600 to 01/15/2015 at 0515, the patient's behavior was documented as asleep, tearful, and resting quietly in bed, resting in bed with eyes closed and laying in bed with eyes closed. Review revealed at 0536, the patient requested the "shackle" (restraint) be loosened and the hospital staff informed the LEO. Review revealed at 0725, the patient pedient informed the LEO. Review revealed at 0725, the patient behavior was documented as alert and oriented with right lower	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	CORRECTIVE ACTION SHOULI REFERENCED TO THE APP	D BE CROSS-	COMPLETION
extremity "cuffed" (restraint) to bed frame. Review revealed at 0835, the patient was transferred to a Psychiatric hospital. Record review failed to reveal any available documentation Patient #16 exhibited violent or self-destructive behaviors necessitating the need	A1104	patient did not exhibit self-destructive behave the patient was in the without direct supervirevealed an ABC City was sitting behind the reading a magazine. 1500 failed to observe self-destructive behave #16 while being restration of the without the without the self-destructive behave #16 while being restration of the without th	any violent or viors. Observation revealed exam room alone and sion of a LEO. Observation Police Department officer rursing station in a cubical, Observations from 1438 to eany violent or viors exhibited by Patient ained in exam room #5.  review on 01/15/2015 for an 18 year old female bital's ED on 01/13/2015 at algoverdose." Review vas triaged by a RN at 1732 a ED Physician at 1734. Deatient was assessed at a sworker. Review revealed 00, the patient was IVC for dangerous to self and alled at 0200 and 0400, the se documented as asleep at bedside. Review to 01/15/2015 at 0515, the se documented as asleep, sietly in bed, resting in bed laying in bed with eyes led at 0536, the patient ele" (restraint) be loosened informed the LEO. Review patient behavior was and oriented with right lower straint) to bed frame. 835, the patient was niatric hospital. Record I any available at #16 exhibited violent or	A11	04		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		340132	B. WING		0	1/15/2015
	ROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC CORRECTIVE ACTION SHOULD REFERENCED TO THE APPR DEFICIENCY)	BE CROSS-	(X5) COMPLETION DATE
A1104	for restraint use while 01/13/2015 at 1726 th 01/15/2015 at 0835. to reveal documentat and assessment of the minutes for violent/se every two hours for nappropriate to the typ Interview on 01/13/20 with Charge Nurse # restraints used in the limb restraints." Inter Sheriff and Police De and shackles with IVC revealed the nurse is and assessing the pashackles. Interview on o1/15/20 Medical Director revealed the Chief of Police officer with the ABC of in the ED. Interview stated the Chief of Police and that it was IVC patients to be plashackles while in the	e hospitalized from nrough discharge on Further record review failed ion of ongoing monitoring se patient at least every 15 lf-destructive restraint or on-violent restraint (as	A110	04		
	custody." Interview r monitoring of the pati revealed " we have b this for the past 9 mo Interview on 01/15/20 Nursing Director reve	evealed "we can control the				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDIN	PLE CONSTRUCTION  G	COMPLETED	
		340132	B. WING _		01/15/2015
	ROVIDER OR SUPPLIER	TER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	1
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT CORRECTIVE ACTION SHOULD B REFERENCED TO THE APPRO DEFICIENCY)	E CROSS- COMPLETION
A1104	while in the ED were restraints (handcuffs enforcement officers staff did not view the handcuffs or shackle they were in the cus Interview revealed the documentation of mevery 15 minutes (for behavior) and/or 2 hehavior), because were not considered ED staff. Interview follow the hospital's monitoring Patient # the ED with metal cenforcement officer.  3. Observation during 1430 of exam room was located diagonal station. Observation isolation room. Observation revealed a male pattern the isolation revealed a male pattern with both hoservation revealed a male pattern the stretcher with both hoservation revealed the patient the stretcher's frame (restraint). Observation the isolation room of exhibit any viole behaviors. Observation the isolation room	e placed into "forensic" s or shackles) by the law s. Interview revealed the ED e placement of IVC patients in es as a restraint, because stody of law enforcement. here would not be any onitoring and assessment or violent self-destructive fours (for non-violent the handcuffs and shackles d a restrictive intervention by revealed the ED staff did not Restraint of Patient policy for 16 while he was restrained in uffs/shackles placedby a law	A11	04	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
						1 (	c
		340132	B. WING			01/	15/2015
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
MADIA DA	RHAM MEDICAL CENTE	:D		8	PO BOX 59		
MAINA FA	MIAM MEDICAL CENTE	ırı		۱	HENDERSON, NC 27536		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	***	PROVIDER'S PLAN OF CORRECTION (EA		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREF TAG		CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE		COMPLETION DATE
170			i AG		DEFICIENCY)		
		· · · · · · · · · · · · · · · · · · ·					
A1104	Continued From page	174	A1	104	ı <mark>l</mark>		
	ABC City Police Depart	artment officer was sitting					
		ation in a cubical and due to					
	location he could not	observe the patient.					
		from the LEO's location the					
		bserved only. Observations					
		led to observe any violent or					
		viors exhibited by Patient					
	#16 while being restra	ained in exam room #7.					
