Larned State Hospital
1301 KS HWY 264
Larned, KS 67550

Organization Identification Number: 3186

Program(s)             Survey Date(s)
Hospital Accreditation  03/05/2012-03/09/2012

Executive Summary

Hospital Accreditation : As a result of the accreditation activity conducted on the above date(s), you have met the criteria for Accreditation with Follow-up Survey. An Accreditation with Follow-up Survey decision can only be made by the Accreditation Committee; therefore, your survey findings will be presented to the Accreditation Committee for a final decision.

If your organization wishes to clarify any of the standards you believe were compliant at the time of survey, you may submit clarifying Evidence of Standards Compliance in 10 business days from the day this report is posted to your organization’s extranet site. If Central Office review of the Clarifying Evidence of Standards Compliance results in your program no longer meeting criteria for Accreditation with Follow-up Survey, an Announced Clarification Validation Survey may occur.

You will have follow-up in the area(s) indicated below:

- Evidence of Standards Compliance (ESC)
- Unannounced Accreditation Follow-up Survey – An unannounced follow-up survey will be conducted approximately three months after Accreditation Committee.

If you have any questions, please do not hesitate to contact your Account Executive.

Thank you for collaborating with The Joint Commission to improve the safety and quality of care provided to patients.
Evidence of DIRECT Impact Standards Compliance is due within 45 days from the day this report is posted to your organization’s extranet site:

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<th>Program:</th>
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<td>Standards:</td>
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<td>UP.01.03.01 EP5</td>
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Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day this report is posted to your organization’s extranet site:

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<td>MS.08.01.01 EP1,EP3,EP4</td>
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Evidence of INDIRECT Impact Standards Compliance is due within 60 days from the day this report is posted to your organization’s extranet site:

| RC.01.01.01 | EP19 |
§482.21 Condition of Participation: Quality Assessment and Performance Improvement Program

The hospital must develop, implement, and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The hospital’s governing body must ensure that the program reflects the complexity of the hospital’s organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS.

§482.21(b)(2)(ii) A-0276 HAP - LD.03.01.01/EP2 Standard

§482.11(c) A-0023 HAP - HR.01.02.05/EP1 Standard

§482.22 Condition of Participation: Medical staff

The hospital must have an organized medical staff that operates under bylaws approved by the governing body and is responsible for the quality of medical care provided to patients by the hospital.

§482.22(a)(2) A-0341 HAP - MS.06.01.05/EP2 Standard

§482.23(b) A-0276 HAP - LD.03.01.01/EP2 Standard

§482.23(c) A-0404 HAP - MM.01.01.03/EP3 Standard

§482.23 Condition of Participation: Nursing Services

The hospital must have an organized nursing service that provides 24-hour nursing services. The nursing services must be furnished or supervised by a registered nurse.

§482.23(a) A-0315 HAP - LD.03.01.01/EP2 Standard

§482.23(b) A-0341 HAP - MS.06.01.05/EP2 Standard

§482.24 Condition of Participation: Medical Staff

The hospital must have an organized medical staff that operates under bylaws approved by the governing body and is responsible for the quality of medical care provided to patients by the hospital.

§482.24(b) A-0356 HAP - LD.03.01.01/EP2 Standard

§482.24(c) A-0404 HAP - MM.01.01.03/EP3 Standard

§482.24 Condition of Participation: Medical Equipment

The hospital must have medical equipment that meets applicable Federal, State, and Local laws and regulations. The medical equipment must be maintained in proper operating condition and must be replaced when it is no longer serviceable.

§482.24(b)(2) A-0371 HAP - LD.03.01.01/EP2 Standard

§482.24(c) A-0404 HAP - MM.01.01.03/EP3 Standard

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§482.24 Condition of Participation: Medical Record Services

The hospital must have a medical record service that has administrative responsibility for medical records. A medical record must be maintained for every individual evaluated or treated in the hospital.

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<tr>
<th>CoP Standard</th>
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<tr>
<td>§482.24(c)(1)</td>
<td>A-0450</td>
<td>HAP - RC.01.01.01/EP19</td>
<td>Standard</td>
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§482.25 Tag: A-0490 Deficiency: Standard

Corresponds to: HAP

§482.25 Condition of Participation: Pharmaceutical Services

The hospital must have pharmaceutical services that meet the needs of the patients. The institution must have a pharmacy directed by a registered pharmacist or a drug storage area under competent supervision. The medical staff is responsible for developing policies and procedures that minimize drug errors. This function may be delegated to the hospital’s organized pharmaceutical service.

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<td>§482.25(b)</td>
<td>A-0500</td>
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<tr>
<td>§482.25(b)(9)</td>
<td>A-0511</td>
<td>HAP - MM.02.01.01/EP2</td>
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§482.41 Tag: A-0700 Deficiency: Standard

Corresponds to: HAP

§482.41 Condition of Participation: Physical Environment

The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.

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<td>§482.41(c)(2)</td>
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<td>HAP - EC.02.03.05/EP3, EC.02.05.07/EP8</td>
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<td>§482.41(b)(1)(i)</td>
<td>A-0710</td>
<td>HAP - LS.02.01.30/EP18, LS.02.01.35/EP14</td>
<td>Standard</td>
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§482.61 Tag: B103 Deficiency: Standard

Corresponds to: HAP

§482.61 Condition of Participation: Special medical record requirements for psychiatric hospitals.

The medical records maintained by a psychiatric hospital must permit determination of the degree and intensity of the treatment provided to individuals who are furnished services in the institution.

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<td>§482.61(c)(2)</td>
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The hospital must have adequate numbers of qualified professional and supportive staff to evaluate patients, formulate written, individualized comprehensive treatment plans, provide active treatment measures, and engage in discharge planning.

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<td>§482.62(b)(1)</td>
<td>B143</td>
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<td>Standard</td>
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<td>§482.62(b)(2)</td>
<td>B144</td>
<td>HAP - MS.05.01.01/EP2</td>
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<td>§482.62(g)(2)</td>
<td>B158</td>
<td>HAP - LD.03.06.01/EP3</td>
<td>Standard</td>
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EP 5
Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. The medical staff by laws included a section about disaster privileging; however, it did not include the correct verbiage of requiring a government issued photo ID and "at least one of the following..." as required by standard. The emergency operations plan also did not address this issue.

**Observation(s):**

EP 5
Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. The medical staff by laws included a section about disaster privileging; however, it did not include the correct verbiage of requiring a government issued photo ID and "at least one of the following..." as required by standard. The emergency operations plan also did not address this issue.

