

Report on Status of State Hospital CMS Compliance Efforts
As of 1-30-08

Broughton Hospital

As the result of a complaint survey conducted by the Division of Health Service Regulation (DHSR) on August 2, 2007, Broughton Hospital was cited for Immediate Jeopardy (IJ) and for being out of compliance with Conditions of Participation in the Medicare program overseen by the Center for Medicare and Medicaid Services (CMS). The IJ citation triggered a follow-up survey focused on the corrections for the citation and a full validation survey on August 25 which also included three new complaint investigations. Findings of these surveys were that the IJ was not abated; the hospital was out of compliance with Conditions of Participation; three complaints were unsubstantiated; and CMS certification was terminated. Appeal by the Department of Health and Human Services of the termination decision is pending.

A comprehensive review of hospital operations and clinical services by a team of clinicians from the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services identified organizational and systemic clinical issues to address as part of the overall strategy to bring Broughton Hospital into compliance, and to sustain compliance, with CMS certification requirements. These issues included:

- Clinical leadership, oversight, and supervision;
- Insufficient registered nurse staffing and higher level nursing expertise;
- Wards lacking a sufficiently therapeutic milieu environment.

Organizational and systemic steps taken to correct these deficiencies include:

- Restructured operational and clinical organization;
- Provision of a Consultant Team from DMH/DD/SAS who have been assisting Broughton Hospital in its improvement efforts;
- Appointment of Art Robarge, Ph.D., Director of the J. Iverson Riddle Developmental Center, as Interim Director of Broughton Hospital.

As noted above, continuing efforts have targeted specific clinical, policy, and operational elements identified as deficient. A mock survey was conducted beginning November 27, 2007 by senior clinicians from DMH/DD/SAS experienced in CMS surveys and standards to determine Broughton's readiness for application for re-certification. Their findings substantiated the need to continue the corrective actions already underway. As these actions are consolidated, Broughton will apply for re-certification, which will entail surveys by DHSR and/or CMS to determine full compliance with all standards and conditions of participation.

Joint Commission (JC) conducted an unannounced Quality Survey December 11-13, 2007. The hospital was notified of the findings December 28, 2007, which consisted of 29 requirements for improvement. Such findings may result in Preliminary Denial of Accreditation. The final decision will be made by JC.

Broughton submitted clarification for 15 of the Requirements for Improvement to JC on January 14, 2008, with additional information submitted January 24, 2008 and another submittal in

process as of January 30, 2008. If the number of Requirements for Improvement are reduced to 16, the hospital will meet the threshold for Conditional Accreditation. A decision by JC is currently pending.

Cherry Hospital

No current CMS citations. An Immediate Jeopardy (IJ) finding on September 7, 2007 was removed as the result of a follow-up and full validation surveys by DHSR on September 28 and October 1-4, 2007, respectively. Cherry Hospital has no outstanding plans of correction (POC) or other actions pending.

Dorothea Dix Hospital

Corrective action plans have been submitted to CMS for citations at the standard level after two separate DHSR surveys. The first survey, which took place on May 31, 2007, resulted in a citation received December 5, 2007. This citation concerned EMTALA (Emergency Medical Treatment and Active Labor Act) standards regulating the transfer of patients from one facility to another. A POC was submitted to CMS on January 11, 2008. A response to the POC has not been received at this time.

The second active citation occurred during a survey on October 30 through November 1, 2007. The investigation found standard level deficiencies in several areas, including Nursing Services and Pharmaceutical Services. A revised POC was submitted to DHSR on December 21, 2007. A response to that POC has not been received at this time.

John Umstead Hospital

DHSR conducted a complaint survey on November 27-30, 2007. The investigation resulted in an Immediate Jeopardy (IJ) citation due to non-compliance with several Conditions of Participation. Specifically, as stated in the December 4, 2007 letter from DHSR, "the facility failed to provide a safe environment as evidenced by failing to prevent patient abuse and failing to supervise, monitor and modify a care plan to prevent repeated incidents of patient to patient and patient to staff abuse." The hospital submitted a POC to CMS and DHSR on December 13, 2007. The POC included a number of corrective actions that were implemented by December 14, 2007.

A DHSR team conducted surveys between December 19-21, 2007. The findings from the life safety, follow up, and full surveys were shared verbally with hospital leadership at exit conferences. Verbal findings included that the IJ was abated and that the Governing Body Condition of Participation was back in compliance. Two other Conditions of Participation (Nursing Services and Patient Rights) most likely will be called out of compliance. It is not known if the Physical Environment Condition of Participation will be cited as out of compliance. DHSR noted that John Umstead Hospital has 90 days (approximately to March 1, 2008) to address the areas of non-compliance that may be cited in the statement of deficiencies, which has not been received at this time.