	Open medical record	review on 01/14/2015 for					
	Patient #13 revealed						
	presented to the hosp						
	Department) on 01/13	3/2015 at 0125 with thoughts					
	of suicide and for sub	stance abuse detoxification.					
	Review revealed at 0	127, the patient was triaged					
	by a RN and at 0234,	the patient was assessed					
	by a ED Physician. F	leview revealed at 0840, the					
	patient was assessed	l by a mobile crisis worker					
		suicidal thoughts. Review					
	revealed at 1600, the						
		nent) due to mentally ill and					
		others. Further review					
		tient was IVC, LEO (Law					
		placed the patient in leg					
		ealed at 1800 and 2000,					
	I	was documented as calm					
		closed with the right ankle					
	I	. Review revealed on					
		0200, 0430, 0600, 0735 and avior was documented as	•				
		ietly with the right ankle					ŀ
		ealed at 1645, the patient					
		Sychiatric hospital for					
		vealed no documentation	İ				
	the patient demonstra						
		viors. Record review failed to					]
	l .	documentation Patient #13					
		elf-destructive behaviors					
		d for restraint use while					
	1		1		\$		1

	F CORRECTION	(X1) PHOVIDEH/SUPPLIEH/SLIA IDENTIFICATION NUMBER:	A. BUILDIN	IG		COMPLETED	
		340132	B. WING _			01/15/2015	
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP C PO BOX 59 HENDERSON, NC 27536	ODE	31,710,2010	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO CORRECTIVE ACTION SH REFERENCED TO THE DEFICIENCE	OULD BE CROSS APPROPRIATE		
A1104	hospitalized from 01/discharge on 01/14/2  Interview with ABC Po 01/14/2015 at 1435 refor 3 patients under IV. The interview revealed area in the corner. Tobserve the patient in patient in room #5. Tofficer # 1 was not all questions. The intervnumber to two Lieute Department if further asked.  Interview on 01/13/20 with Charge Nurse #1 restraints used in the limb restraints." Interview of the limb restraints used in the limb restraints with IVO revealed the nurse is and assessing the pashackles. Interview root responsible for an shackles.  Interview on 01/15/20 Medical Director reversities with the ABC Oin the ED. Interview in stated the Chief of Polivice Policer and that it was IVC patients to be plashackles while in the can't control the police.	olice Officer #1 on evealed he was responsible /C in the ED at this time. In the interview revealed he can in the seclusion room and the he interview revealed lowed to answer any further riew revealed a phone mant at the City Police questions needed to be of 15 at 1107 during ED tour of revealed the only approved ED by nursing staff are "soft oview revealed "only the partments use handcuffs or evealed the nursing staff is oplying the handcuffs or evealed the police officer olice had determined that the the custody of the police of all	A11				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						(	С	
		340132	B. WING _		<del></del>	01/	15/2015	
NAME OF P	ROVIDER OR SUPPLIER	<u> </u>		STR	EET ADDRESS, CITY, STATE, ZIP CODE			
ΜΔΒΙΔ ΡΔ	RHAM MEDICAL CENTE	:B	PO BOX 59					
WAINA I A	MINIM MEDIOAE OEN E			HEI	NDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	ζ .	PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE	
A1104	Continued From page	176	A11	04				
	monitoring of the patie	ents." The interview		ĺ				
		een trying to work through						
		nths with Chief of Police."						
			İ					
	Interview on 01/15/20	15 at 1235 with the ED		i				
	Nursing Director reve	aled patients brought into						
	the ED under IVC or v	who are placed under IVC						
	while in the ED were	placed into "forensic"						
	,	or shackles) by the law						
		Interview revealed the ED						
	· ·	placement of IVC patients in						
		s as a restraint, because						
		ody of law enforcement.						
	Interview revealed the	-						
		nitoring and assessment						
	behavior) and/or 2 ho	violent self-destructive	}					
		ne handcuffs and shackles						
		a restrictive intervention by						
		evealed the ED staff did not						
		Restraint of Patient policy for						
		3 while he was restrained in						
		fs/shackles placed by a law						
	enforcement officer.	,,						
	4. Observation during	g ED tour on 01/14/2015 at						
		room #7 revealed a room						
		or and window with blinds						
		utside covering the window.						
		on the left side of the room					ļ	
		etcher a metal plate with two						
		s partially attached to the						
		realed the metal plate could						
		er off of the wall. When						
		ale patient (Patient #17) was						
		Imly beside with door EMS Observation revealed the						
	·	into the seclusion room						
		Health Nurse (MHRN).						