**Chapter:** Environment of Care  
**Program:** Hospital Accreditation  
**Standard:** EC.02.03.05

**Standard Text:** The hospital maintains fire safety equipment and fire safety building features. Note: This standard does not require hospitals to have the types of fire safety equipment and building features described below. However, if these types of equipment or features exist within the building, then the following maintenance, testing, and inspection requirements apply.

**Primary Priority Focus Area:** Physical Environment

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Element(s) of Performance:

3. Every 12 months, the hospital tests duct detectors, electromechanical releasing devices, heat detectors, manual fire alarm boxes, and smoke detectors. The completion date of the tests is documented.

Note: For additional guidance on performing tests, see NFPA 72, 1999 edition (Table 7-3.2).

Scoring Category : C
Score : Insufficient Compliance

Observation(s):

EP 3
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality.

This Standard is NOT MET as evidenced by:

Observed in Document Review at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.

The total inventory of fire safety equipment indicated by the contracted fire alarm contractor was inconsistent from year to year even though staff indicated there were no changes in the fire alarm systems. Based on the highest inventory totals for the Isaac Ray North building, two manual fire alarm pull stations were not tested annually as required in 2009 and one was not tested in 2011.

Observed in Document Review at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.

The total inventory of fire safety equipment indicated by the contracted fire alarm contractor was inconsistent from year to year even though staff indicated there were no changes in the fire alarm systems. Based on the highest inventory totals for the Isaac Ray North building, eight smoke detectors were not tested annually as required in 2009 and two were not tested in 2010.

Observed in Document Review at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.

The total inventory of fire safety equipment indicated by the contracted fire alarm contractor was inconsistent from year to year even though staff indicated there were no changes in the fire alarm systems. Based on the highest inventory totals for the Isaac Ray South building, two heat detectors were not tested annually as required in 2010 and two smoke detectors were not tested in 2011.

Chapter: Environment of Care
Program: Hospital Accreditation
Standard: EC.02.05.07

Standard Text: The hospital inspects, tests, and maintains emergency power systems. Note: This standard does not require hospitals to have the types of emergency power equipment discussed below. However, if these types of equipment exist within the building, then the following maintenance, testing, and inspection requirements apply.

Primary Priority Focus Area: Physical Environment
Element(s) of Performance:

8. The 36-month emergency generator test uses a dynamic or static load that is at least 30% of the nameplate rating of the generator or meets the manufacturer's recommended prime movers' exhaust gas temperature.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 8
§482.41(c)(2) - (A-0724) - (2) Facilities, supplies, and equipment must be maintained to ensure an acceptable level of safety and quality. This Standard is NOT MET as evidenced by:
Observed in Document Review at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.
The 36-month emergency generator test for the ATC building generator did not achieve the required dynamic or static load that is at least 30% of the nameplate rating of the generator.

Chapter: Human Resources
Program: Hospital Accreditation
Standard: HR.01.02.05
Standard Text: The hospital verifies staff qualifications.
Primary Priority Focus Area: Organizational Structure

Element(s) of Performance:

1. When law or regulation requires care providers to be currently licensed, certified, or registered to practice their professions, the hospital both verifies these credentials with the primary source and documents this verification when a provider is hired and when his or her credentials are renewed. (See also HR.01.02.07, EP 2)
Note 1: It is acceptable to verify current licensure, certification, or registration with the primary source via a secure electronic communication or by telephone, if this verification is documented.
Note 2: A primary verification source may designate another agency to communicate credentials information. The designated agency can then be used as a primary source.
Note 3: An external organization (for example, a credentials verification organization [CVO]) may be used to verify credentials information. A CVO must meet the CVO guidelines identified in the Glossary.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):
The hospital effectively manages the collection of health information.

Standard Text: The hospital effectively manages the collection of health information.

Element(s) of Performance:

3. The hospital follows its list of prohibited abbreviations, acronyms, symbols, and dose designations, which includes the following:

- U,u
- IU
- Q.D., QD, q.d., qd
- Q.O.D., QOD, q.o.d, qod
- Trailing zero (.X mg)
- Lack of leading zero (.X mg)
- MS
- MSO4
- MgSO4

Note 1: A trailing zero may be used only when required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report the size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

Note 2: The prohibited list applies to all orders, preprinted forms, and medication-related documentation. Medication-related documentation can be either handwritten or electronic.

Scoring Category: C
Score: Partial Compliance
Observation(s):

EP 3
Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site.
The unapproved abbreviation “u” was discovered in the medical record for January 25, 26, and February 3 referencing “units” of insulin.

Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site.
The unapproved abbreviation “u” was discovered in the medical record for December 13 referencing “units” of insulin.

Chapter: Leadership
Program: Hospital Accreditation
Standard: LD.01.04.01
Standard Text: A chief executive manages the hospital.
Primary Priority Focus Area: Staffing
Element(s) of Performance:

2. The chief executive provides for the following: Recruitment and retention of staff.

Scoring Category :A
Score : Insufficient Compliance

Observation(s):

EP 2
Observed in Medical Management Session at Larned State Hospital (1301 KS HWY 264, Larned, KS) site.
The CEO has been actively attempting to recruit and retain qualified medical and nursing staff but staffing and budget limitations have made it difficult. The medical staff has lost almost two thirds of the members over the past five year do to turnover and elimination of positions. There has not been the capacity to recruit and retain medical staff because of competitive economic forces.

Chapter: Leadership
Program: Hospital Accreditation
Standard: LD.03.01.01
Standard Text: Leaders create and maintain a culture of safety and quality throughout the hospital.
Primary Priority Focus Area: Quality Improvement Expertise/Activities
Element(s) of Performance:

2. Leaders prioritize and implement changes identified by the evaluation.

Scoring Category :A
Score : Insufficient Compliance

Observation(s):
EP 2
§482.21(b)(2)(ii) - (A-0276) - [The hospital must use the data collected to--]

(ii) Identify opportunities for improvement and changes that will lead to improvement.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.
The hospital failed to prioritize changes in the physical environment, staff training, and enhanced patient assessment to obviate the risk of suicide to the fullest extent possible. Staff training was not begun until several months had passed since the hospital became aware of its vulnerability. Key physical environmental issues remain even though previously identified as significant risks. And finally, the hospital has not implemented any enhanced assessment for patients potentially at risk of suicide or closer observation of those patients to prevent suicide.