	along that the Montal	. Iodidi Haloo (Milli III).						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C
		340132	B. WING		01/15/2015
	ROVIDER OR SUPPLIER	ER .		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (I CORRECTIVE ACTION SHOULD BE CR REFERENCED TO THE APPROPRIAT DEFICIENCY)	OSS- COMPLETION
A1104	Approximately 10 mir observed entering the MHRN standing out is and the blinds were of MHRN during the obsidere in the room seathe patient in scrubs interview revealed that even if cooperative the patient view revealed that even if cooperative the patie interview revealed the Hospital policy and propatients in October, 2 she was also aware and seclusion policy 2014. Patient #17 was interview with both with Charge Nurse #1 restraints used in the limb restraints." Interview and shackles with IV revealed the nurse is and assessing the pashackles. Interview root responsible for apshackles.  Interview with ABC P 01/14/2015 at 1435 r for 3 patients under 1 The interview revealed area in the corner. Tobserve the patient in patient in room #5. The	nutes 2 City LEOs were e seclusion room and the cide of the room. The door closed. Interview with the servation revealed City LEO rching the patient, putting and cuffing the patient. The e LEO cuffed the patient vas IVC. The interview the patient is calm and nt is always cuffed. The e MHRN had training on the rocedure for restraining 2014. The interview revealed of the revision of the restraint completed in December, s observed during the rist cuffed with metal cuffs  215 at 1107 during ED tour a revealed the only approved ED by nursing staff are "soft view revealed "only the repartments use handcuffs C patients." Interview responsible for monitoring attent when in handcuffs or evealed the nursing staff is oplying the handcuffs or	A1104		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		340132	B. WING _	·		C 01/15/2015	
NAME OF PI	ROVIDER OR SUPPLIER		<del>-                                    </del>	STREET ADDRESS, CITY, STATE, ZIP CODE		71/13/2013	
MARIA PA	RHAM MEDICAL CENTE	R		PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROP DEFICIENCY)	CROSS-	(X5) COMPLETION DATE	
A1104	asked.  Interview on 01/15/20 Medical Director reve officer with the ABC on in the ED. Interview re stated the Chief of Po IVC patients were in to officer and that it was IVC patients to be plashackles while in the can't control the policic custody." Interview re monitoring of the patie revealed " we have be this for the past 9 mod Interview on 01/15/20 Nursing Director reve the ED under IVC or while in the ED were restraints (handcuffs of enforcement officers. staff did not view the handcuffs or shackles they were in the custo Interview revealed the documentation of more every 15 minutes (for behavior) and/or 2 ho behavior), because the were not considered a ED staff. Interview re follow the hospital's Fa	iew revealed a phone nant at the City Police questions needed to be 15 at 1015 with the ED aled he spoke with a police city Police Department while revealed the police officer blice had determined that the he custody of the police Departmental policy for all ced into handcuffs or ED. Interview revealed "we reputting the patients in revealed "we reputting the patients in revealed "we rents." The interview rents." The interview rents in this with Chief of Police."  15 at 1235 with the ED aled patients brought into who are placed under IVC placed into "forensic" or shackles) by the law Interview revealed the ED placement of IVC patients in as a restraint, because ody of law enforcement. The end of the end of	A11	04			
	with metal cuffs/shack	hile restrained in the ED kles placed by a law					

AND BLANDE CORRECTION IN IMPER		A. BUILDING	LE CONSTRUCTION	COMPLETED				
		340132	B. WING		C 01/15/2015			
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO CORRECTIVE ACTION SHOULD BE REFERENCED TO THE APPROPE DEFICIENCY)	CROSS- COMPLETION			
A1104	revealed a 9 (nine) the Emergency Depi 12/12/2014 at 2001 (patient) with hx (his Deficient Hyperactiv daymark and referre (evaluation). Mother when not getting 'his foul language, and o' Pt age appropriate, unlabored, NAD (no record review reveal staff that triage was child was alert responsented to person, the nursing documentat ambulated to ER-1 uncontrollable. Pt so and tearing up thins language". Medical documentation of the screening exam (MS room 1. Review of the was with the patient child was "angry, fruthe MSE revealed the physician was ADHI documentation reverse was "very agitated floor, slapping at was instructions. Medical patient was adminis Ativan (medication free	ecord review of Patient #12 year old child presenting to artment with mother on with a chief complaint of "Pt tory) of ADHD (Attention ity Disorder) seen by d to ER for psych eval. r sts (states) pt acting out away'. Mother sts pt using lamaging property at home. resp (respirations) even and acute distress)." Medical led documentation by nursing conducted at 2003 and the londed to voice and was lime and place. Review of lion at 2002 revealed the "Pt Pt very agitated and reaming, constantly in motion at home. Pt using foul record review revealed le physician's medical lest) on 12/12/2014 at 2010 in the MSE revealed the parent during the exam and the listrated, agitated". Review of the clinical impression by the D. Review of nursing aled at 2140 the patient screaming, rolling around on ll and not following al record review revealed the tered per physician's order or treatment of anxiety	A110					
	disorders) 1 mg IM a (medication used fo	at 2219 and Benadryl 25 r psychiatric symptoms) mg I record review revealed						

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
						(	c
		340132	B. WING _		****	01/	15/2015
NAME OF PE	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MADIA DA	DUAM MEDICAL CENTE	·n		P	PO BOX 59		
MARIA PA	RHAM MEDICAL CENTE	:n		Н	HENDERSON, NC 27536		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION (EA		(X5) COMPLETION
PREFIX TAG	,	YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	5-	DATE
A1104	Continued From page	e 180	A1	104			
	documentation on the	•					
	"Appropriateness/Jus	tification for Acute					
		traint" form of a physician's					
		be physically restrained					
		) behavior uncontrollable -					
	spitting, scratching-tr						· I
	uncontrollable with me	eds." Further review of the					
	physician's order for r	estraint revealed the					
	restraint type was ord	lered "Soft limb					
	holdersFour Side R	ails". Review of the type					
	order revealed no doo	cumentation of which limbs					
	or how many limbs we	ere to be restrained. Review					
	of the order revealed	the restraint was initiated on					
	12/12/ 2014 at 2248 a	and the order was signed by			·		
	the physician at 2250	. Review of the order did not					
		ation of the time limit for					
	restraining the child.	Medical record review					
		ion at 2254 the restraint was					
	discontinued. Medica	al record review did not					
	reveal any documenta	ation of a one hour face to					
		r the child was placed in					
	restraints. Review of	nursing documentation					
		ntal health case worker in to					
	•	of the mental health staff				,	
		00 revealed "client was being			,		
		restrain by hospital staff.					
		aggressive behaviors to his			·		
	mother and medical s						
		ent had to be move to the					
		e all items were removed					
		continued his aggressive					
		o hours which led to the					
		mg Benedryl IM at 10:10					
		M at 10:30 pm due to client					
		ehavior client was given 2					
		:10 pmcontinue disruptive					
		rty minutes before calming					
		X County Officer arrived and					
	placed patient into cu	stody. Medical staff place					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN		(X3) DATE SURVEY COMPLETED			
		340132	B. WING _			1	C 15/2015
NAME OF PI	ROVIDER OR SUPPLIER		<u> </u>	STRE	ET ADDRESS, CITY, STATE, ZIP CODE	0.,	10/2010
		<u> </u>		PO B	OX 59		
MAHIA PA	RHAM MEDICAL CENTE	:R	1	HENDERSON, NC 27536			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX CORRECTIVE ACTION SHOULD BE CROSS-			(X5) COMPLETION DATE
A1104	Continued From page	181	A11	04			
	bed back into seclusi	on room at that timeClient					
	had to be place in four point restraints by medical						
		v revealed documentation of					
		ry commitment" dated					
	1	pleted by the physician					
		s agitation and a danger to					
	self and others and re	equested inpatient treatment					
	and stabilization. Nur	rsing documentation at 2254					
		elf out of restrains, still out					
		ocumentation revealed at				İ	
	2306 the patient was						
		the patient was hitting the					
		entation at 2309 revealed					
		g scratching and spitting					
	and trying to "break d						
		ation) 2 mg IM" was given.					
		sing documentation revealed		İ			
		wn at 2340, "resting on					-
		ac monitor" and was placed					
		on by nursing staff revealed as "IVC'd and restrained by		ĺ			
		ankle cuff to left ankle and					
	bed. Pt sleeping with						
		led on 12/13/2014 at 0100,		1		ĺ	
		d 0600 the patient was					
	sleeping without distre	-					
		vas offered water at 0300,		-			
		of water at 0600. Review of	İ				
	nursing documentation						
	documentation of ass	essment at 0500. Review					
	of documentation on t	the "Suicide precautions					
		y Officer on 12/12/2014 from					
	2350 until 12/13/2014						
		g in bed". Review of nursing					
		/13/2014 at 0730 revealed					
		present and the child's "left					
		il per law enforcement					
		ocumentation revealed at					
	0010 the patient was	yelling "I'm hungry" and the		-			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		340132	B. WING _			C / <b>15/2015</b>
	ROVIDER OR SUPPLIER	R		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536	-	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION CORRECTIVE ACTION SHOULD BE CORRECTED TO THE APPROPRIDEFICIENCY)	ROSS-	(X5) COMPLETION DATE
A1104	soon." Documentation continued yell for the given orange juice an Review of documentation precautions flow sheed Officer on 12/13/2014 at 0716 revealed the bed". Documentation breakfast tray was may and at 0940 he was a documentation at 110 nursing staff that heath him to do it". Review 1300 revealed the patients by Documentation revealed the patient was medicated in reduction. Nur revealed the patient was medicated in "4 pt (point) "slamming upon bed cursing and threateni documentation reveal restraintsAtivan was 4 pt restraint, at 2033 removed. Leg shackle monitored by nurses at 2045 revealed the point restraints due to documentation at 211 remained in 4 point reas ordered". Documentation at 211 remained in 4 point reas ordered".	elax breakfast will be coming n at 0835 revealed the child nurse and the child was d peanut butter crackers. tition on the "Suicide st"by Security  from 0900 until 12/14/2014 patient was " A-resting in at 0900 revealed the ade available to the child sleep. Nursing 0 revealed the child told and sees the devil telling of nursing documentation at tient was released from the LEO and the patient ran. led "the officer captured pt compt began banging N (as needed) given at mentation at 1400 revealed attention at 1400 revealed the cated due to the patient not cursing documentation lept until 1905 when he dinner. Nursing at revealed the patient was forensic restraints after and jumping up and down, and staff." Nursing ed at 2000 "remains in 4 pt as given, at 2012 "remains in "Forensic arm restraint and officer." Documentation patient was placed back in 4	A11	04		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340132	B. WING			1	0
NAME OF D	20 VIDED OD GUIDDI VED	3-0102	5	0.75	SET ADDRESS OF STATE TO CORE	01/	15/2015
NAME OF PI	ROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE		i
MARIA PA	RHAM MEDICAL CENTE	R			BOX 59 NDERSON, NC 27536		
(X4) ID PREFIX TAG				ID PROVIDER'S PLAN OF CORRECTION (EA PREFIX CORRECTIVE ACTION SHOULD BE CROST TAG REFERENCED TO THE APPROPRIATE DEFICIENCY)			
A1104	Continued From page	183	A1	104			
		n on 12/14/2014 at 0615					
		lept since being medicated					
	at "midnight" and "ren						
	_	rsing staff at 0820 revealed					
		wet' In room to assess pt.					İ
		or. Officer in room to uncuff					
	•	d of) 'my moms gonna be so	\$				İ
		" Review of documentation					
	on the "Suicide preca						
		2/14/2014 from 0830 until					
		evealed the patient was " A-		ĺ			
		mentation revealed the					
		and rested quietly until 1345.					