Chapter: Leadership
Program: Hospital Accreditation
Standard: LD.03.06.01
Standard Text: Those who work in the hospital are focused on improving safety and quality.
Primary Priority Focus Area: Staffing

Element(s) of Performance:
3. Leaders provide for a sufficient number and mix of individuals to support safe, quality care, treatment, and services. (See also IC.01.01.01, EP 3)
Note: The number and mix of individuals is appropriate to the scope and complexity of the services offered.

Scoring Category: A
Score: Insufficient Compliance

Observation(s):
EP 3
§482.62(g)(2) - (B158) - (2) The number of qualified therapists, support personnel, and consultants must be adequate to provide comprehensive therapeutic activities consistent with each patient's active treatment program. This Standard is NOT MET as evidenced by:

Observed in Record Review at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service. A random review of the staffing data for the 1st week of December 2011, the 1st week of January 2012, and the 1st week of February 2012. Significant staffing concerns were noted, namely: 1) During the week of December 1-7, 2012, the SPTP unit (sexual predator treatment program) was short staffed 56 shifts. The SSP unit was short staffed 33 shifts and the PSP unit was short staffed 8.5 shifts. 2) During the week of January 1-7, 2012, the SSP was short staffed 48 shifts; the SPTP 40 shifts; and the PSP 11 shifts. 3) During the week of February 1-7, 2012, SSP was short staffed 44 shifts; SPTP 42 shifts, and PSP 14 shifts. These shortages were a combination of RNs, LPNs, licensed mental health techs, and non-licensed mental health techs.

It was noted during various reviews of records, particularly as it relates to the medication administration process (from ordering to dispensing) was lacking. A variety of reports reviewed indicated "due to short staffing..." It was also discovered that when a particular unit is staffed with one RN (often to serve 30 patients) and a new admission arrives, that nurse is occasionally called away from the unit to go and assess the patient (who is elsewhere on the unit), thus leaving the unit not covered by a registered nurse. The hospital does not have any "house supervisors" or RNs who float across with campus without a specific patient assignment. Leaders mentioned there had been significant reductions in force of late.

A conversation with the Director of Nursing revealed that the current nursing staff turnover is 29.9%. The RN turnover is 42.5%. The LPN/LMHT turnover is 32.1% and the MHDD (non-licensed) turnover is 26.3%. The hospital currently has 84.5 fillable positions with 53.5 of them being in direct patient care. A review of the Human Resources report dated March 7, 2012 showed that the hospital is not market competitive in salaries. A prison is located on the same campus as the hospital being surveyed and offers more salary for the same type of nurse than the hospital is able to offer.

There have been significant efforts by nursing leaders and human resource personnel to hire additional staff; however, these vacancies still exist.

The staff turnover and vacancies are alarming and may have directly contributed to care concerns identified throughout this report, such as medication management, provision of care, and record of care.

Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. The certified part of the facility has three units each with a usual census of at least 30 patients. One RN is assigned to each unit on each shift. There is no additional RN available to provide for additional nursing supervision or assessment when the RN leaves the unit. During the tracer activity, it was noted that there had been 32 patients on the west unit. There were two admissions and two discharges on that unit. There were two high risk patients requiring frequent reassessments. There were catheter patients and patients with multiple-drug-resistant infections. The one RN was unable to complete all the required responsibilities. It was noted that the change of shift hand off had not provided the appropriate information. One patient had multiple orders which were not carried out because of the inadequate staffing and lack of effective communication. A patient admitted at night did not have an adequate initial nursing plan of care. The patient had critical blood pressure and diabetes. The nurse did not initiate a plan of care. The physician wrote nursing orders for glucose testing and more frequent BP but the orders were not carried out. In addition, the patient was on a high risk medication which require blood test. No test was obtained. The intake worker is only available during regular hours. After hours one of the nurses from one of the three units must provide the intake service taking that nurse of the unit for an extended period of time, leaving the unit without supervision by a nurse.

**Chapter:** Leadership
**Program:** Hospital Accreditation
**Standard:** LD.04.01.05

Organization Identification Number: 3186
The hospital effectively manages its programs, services, sites, or departments.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

4. Staff are held accountable for their responsibilities.

Scoring Category: A
Score: Insufficient Compliance

Observation(s):

EP 4
Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site.
After the medication administration process was completed on the Dillon unit, the medication administration records were examined. None of the medications administered earlier had been signed off by the nurse. Upon chatting with the nurse, it was discovered that she routinely comes back at a later point to sign off the medications she gave. She said that if the med cups are found to still be full, it is assumed the patient refused his medication. She said that a missing cup meant the patient took his medications and then she would sign it off on the medication administration record.

Chapter: Life Safety
Program: Hospital Accreditation
Standard: LS.02.01.30

Primary Text: The hospital provides and maintains building features to protect individuals from the hazards of fire and smoke.

Primary Priority Focus Area: Physical Environment

Element(s) of Performance:

18. Smoke barriers extend from the floor slab to the floor or roof slab above, through any concealed spaces (such as those above suspended ceilings and interstitial spaces), and extend continuously from exterior wall to exterior wall. All penetrations are properly sealed. (For full text and any exceptions, refer to NFPA 101-2000: 18/19.3.7.3)

Scoring Category: C
Score: Insufficient Compliance

Observation(s):
The Joint Commission
Findings

EP 18

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

Observed in Building Tour at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.
In the Isaac Ray building south 2 ward, the smoke barrier wall along room 3420 did not extend from the floor slab to the floor slab above. A gap existed along the length of the top of the wall in the room.

Observed in Building Tour at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.
In the Isaac Ray building east 2 ward, the smoke barrier wall along room 2420 did not extend from the floor slab to the floor slab above. A gap existed along the length of the top of the wall in the room.

Observed in Building Tour at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.
In the Isaac Ray building north 2 ward, the smoke barrier wall along room 1420 did not extend from the floor slab to the floor slab above. A gap existed along the length of the top of the wall in the room.

Chapter: Life Safety
Program: Hospital Accreditation
Standard: LS.02.01.35
Standard Text: The hospital provides and maintains systems for extinguishing fires.
Primary Priority Focus Area: Physical Environment
Element(s) of Performance:


Scoring Category: C
Score: Insufficient Compliance

Observation(s):

Copies may be obtained from the National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02269. If any changes in this edition of the Code are incorporated by reference, CMS will publish notice in the Federal Register to announce the changes.