	Documentation at 134	15 revealed an attempt was					
	made to remove one	restraint "Pt climbing over		ĺ			
	bed. Forensic restrair	nt had to be reapplied "Pt					
	cursing, yelling, urina	ted on self". Record review					
	revealed the patient v	vas administered Haldol IM					
	at 1415 and was docu	umented resting at 1455 (40	}				
	minutes after medicat	tion), 1548 (53 minutes after		ļ			
	previous assessment	), 1639 (1 hour later) and at					
	1730 (51 minutes late	er). Nursing documentation					
	revealed the patient r						
		rough 1319 (13 hours) with					
	law enforcement. Nur						
		ried at intervals for his					
		umentation at 1500 revealed					
	the patient was up to						
		. Shackles on." Review of					
	nursing documentation						
		patient having disruptive or					
		prior to or after going to the					
		ocumentation revealed no					
	,	ressive, agitated or self					
		rom 1600 on 12/15/2014					
		t 0710. Documentation at					
		O was at the bedside.			•		
		on on 12/16/2014 at 1100					
	revealed "Patient kep	t yeiling out 'Nurse,					

. ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		340132	B. WING _			01/	15/2015
NAME OF PE	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		
MADIA DA	DUAN MEDICAL OFNE	rn			PO BOX 59		
MARIA PA	RHAM MEDICAL CENT	EH			HENDERSON, NC 27536		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  YMUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS-	(X5) COMPLETION DATE
A1104	Continued From pag	e 184	A1	104	4		
	Nurse'mental healt	h,charge nurse and writer in					
		nt that if he stops yelling out					
	· ·	e to talk to his mother and			· ·		
		om with tv". Documentation					l
		patient vomited yellowish					
		and told the nurse he "does					
		imentation revealed the					
		ysician and at 1315 the					
		yell out for the Nurse.					
		00 revealed the patient					
		ne and the physician was					
		nentation revealed Zofran					
	(antiseptic) IV was a	dministered at 1830 and				1	
	Normal Saline infuse	ed at a "bolus rate". Record					
	reviewed revealed no	ursing documentation at				ļ	
	2030 (2 hours after n	nedication) that the patient					
	was resting. Record	review revealed on					
	12/17/2014 at 1045	the patient was administered					
	Ativan 1 mg IM, Zofr	ran by mouth and the patient					
	had pulled out his IV	. Record review revealed at					
	1055 the patient was	placed in 4 point restraints					
		ot following directions and					
	pulling the stretcher	to the door." Review of					
	documentation by me	ental health staff on					
		evealed "Client pulled out his					
		ade himself vomit. Client	İ				
	l .	ere he is yelling constantly				i	
		nds and one leg put in					
		locumentation revealed at					
		ained in "2 pt forensic					
		ince last documentation).					
		ocumentation on 12/18/2014					
	1	patient remained in 2 point					
	1	Nursing documentation					
		patient complained of					
	_	eview of documentation by					
	mental health staff at						
		pleted. Client continues to st. Staff not able to redirect.					