This Standard is NOT MET as evidenced by:

1. In the Isaac Ray building Gym, Library and nearby corridors, fire extinguisher cabinets are locked. None of the staff were carrying the key required to unlock the fire extinguish cabinets. Keys were located in a locked gym office and the locked library office.

2. In the Isaac Ray building north 2 ward and nearby corridors, fire extinguisher cabinets are locked. None of the staff were carrying the key required to unlock the fire extinguish cabinets. One key was located in the locked nurses station.

3. In the Isaac Ray building south 2 ward and nearby corridors, fire extinguisher cabinets are locked. None of the staff were carrying the key required to unlock the fire extinguish cabinets. One key was located in the locked nurses station.

The organized medical staff oversees the quality of patient care, treatment, and services provided by practitioners privileged through the medical staff process.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

6. The organized medical staff specifies the minimal content of medical histories and physical examinations, which may vary by setting or level of care, treatment, and services. (See also PC.01.02.03, EP 4)

Scoring Category: A
Score: Insufficient Compliance

Observation(s):

EP 6
Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. There is no directive in the medical staff by laws or its rules and regulations or in any policy which specifies the minimal content of medical histories and physicals.
The Joint Commission
Findings

Chapter: Medical Staff
Program: Hospital Accreditation
Standard: MS.05.01.01

Primary Priority Focus Area: Credentialed Practitioners

Element(s) of Performance:

2. The medical staff is actively involved in the measurement, assessment, and improvement of the following: Medical assessment and treatment of patients. (See also PI.03.01.01, EPs 1-4)

Scoring Category : A
Score : Insufficient Compliance

4. The medical staff is actively involved in the measurement, assessment, and improvement of the following: Use of medications. (See also PI.03.01.01, EPs 1-4)

Scoring Category : A
Score : Insufficient Compliance

10. Information used as part of the performance improvement mechanisms, measurement, or assessment includes the following: Sentinel event data. (See also PI.03.01.01, EPs 1-4)

Scoring Category : A
Score : Insufficient Compliance

Observation(s):
The Joint Commission
Findings

EP 2
§482.62(b)(2) - (B144) - (2) The director must monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff.
This Standard is NOT MET as evidenced by:
Observed in Medical Management Session at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.
The Medical director resigned three months prior to the survey. Since that time there has been little oversight of the medical and psychiatric assessment and treatment. A consultant from another state hospital has been asked to provide interim advise by telephone. As noted previously the medical staff had not identified the specific content of the assessments (history and physical and psychiatric), and no specific evaluation or improvements have been made. Also noted elsewhere, delays as a result deficiencies in the assessment and treatment orders were observed during the survey which had not been addressed. For the death reviews for the past three years, the medical staff had not conducted mortality and morbidity reviews. This was confirmed in an interview with the medical staff.

EP 4
Observed in Medication Management Tracer at Larned State Hospital (1301 KS HWY 264, Larned, KS) site.
The medical staff had not actively contributed to the measurement, assessment, and improvement in the use of medications. The medical director resigned three month prior to the survey. Because of the location of the facility an the limited ability of the facility to recruit due to fiscal constraints, it had not been possible to find qualified candidates. The development and implementation of appropriate guidelines and standards of care had not been possible because of the lack of adequate staffing.

EP 10
Observed in Medical Management Session at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. The medical staff had not used sentinel event data to help identify the need for focused review as required by policy. The medical staff had not participated in any Root Cause Analysis.

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Chapter: Medical Staff
Program: Hospital Accreditation
Standard: MS.05.01.03

Standard Text: The organized medical staff participates in organization-wide performance improvement activities.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

3. The organized medical staff participates in the following activities: Accurate, timely, and legible completion of patient’s medical records. (See also RC.01.04.01, EPs 1, 3, and 4)

Scoring Category: A
Score: Insufficient Compliance

Observation(s):
EP 3
Observed in Medical Management Session at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. The medical staff has addressed the timeliness and completeness of the medical record but not the accuracy.

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Chapter: Medical Staff
Program: Hospital Accreditation
Standard: MS.06.01.03

Organization Identification Number: 3186
The Joint Commission

Findings

Standard Text:
The hospital collects information regarding each practitioner's current license status, training, experience, competence, and ability to perform the requested privilege.

Primary Priority Focus Area: Credentialed Practitioners

Element(s) of Performance:

7. For psychiatric hospitals that use Joint Commission accreditation for deemed status purposes: Inpatient psychiatric services are under the direction of a clinical director, service chief, or equivalent who meets the training and experience requirements for examination by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):

EP 7
§482.62(b)(1) - (B143) - (1) The clinical director, service chief, or equivalent must meet the training and experience requirements for examination by the American Board of Psychiatry and Neurology or the American Osteopathic Board of Neurology and Psychiatry.

This Standard is NOT MET as evidenced by:
Observed in Medical staff privileging at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service. The medical director resigned three months prior to the survey. No one currently on the staff meets the qualifications required. The facility because of its location and fiscal limitation is unable to recruit a person with the required qualifications.

Chapter: Medical Staff
Program: Hospital Accreditation
Standard: MS.06.01.05

Standard Text: The decision to grant or deny a privilege(s), and/or to renew an existing privilege (s), is an objective, evidence-based process.

Primary Priority Focus Area: Credentialed Practitioners

Element(s) of Performance:

2. The hospital, based on recommendations by the organized medical staff and approval by the governing body, establishes criteria that determine a practitioner’s ability to provide patient care, treatment, and services within the scope of the privilege (s) requested. Evaluation of all of the following are included in the criteria:
- Current licensure and/or certification, as appropriate, verified with the primary source
- The applicant’s specific relevant training, verified with the primary source
- Evidence of physical ability to perform the requested privilege
- Data from professional practice review by an organization(s) that currently privileges the applicant (if available)
- Peer and/or faculty recommendation
- When renewing privileges, review of the practitioner’s performance within the hospital

Scoring Category : A
Score : Insufficient Compliance

Observation(s):
EP 2
§482.22(a)(2) - (A-0341) - (2) The medical staff must examine credentials of candidates for medical staff membership and make recommendations to the governing body on the appointment of the candidates. This Standard is NOT MET as evidenced by:

Observed in Medical staff privileging at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.

The medical staff and governing body had developed explicit criteria for specific privileges. For example a primary care physician without any postgraduate or continuing education in the assessment and treatment of psychiatric patients was given the same full privileges as those who had completed full post graduate training in the field in which they were given privileges. No documentation in the credentials file contained any evidence of any education or training in the performance of a complete psychiatric examination.

Chapter: Medical Staff
Program: Hospital Accreditation
Standard: MS.08.01.01
Standard Text: The organized medical staff defines the circumstances requiring monitoring and evaluation of a practitioner’s professional performance.

Primary Priority Focus Area: Credentialed Practitioners

Element(s) of Performance:

1. A period of focused professional practice evaluation is implemented for all initially requested privileges.

Scoring Category : A
Score : Insufficient Compliance

3. The performance monitoring process is clearly defined and includes each of the following elements:
- Criteria for conducting performance monitoring
- Method for establishing a monitoring plan specific to the requested privilege
- Method for determining the duration of performance monitoring
- Circumstances under which monitoring by an external source is required

Scoring Category : A
Score : Insufficient Compliance

4. Focused professional practice evaluation is consistently implemented in accordance with the criteria and requirements defined by the organized medical staff.

Scoring Category : A
Score : Insufficient Compliance

Observation(s):
EP 1
Observed in Medical Staff privileging at Larned State Hospital (1301 KS HWY 264, Larned, KS) site.
A process for initial focused review had not been clearly defined to identify competence in each of the privileges granted.

EP 3
Observed in Medical Staff privileging at Larned State Hospital (1301 KS HWY 264, Larned, KS) site.
The monitoring process had not been clearly defined. Triggers had been identified but the details had not been implement.

EP 4
Observed in Medical Management Session at Larned State Hospital (1301 KS HWY 264, Larned, KS) site.
Triggers had occurred during the previous year but no process had been implemented.

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Chapter: Medication Management
Program: Hospital Accreditation
Standard: MM.01.01.03
Standard Text: The hospital safely manages high-alert and hazardous medications.
Primary Priority Focus Area: Medication Management

Element(s) of Performance:
3. The hospital implements its process for managing high-alert and hazardous medications. (See also EC.02.02.01, EPs 1 and 8)

Scoring Category: C
Score: Partial Compliance

Observation(s):
EP 3
§482.23(c) - (A-0404) - §482.23(c) Standard: Preparation and Administration of Drugs
Drugs and biologicals must be prepared and administered in accordance with Federal and State laws, the orders of the practitioner or practitioners responsible for the patient’s care as specified under §482.12(c), and accepted standards of practice.
This Standard is NOT MET as evidenced by:
Observed in Medication Management Tracer at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.
A patient starting on warfarin for ten days did not have INR levels over 1-3 days as required by policy and procedure.

Observed in Medication Management Tracer at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.
A patient was readmitted after regular working hours. The admitting physician restarted Clozaril but did not order an ANC as would be the standard of practice. The regulation does permit restarting the medication after a period of time but practice would usually indicate a newly admitted patient who was restarted would have an ANC ordered at the time of admission to be obtained the next day.

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Chapter: Medication Management
Program: Hospital Accreditation
Standard: MM.01.02.01
Standard Text: The hospital addresses the safe use of look-alike/sound-alike medications.
Primary Priority Focus Area: Medication Management

Element(s) of Performance:

2. The hospital takes action to prevent errors involving the interchange of the medications on its list of look-alike/sound-alike medications.

Scoring Category: A
Score: Insufficient Compliance

Observation(s):

EP 2
Observed in Individual Tracer at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. Tracer activity included review of insulin storage for a diabetic patient. A bin in the refrigerator with a high alert label included a multi-dose vial of each of the following: Humalog, Humalin, and Regular insulin. The placement of these medications in one bin does not indicate a process to prevent errors in the interchange of medications which are look-alike/sound-alike.

Chapter: Medication Management
Program: Hospital Accreditation
Standard: MM.02.01.01

Standard Text: The hospital selects and procures medications.

Primary Priority Focus Area: Medication Management

Element(s) of Performance:

2. The hospital develops and approves criteria for selecting medications, which, at a minimum, include the following:
- Indications for use
- Effectiveness
- Drug interactions
- Potential for errors and abuse
- Adverse drug events
- Sentinel event advisories
- Other risks
- Costs

Scoring Category: A
Score: Insufficient Compliance

Observation(s):

EP 2
§482.25(b)(9) - (A-0511) - (9) A formulary system must be established by the medical staff to assure quality pharmaceuticals at reasonable costs.
This Standard is NOT MET as evidenced by:
Observed in Medication Management Tracer at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.
The facility did not have a director of pharmacy or a medical director at the time of the survey. The pharmacy and therapeutics committee could not effectively function to establish process and procedures which would be appropriate. Therefore, the facility did not have an explicit set of criteria. The pharmacy and therapeutics had not addressed the issue of cost. During the interview with one of the pharmacist and a physician, it became clear the issue of criteria and cost could not be resolved until a medical director an a pharmacy director with sufficient authority and persuasiveness had been appointed. The P&T committee had not for example, considered the issues of therapeutic substitution.
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**Standard Text:** A pharmacist reviews the appropriateness of all medication orders for medications to be dispensed in the hospital.

**Primary Priority Focus Area:** Medication Management
Element(s) of Performance:

1. Before dispensing or removing medications from floor stock or from an automated storage and distribution device, a pharmacist reviews all medication orders or prescriptions unless a licensed independent practitioner controls the ordering, preparation, and administration of the medication or when a delay would harm the patient in an urgent situation (including sudden changes in a patient’s clinical status), in accordance with law and regulation.

Note 1: The Joint Commission permits emergency departments to broadly apply two exceptions in regard to Standard MM.05.01.01, EP 1. These exceptions are intended to minimize treatment delays and patient back-up. The first exception allows medications ordered by a licensed independent practitioner to be administered by staff who are permitted to do so by virtue of education, training, and organization policy (such as a registered nurse) and in accordance with law and regulation. A licensed independent practitioner is not required to remain at the bedside when the medication is administered. However, a licensed independent practitioner must be available to provide immediate intervention should a patient experience an adverse drug event. The second exception allows medications to be administered in urgent situations when a delay in doing so would harm the patient.

Note 2: A hospital’s radiology service (including hospital-associated ambulatory radiology) will be expected to define, through protocol or policy, the role of the licensed independent practitioner in the direct supervision of a patient during and after IV contrast media is administered including the licensed independent practitioner’s timely intervention in the event of a patient emergency.

Scoring Category : A
Score : Insufficient Compliance

5. All medication orders are reviewed for the following: Existing or potential interactions between the medication ordered and food and medications the patient is currently taking.