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING  A. BUILDING		į (X	(X3) DATE SURVEY COMPLETED			
		340132	B. WING _			C
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP OP BOX 59 HENDERSON, NC 27536	CODE	01/15/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO X CORRECTIVE ACTION SH REFERENCED TO THE DEFICIENCE	OULD BE CROSS- APPROPRIATE	(X5) COMPLETION DATE
A1104	Client now has a one with him. Client has person is sitting with nursing at 1445"staff Nursing documentation revealed a staff mem and the patient was "Documentation by nursevealed the "officer" patient "remains coop documentation on 12 "Pt unshackled by off with bathPt states "hurt." Record review documentation of an feet after he complain "cuffs". Review of dohealth staff at 1010 recompleted. Client co follow directions. Client cofollow directions directions. Client cofollow directions. Client cofollow directions. Client cofollow directions. Client cofollow directions. Client cofollow directions. Client cofollow directions. Client cofollow directions. Client cofollow directions. Client cofollow directions. Client cofollow directions directions.	cated and is still in restrains. on one staff member sitting been calmer when staff him." Documentation by member sitting with pt 1:1". on at 1645 and 1755 ber sat with the patient 1:1 pleasant & cooperative." rising on 12/18/2014 was at the bedside and the berative.' Review of nursing /19/2014 at 0730 revealed icer so RN could assist pt these cuffs make my feet widd not reveal any assessment of the patient's ned of hurting due to the because of Reassessment intinues to yell out and not ent is still in restraint." cumentation at 1845 the hospital to transport the sychiatric hospital. Medical ed documentation on a written physician the transfer of the child to a pital for psychiatric services ospital. Review of the the patient remained under red by law enforcement d review failed to reveal going monitoring and attent at least every 15 elf-destructive restraint or on-violent restraint (as see of restraint used) for one	A11	104		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	IPLE CONSTRUCTION	(хэ	(X3) DATE SURVEY COMPLETED	
		340132	B. WING			С	
NAME OF P	ROVIDER OR SUPPLIER	340132	B. WING _	STREET ADDRESS, CITY, STATE, ZIP C	ODE	01/15/2015	
	RHAM MEDICAL CENTE	ER .		PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CORRECTIVE ACTION SHOULD BE CROSS-		OULD BE CROSS- APPROPRIATE	(X5) COMPLETION DATE			
A1104	circulation and range vital signs, hygiene a psychological status integrity, comfortable patient's dignity, men well being), readiness patient's understandirestraint and requirer hospital policy.  Interview on 01/13/20 with Charge Nurse #restraints used in the limb restraints." Inter Sheriff and Police De and shackles with IV0 revealed the nurse is and assessing the pashackles. Interview root responsible for an shackles.  Interview on 01/15/20 Medical Director reversitated the Chief of Policer with the ABC of in the ED. Interview is stated the Chief of Policer and that it was IVC patients were in officer and that it was IVC patients to be plashackles while in the can't control the police custody." Interview monitoring of the patieve aled "we have be this for the past 9 molinterview on 01/15/20	of motion in the extremities, and elimination, physical and and comfort (i.e. skin body temperature, the tal status, and emotional is for release from restraints, and of the reasons for ments for release, per consistent of the reasons for ments for release, per consistent of the reasons for ments for release, per consistent of the result of the revealed the only approved in the revealed the only approved in the revealed the review responsible for monitoring the revealed the nursing staff is copying the handcuffs or evealed the nursing staff is copying the handcuffs or revealed the police officer colice had determined that the the custody of the police is Departmental policy for all acced into handcuffs or evealed "we revealed "we eputting the patients in evealed "we can control the	A1	104			

	XTEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION D PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING			(X3) DATE SURVEY COMPLETED			
		340132	B. WING			C 01/15/2015	
	ROVIDER OR SUPPLIER	R		STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EA CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