Scoring Category : C
Score : Insufficient Compliance

6. All medication orders are reviewed for the following: The appropriateness of the medication, dose, frequency, and route of administration.

Scoring Category : C
Score : Insufficient Compliance

7. All medication orders are reviewed for the following: Current or potential impact as indicated by laboratory values.

Scoring Category : C
Score : Insufficient Compliance

8. All medication orders are reviewed for the following: Therapeutic duplication.

Scoring Category : C
Score : Insufficient Compliance

9. All medication orders are reviewed for the following: Other contraindications.

Scoring Category : C
Score: Insufficient Compliance

Observation(s):
EP 1
Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. The nursing staff bypassed the hospital’s normal process for pharmacy 1st dose review of a new medication on October 3 at 1:30pm. The pharmacy was open at this time; however, nursing completed its new medication form and removed the antibiotic from the Omnicell device and administered the medication WITHOUT the pharmacy reviewing the medication first for allergies, interactions, appropriateness, lab values, therapeutic duplication, and contraindications.

§482.25(b) - (A-0500) - §482.25(b) Standard: Delivery of Services

In order to provide patient safety, drugs and biologicals must be controlled and distributed in accordance with applicable standards of practice, consistent with Federal and State law. This Standard is NOT MET as evidenced by:

Observed in Medication Management Tracer at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.

The facility did not have a system to assure that all medications had been reviewed by the pharmacist prior to dispensing and administration during regular hours. The dispensing machines had been programmed to permit any nurse to access and dispense any medication at any time with out the prior release by the pharmacist. There was no system according to the three pharmacist to identify an override by the nurse.

EP 5
Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site.
The hospital’s process for 1st dose review of medications is that the nurse completes a form which lists the name of the new drug, the route, the dose, and the frequency. The nurse additionally documents a set of vital signs before the administration of the new medication and a set of vital signs one hour after the administration of the new medication. The first of three 1st dose reviews did not document that the anyone (including the nurse) reviewed the medication for potential interactions. The lead pharmacist was then consulted who verified that the 1st dose of review only occurs during pharmacy hours (Monday thru Friday, 0730-1800) and that any new medications that start after 7pm on Friday are not reviewed by the pharmacist until the next business day - Monday at the earliest. This extremely high risk activity had apparently not been identified as such by the hospital prior to the discovery by the surveyor.

Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site.
The hospital's process for 1st dose review of medications is that the nurse completes a form which lists the name of the new drug, the route, the dose, and the frequency. The nurse additionally documents a set of vital signs before the administration of the new medication and a set of vital signs one hour after the administration of the new medication. The 2nd of three 1st dose reviews did not document that the anyone (including the nurse) reviewed the medication for potential interactions. The lead pharmacist was then consulted who verified that the 1st dose of review only occurs during pharmacy hours (Monday thru Friday, 0730-1800) and that any new medications that start after 7pm on Friday are not reviewed by the pharmacist until the next business day - Monday at the earliest. This extremely high risk activity had apparently not been identified as such by the hospital prior to the discovery by the surveyor.

Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site.
The hospital's process for 1st dose review of medications is that the nurse completes a form which lists the name of the new drug, the route, the dose, and the frequency. The nurse additionally documents a set of vital signs before the administration of the new medication and a set of vital signs one hour after the administration of the new medication. The 3rd of three 1st dose reviews did not document that the anyone (including the nurse) reviewed the medication for potential interactions. The lead pharmacist was then consulted who verified that the 1st dose of review only occurs during pharmacy hours (Monday thru Friday, 0730-1800) and that any new medications that start after 7pm on Friday are not reviewed by the pharmacist until the next business day - Monday at the earliest. This extremely high risk activity had apparently not been identified as such by the hospital prior to the discovery by the surveyor.

EP 6
Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site.
The hospital's process for 1st dose review of medications is that the nurse completes a form which lists the name of the new drug, the route, the dose, and the frequency. The nurse additionally documents a set of vital signs before...
the administration of the new medication and a set of vital signs one hour after the administration of the new medication. The 1st of three 1st dose reviews did not document that the anyone (including the nurse) reviewed the medication for appropriateness of the medication, dose, frequency, and route of administration. The lead pharmacist was then consulted who verified that the 1st dose of review only occurs during pharmacy hours (Monday thru Friday, 0730-1800) and that any new medications that start after 7pm on Friday are not reviewed by the pharmacist until the next business day - Monday at the earliest. This extremely high risk activity had apparently not been identified as such by the hospital prior to the discovery by the surveyor.

Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. The hospital's process for 1st dose review of medications is that the nurse completes a form which lists the name of the new drug, the route, the dose, and the frequency. The nurse additionally documents a set of vital signs before the administration of the new medication and a set of vital signs one hour after the administration of the new medication. The 2nd of three 1st dose reviews did not document that the anyone (including the nurse) reviewed the medication for appropriateness of the medication, dose, frequency, and route of administration. The lead pharmacist was then consulted who verified that the 1st dose of review only occurs during pharmacy hours (Monday thru Friday, 0730-1800) and that any new medications that start after 7pm on Friday are not reviewed by the pharmacist until the next business day - Monday at the earliest. This extremely high risk activity had apparently not been identified as such by the hospital prior to the discovery by the surveyor.

EP 7
Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. The hospital's process for 1st dose review of medications is that the nurse completes a form which lists the name of the new drug, the route, the dose, and the frequency. The nurse additionally documents a set of vital signs before the administration of the new medication and a set of vital signs one hour after the administration of the new medication. The 1st of three 1st dose reviews did not document that the anyone (including the nurse) reviewed the medication for appropriateness of the medication, dose, frequency, and route of administration. The lead pharmacist was then consulted who verified that the 1st dose of review only occurs during pharmacy hours (Monday thru Friday, 0730-1800) and that any new medications that start after 7pm on Friday are not reviewed by the pharmacist until the next business day - Monday at the earliest. This extremely high risk activity had apparently not been identified as such by the hospital prior to the discovery by the surveyor.

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Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. The hospital's process for 1st dose review of medications is that the nurse completes a form which lists the name of the new drug, the route, the dose, and the frequency. The nurse additionally documents a set of vital signs before the administration of the new medication and a set of vital signs one hour after the administration of the new medication. The 3rd of three 1st dose reviews did not document that the anyone (including the nurse) reviewed the medication for appropriateness of the medication, dose, frequency, and route of administration. The lead pharmacist was then consulted who verified that the 1st dose of review only occurs during pharmacy hours (Monday thru Friday, 0730-1800) and that any new medications that start after 7pm on Friday are not reviewed by the pharmacist until the next business day - Monday at the earliest. This extremely high risk activity had apparently not been identified as such by the hospital prior to the discovery by the surveyor.
medication for current or potential impact as indicated by laboratory values. The lead pharmacist was then consulted who verified that the 1st dose of review only occurs during pharmacy hours (Monday thru Friday, 0730-1800) and that any new medications that start after 7pm on Friday are not reviewed by the pharmacist until the next business day - Monday at the earliest. This extremely high risk activity had apparently not been identified as such by the hospital prior to the discovery by the surveyor.

EP 8

Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site.
The hospital's process for 1st dose review of medications is that the nurse completes a form which lists the name of the new drug, the route, the dose, and the frequency. The nurse additionally documents a set of vital signs before the administration of the new medication and a set of vital signs one hour after the administration of the new medication. The 1st of three 1st dose reviews did not document that the anyone (including the nurse) reviewed the medication for therapeutic duplication. The lead pharmacist was then consulted who verified that the 1st dose of review only occurs during pharmacy hours (Monday thru Friday, 0730-1800) and that any new medications that start after 7pm on Friday are not reviewed by the pharmacist until the next business day - Monday at the earliest. This extremely high risk activity had apparently not been identified as such by the hospital prior to the discovery by the surveyor.

Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site.
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Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site.
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EP 9

Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site.
The hospital's process for 1st dose review of medications is that the nurse completes a form which lists the name of the new drug, the route, the dose, and the frequency. The nurse additionally documents a set of vital signs before the administration of the new medication and a set of vital signs one hour after the administration of the new medication. The 1st of three 1st dose reviews did not document that the anyone (including the nurse) reviewed the medication for contraindications. The lead pharmacist was then consulted who verified that the 1st dose of review only occurs during pharmacy hours (Monday thru Friday, 0730-1800) and that any new medications that start after 7pm on Friday are not reviewed by the pharmacist until the next business day - Monday at the earliest. This extremely high risk activity had apparently not been identified as such by the hospital prior to the discovery by the surveyor.

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Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. The hospital's process for 1st dose review of medications is that the nurse completes a form which lists the name of the new drug, the route, the dose, and the frequency. The nurse additionally documents a set of vital signs before the the administration of the new medication and a set of vital signs one hour after the administration of the new medication. The 3rd of three 1st dose reviews did not document that the anyone (including the nurse) reviewed the medication for contraindications. The lead pharmacist was then consulted who verified that the 1st dose of review only occurs during pharmacy hours (Monday thru Friday, 0730-1800) and that any new medications that start after 7pm on Friday are not reviewed by the pharmacist until the next business day - Monday at the earliest. This extremely high risk activity had apparently not been identified as such by the hospital prior to the discovery by the surveyor.

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Chapter: Medication Management  
Program: Hospital Accreditation  
Standard: MM.05.01.09  

Standard Text: Medications are labeled.  
Primary Priority Focus Area: Medication Management  

Element(s) of Performance:

10. When an individualized medication(s) is prepared by someone other than the person administering the medication, the label includes the following: The patient’s name.

Scoring Category: A  
Score: Insufficient Compliance  

Observation(s):

EP 10  
Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. A medication pass was observed on Dillon East 1 Wing where the nurse administered multiple medications to multiple patients. It was discovered that the nurse removed the medications from the automated dispensing unit earlier in the morning and placed the medications for each patient in a small unlabeled cup. Multiple cups were then placed side by side on a table top which had bored out spaces for the unlabeled cups to be placed. Behind each of the medications was a photograph of the patient. At the time of administration, the nurse often said, “How are you, Mr...?” Hospital policy required the nurse to use the patient name (whether recited or inquired) AND a photo ID as the means for identifying the patient prior to medication administration. The nurse was not observed looking at these photographs. Of note, all the medications and the cups on this table top were not labeled with the patient's name. Instead, multiple medications were in multiple unlabeled cups. Additionally, the nurse did not reference the medication administration record (MAR) at the time of actually administering the medications. As such, the medication administration process represented a significant vulnerability for the hospital and its patients.

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Chapter: Medication Management  
Program: Hospital Accreditation  
Standard: MM.05.01.13  

Standard Text: The hospital safely obtains medications when the pharmacy is closed.
Primary Priority Focus Area: Medication Management

Element(s) of Performance:

2. When non-pharmacist health care professionals are allowed by law or regulation to obtain medications after the pharmacy is closed, the following occurs: Medications available are limited to those approved by the hospital.

Scoring Category: C
Score: Partial Compliance

5. When non-pharmacist health care professionals are allowed by law or regulation to obtain medications after the pharmacy is closed, the following occurs: Quality control procedures (such as an independent second check by another individual or a secondary verification built into the system such as bar coding) are in place to prevent medication retrieval errors.

Scoring Category: C
Score: Insufficient Compliance

Observation(s):

EP 2
Observed in Medication Management Tracer at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. The facility had no limitation of medications available after hours.

Observed in Medication Management Tracer at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. A patient admitted after hours received three medications which the nurse removed from the automated dispensing machine and administered to the patient. It was unclear whether the need for the medication was emergent or urgent.

EP 5
Observed in Medication Management Tracer at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. The facility had no quality control check when a medication was removed.

Observed in Medication Management Tracer at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. After hours (and at any time) a nurse may remove medications with a quality control check. The medications were removed after hours for a patient traced. One of the medication was a high risk medication. There was no indication that a nurse had reviewed the appropriate precautions related to that medication. The medical staff through the pharmacy and therapeutics committee had not authorized the removal of that medication after hours without the specific review by a pharmacist or a third person.
2. Address the patient’s immediate safety needs and most appropriate setting for treatment.

Scoring Category: C
Score: Insufficient Compliance

Observation(s):

EP 2
Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. In September 2011, the hospital became aware that its patient bathroom doors represented a risk for suicide. Two months later, the hospital's risk assessment was updated. As of the survey in March 2012, nothing had been done to the doors to make them safer. LATE NOTE: On the fourth day of the survey, a unit director invited the surveyor to revisit the area where the "safe rooms" were located. One of the rooms was inspected and was found to be redesigned to substantially obviate risks associated with potential suicide. Three of the planned 18 safe rooms had been completed as of this survey, a full six months after the hospital identified its risks.

Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. In September 2011, the hospital became aware that its patient bathroom plumbing fixtures represented a risk for suicide. Two months later, the hospital's risk assessment was updated. As of the survey in March 2012, nothing had been done to the plumbing fixtures to make them safer. LATE NOTE: On the fourth day of the survey, a unit director invited the surveyor to revisit the area where the "safe rooms" were located. One of the rooms was inspected and was found to be redesigned to substantially obviate risks associated with potential suicide. Three of the planned 18 safe rooms had been completed as of this survey, a full six months after the hospital identified its risks.

Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. In September 2011, the hospital became aware that its patient assessment methods represented a risk for suicide. As of the survey in March 2012, only 315 (of 800+) employees had been trained on recognition of changing symptoms which might enable the employee to "catch" an impending suicide. The training only began in February 2012, a full five months after the hospital became aware of its vulnerability in patient assessment.
Element(s) of Performance:

2. Identify the items that must be available for the procedure and use a standardized list to verify their availability. At a minimum, these items include the following:
- Relevant documentation (for example, history and physical, signed procedure consent form, nursing assessment, and preanesthesia assessment)
- Labeled diagnostic and radiology test results (for example, radiology images and scans, or pathology and biopsy reports) that are properly displayed
- Any required blood products, implants, devices, and/or special equipment for the procedure

Note: The expectation of this element of performance is that the standardized list is available and is used consistently during the preprocedure verification. It is not necessary to document that the standardized list was used for each patient.

Scoring Category: A
Score: Insufficient Compliance

Observation(s):

EP 2
Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. No documented policy and procedure could be found addressing the preprocedure verification process for those patients undergoing dental extraction.

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Chapter: National Patient Safety Goals
Program: Hospital Accreditation
Standard: UP.01.03.01

Standard Text: A time-out is performed before the procedure.

Primary Priority Focus Area: Information Management

Element(s) of Performance:

5. Document the completion of the time-out.

Note: The hospital determines the amount and type of documentation.

Scoring Category: C
Score: Partial Compliance

Observation(s):

EP 5
Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. No time out was documented in the record of a patient who underwent an extraction of #22.

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Chapter: Provision of Care, Treatment, and Services
Program: Hospital Accreditation
Standard: PC.01.02.07

Standard Text: The hospital assesses and manages the patient's pain.
Primary Priority Focus Area: Assessment and Care/Services
Element(s) of Performance:
3. The hospital reassesses and responds to the patient's pain, based on its reassessment criteria.

Scoring Category: C
Score: Insufficient Compliance

Observation(s):
EP 3
Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. A patient's pain was not documented as being reassessed four times as required by policy.

An additional patient's pain was not documented as having been reassessed three times as required by policy.

An additional patient received narcotics for pain on Feb 7 and there was no documented reassessment of pain as required by policy.

Chapter: Provision of Care, Treatment, and Services
Program: Hospital Accreditation
Standard: PC.02.01.11

Primary Priority Focus Area: Assessment and Care/Services
Element(s) of Performance:
2. Resuscitation equipment is available for use based on the needs of the population served.
Note: For example, if the hospital has a pediatric population, pediatric resuscitation equipment should be available. (See also EC.02.04.03, EPs 2 and 3)

Scoring Category: A
Score: Insufficient Compliance

Observation(s):
EP 2
Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. The exam room # S125 (Jung Bldg) did not have oxygen inside the room as directed by signage on the door. Minor surgical procedures are performed in this area. Should oxygen have been required, staff would have to go elsewhere to get some, potentially compromising the patient. There was no piped-in oxygen in the wall.
Primary Priority Focus Area: Information Management

Element(s) of Performance:

19. For hospitals that use Joint Commission accreditation for deemed status purposes:
   All entries in the medical record, including all orders, are timed.

Scoring Category: C
Score: Insufficient Compliance

Observation(s):

EP 19
§482.24(c)(1) - (A-0450) - (1) All patient medical record entries must be legible, complete, dated, timed, and authenticated in written or electronic form by the person responsible for providing or evaluating the service provided, consistent with hospital policies and procedures.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.
The photography consent was not timed when signed by the patient.

Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.
The influenza vaccination consent was not timed when signed by the patient.

Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.
An additional influenza vaccination consent was not timed when signed by the patient.

Chapter: Record of Care, Treatment, and Services
Program: Hospital Accreditation
Standard: RC.02.01.01

Standard Text: The medical record contains information that reflects the patient's care, treatment, and services.

Primary Priority Focus Area: Medication Management
Element(s) of Performance:

2. The medical record contains the following clinical information:
   - The reason(s) for admission for care, treatment, and services
   - The patient’s initial diagnosis, diagnostic impression(s), or condition(s)
   - Any findings of assessments and reassessments (See also PC.01.02.01, EPs 1 and 4; PC.03.01.03, EPs 1 and 8)
   - Any allergies to food
   - Any allergies to medications
   - Any conclusions or impressions drawn from the patient’s medical history and physical examination
   - Any diagnoses or conditions established during the patient’s course of care, treatment, and services
   - Any consultation reports
   - Any observations relevant to care, treatment, and services
   - The patient’s response to care, treatment, and services
   - Any emergency care, treatment, and services provided to the patient before his or her arrival
   - Any progress notes
   - All orders
   - Any medications ordered or prescribed
   - Any medications administered, including the strength, dose, and route
   - Any access site for medication, administration devices used, and rate of administration
   - Any adverse drug reactions
   - Treatment goals, plan of care, and revisions to the plan of care (See also PC.01.03.01, EPs 1 and 23)
   - Results of diagnostic and therapeutic tests and procedures
   - Any medications dispensed or prescribed on discharge
   - Discharge diagnosis
   - Discharge plan and discharge planning evaluation
   (See also PC.01.02.03, EPs 6-8)

Scoring Category: C
Score: Insufficient Compliance

Observation(s):
EP 2
§482.61(c)(2) - (B125) - (2) The treatment received by the patient must be documented in such a way to assure that all active therapeutic efforts are included.
This Standard is NOT MET as evidenced by:
Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.
Two medications were not documented as having been administered on Feb 27.

Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.
A medication was not documented as being given on March 1.

Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.
On March 2, seven medications were not documented as having been administered.

Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.
On February 15, 2012 - none of the medications on the day or evening shift were documented as having been given.

Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site for the Psychiatric Hospital deemed service.
On February 28, none of the medications that were presumably given were documented as having been administered.

Observed in Tracer Activities at Larned State Hospital (1301 KS HWY 264, Larned, KS) site. An additional patient had missing documentation of medications presumably administered on multiple days of medication administration records reviewed.