A1104	the ED under IVC or while in the ED were restraints (handcuffs enforcement officers. staff did not view the handcuffs or shackles they were in the custo Interview revealed the documentation of mo every 15 minutes (for behavior) and/or 2 ho behavior), because the were not considered at ED staff. Interview refollow the hospital's Formonitoring Patient #1 the ED with metal cuff enforcement officer.  6. Closed medical referevealed Patient #9 pED on 11/01/2013 at transportation accomn Review revealed the Crisis Evaluation Refered documentation at 111 new group home Morthreats to 'kill himself pt attempted to run at nursing assessment of patient was alert, awa oriented to person, time ED risk screen reveal assessed as "No" for harm/elopement. Repatient was initially pleview revealed the ED physician at 1109	who are placed under IVC placed into "forensic" or shackles) by the law Interview revealed the ED placement of IVC patients in as a restraint, because ody of law enforcement. The would not be any intoring and assessment violent self-destructive urs (for non-violent in the handcuffs and shackles in restrictive intervention by evealed the ED staff did not itself-destructive placed by a law into itself-destructive intervention by evealed the ED staff did not itself-destructive intervention by evealed the ED staff did not itself-destrictive intervention by evealed the was restrained in itself-destrictive intervention by evealed the hospital intervention by evealed the hospital's intervention by evealed by a law intervention by evealed by a law intervention by evealed by a law intervention by evealed by group home staff. In patient's chief complaint was erral. Review of triage nurse in evealed "pt admitted to inday, staff reports pt made and everybody else.' Stated way." Review of initial documentation revealed the lake, responsive to voice, me, and place. Review of a led the patient was	A1	104			

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	P	(X3) DATE SURVEY COMPLETED		
		340132	B. WING _				) 15/2015
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			13/2013
(X4) ID PREFIX TAG	IX (EACH DEFICIENCY MUST BE PRECEDED BY FULL.		ID PREFIX TAG	CORRECTIVE ACTION SHOU REFERENCED TO THE AP	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)		
A1104	Review revealed a padisorder, schizophrer retardation (MR). Re was assessed as no alert; oriented X4 (pe situation); mood and non-tender and no sig Affidavit and Petition form dated 11/01/201 Respondent was Pati was ED Physician A. upon which this opinifollowsPatient is mhistory of Bipolar D/O Schizophrenia who is He is making threats group home and hims "Examination and Re Necessity for Involundated 11/01/2013 at of Findings" with "P with history of Bipolar very unstable at this to kill himself and oth stabilization." Review Order Involuntary Coorder was signed on Magistrate. Review r from the petition in thare reasonable grounalleged in the petition respondent (Patient #mentally ill and danger Review revealed the custody by ABC City at 1336 (Patient in Ed	d HI (homicidal ideation).  Ist medical history of bipolar hia, and moderate mental view revealed the patient acute distress; awake and rson, place, time, and affect normal. Extremities gas of injury. Review of a For Involuntary Commitment 3 (not timed) revealed the ent #9 and the Petitioner Review revealed "The facts on is based are as entally challenged with (disorder) and very unstable at this time. that he will kill others at the self." Review of an commendation to Determine tary Commitment" form 1200 revealed "Description atient is mentally challenged and Schizophrenia who is ime. He is making threats ers - needs in-patient v of a "Findings and Custody mmitment" revealed the 11/01/2013 at 1258 by a evealed "The Court finds above matter that there also to believe that the facts are true and that the facts are true and that the respondent was taken into Police Officer on 11/01/2013 of when taken into custody).	A11	104			

	OF DEFICIENCIES CORRECTION			(X3) DATE SURVEY COMPLETED			
						(	0
		340132	B. WING _			01/	15/2015
NAME OF P	ROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE		
MARIA PA	RHAM MEDICAL CENTE	R		РО ВОХ	59		
				HENDE	RSON, NC 27536		
(X4) ID		ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION (EA		(X5)
PREFIX		/ MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX	<b>(</b>	CORRECTIVE ACTION SHOULD BE CROS REFERENCED TO THE APPROPRIATE	S-	COMPLETION DATE
TAG	ACGULATORT OF L	SCIDENTIF ING INFORMATION,	IAG		DEFICIENCY)		
A1104	Continued From page	189	A11	04			
	#398912, revealed a	physician's order entered by					
	ED Physician A on 11			İ			
	"Restraints, Place in",						
		leview of a Comprehensive	İ				
	•	ke form dated 11/01/2013 at					
		sents to (Hospital A) - ED c					
	group staff. Staff fron	n group home report clt					
	(client) was trying to r	un away this am and					
	threatened to kill self	as well as staff. Upon	1				
	admission clt was ma	king a gun with his fingers					
		ead of staff, threatening to					
	stab another staff c a	plastic fork and being					
	verbally abusiveCl						
		restraints and required					
		refusing chemical restraint.	ļ	i			
		g documentation revealed on					
		Pt cc HI. Pt @ (at) group					
	_	ioning w (with)/Psychosis +					
		tending to shoot staff +	1				
		ents from room." At 1245,		İ			
		room (Exam Room #1),					
		bedside. Pt acting iriatic	1				
		to bed, Pt had previously					
		elt. Now threatening officer					
		t trying to break free from	ł				
		n, officer warning pt of					
		1400, "Pt out of control,					
		ne 'F**king Bi**hs.' Broke	1				
		reatening to kill officer. Pt ray @ close range." At					
		shing treatment. V/S (vital					
		ormal limits), resting in bed					
		(respirations) nonlabored."					
		o yeli out again, HPD (ABC					
		nt) at bedside." At 1755, "Pt					
	,	of Crisis Assessment					
		bile crisis management staff					
		1/01/2013 at 1800 revealed		1			
		I was physical aggression,					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		340132	B. WING _		0	C 1/15/2015	
	ROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CO PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COF CORRECTIVE ACTION SHO REFERENCED TO THE A DEFICIENCY	ULD BE CROSS- PPROPRIATE	(X5) COMPLETION DATE	
A1104	property destruction, aggression, running a hallucinations or delusuicidal. Review reviged (group home). To self + others. Ran to ED he refused meds He had to be pepper restraints Review examination revealed with poor hygiene, and Review revealed the contact, was calm, and communication and a revealed the patient's slightly withdrawn, and ursing documentating sleeping on bed in 4 (with) patient. At 22 cooperative. At 010 to sleep soundly. At sleep with restraints "Observed asleep. Let to evaluate for mental to 1050, "Remains enforcement remains "Remains cooperatives." At 1440, At 1555, "Law enforcNo suicidal or hom moved to room 7 (Secondination of the communication of the commun	threats of physical away, verbal aggression, isions, homicidal and ealed "Became aggressive at hreatened to stab + shoot neighbors. Upon entering + put a belt around his neck. sprayed + put in 4 point of mental status dithe patient was disheveled and in 4 point restraints. patient had good eye and had no impairment with appropriate speech. Review is mood was depressed, and cooperative. Review of on revealed at 1900, "Pt point restraints. HPD c 130, "Sleeping. Quiet and 10 (11/02/2013), Pt continues to 1900, "Pt. continues to	A11	04			

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING _	CONSTRUCTION	COMPLETED		
				c		
	340132	B. WING	<u> </u>	01/15/2015		
NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CYMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (E/ CORRECTIVE ACTION SHOULD BE CRO REFERENCED TO THE APPROPRIATE DEFICIENCY)	SS- COMPLETION		
shackled to stretcher motor, sensation). P "Pt continues to wate (11/04/2013), "coop "Remains cooperative." At 120 remains present" / CooperativeNo sui At 1800, "Remains copleasant + cooperati "Resting c eyes closs present." At 0815, ". 1400, "Law enforce suicidal/homicidal ge "Examination and Re Necessity for Involur dated 11/05/2013 at of Findings" with "F (No) HI, SI. D/W (dis for disposition. Does criteria." Review of 8 documentation at 17 patient was re-exam AOX4, Stable, No ho Group home agrees revealed a clinical im Schizophrenia, acute nursing documentati "Taken back to groenforcement" Re documentation of on assessment of the pminutes for violent/severy two hours for rappropriate to the typor more of the follow associated with the results	iveRt. ankle remains or by HPD. Good PMS (pulse, or remains IVC'd." At 2300, or TV" At 1130 perative" At 0810, or T At 0900, "Remains 100, "Law enforcement 1545, "Remains 150, "Law enforcement 1545, "Remains 150, "Law enforcement 155, "Remains 150, "Law enforcement 150, "Pt.	A1104				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	G	СОМР	COMPLETED	
		340132	B. WING		01/	5 15/2015	
NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536		13/2013	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI CORRECTIVE ACTION SHOULD BI REFERENCED TO THE APPROF DEFICIENCY)	E CROSS-	(X5) COMPLETION DATE	
A1104	vital signs, hygiene a psychological status integrity, comfortable patient's dignity, men well being), readines: patient's understandi restraint and requirer hospital policy.  Interview on 01/13/20 with Charge Nurse #restraints used in the limb restraints." Intersiew and shackles with IV revealed the nurse is and assessing the pashackles. Interview not responsible for any shackles.  Interview on 01/15/20 Medical Director reversity with the ABC 0 in the ED. Interview stated the Chief of Policer with the ABC 0 in the ED. Interview stated the Chief of Policer and that it was IVC patients were in officer and that it was IVC patients to be plashackles while in the can't control the police custody." Interview monitoring of the pat revealed "we have be this for the past 9 modificer on 01/15/20 Nursing Director revealed "we have be this for the past 9 modificer on 01/15/20 Nursing Director revealed "we have be this for the past 9 modificer on 01/15/20 Nursing Director revealed "we have be this for the past 9 modificer on 01/15/20 Nursing Director revealed "we have be this for the past 9 modificer on 01/15/20 Nursing Director revealed "we have be this for the past 9 modificer on 01/15/20 Nursing Director revealed "we have be this for the past 9 modificer on 01/15/20 Nursing Director revealed "we have be this for the past 9 modificer on 01/15/20 Nursing Director revealed "we have be this for the past 9 modificer on 01/15/20 Nursing Director revealed "we have be this for the past 9 modificer on 01/15/20 Nursing Director revealed "we have be this for the past 9 modificer on 01/15/20 Nursing Director revealed "we have be this for the past 9 modificer on 01/15/20 Nursing Director revealed "we have be this for the past 9 modificer on 01/15/20 Nursing Director revealed "we have be the past 9 modificer on 01/15/20 Nursing Director revealed "we have be the past 9 modificer on 01/15/20 Nursing Director revealed "we have be the past 9 modificer on 01/15/20 Nursing Director revealed "we have be the past 9 modificer on 01/15/20 Nurs	and elimination, physical and and comfort (i.e. skin body temperature, the tal status, and emotional is for release from restraints, and of the reasons for ments for release, per consistent of the consistent of	A110	04			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		340132	B. WING			C 01/15/2015	
NAME OF PROVIDER OR SUPPLIER  MARIA PARHAM MEDICAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 59 HENDERSON, NC 27536			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF COR CORRECTIVE ACTION SHOU REFERENCED TO THE AF DEFICIENCY	ULD BE CROSS- PPROPRIATE	E CROSS- COMPLETION	
A1104	enforcement officers. staff did not view the handcuffs or shackles they were in the custo Interview revealed the documentation of more every 15 minutes (for behavior) and/or 2 ho behavior), because the were not considered a ED staff. Interview refollow the hospital's Fmonitoring Patient #9	placed into "forensic" or shackles) by the law Interview revealed the ED placement of IVC patients in as as a restraint, because ody of law enforcement. ere would not be any nitoring and assessment violent self-destructive	A11	04			