Printed: 12/20/2018 FORM APPROVED OMB NO. 0938-0391

.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C			LE CONSTRUCTION	(X3) DATE SUR COMPLETE		
		054083		B. WING		1	₹ 1/2018	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STA	TE, ZIP CODE			
	COMMUNITY MENTAL	HEALTH CENTER		JTH AVALO				
KLDKLK	OOMMONT! MENTAL	TIESETT GERTER		SELES, CA				
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLET	1001
PREFIX TAG		T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		DATE	
IAG	ON ESC ID	ENTER PROPERTY		ING	DEFICIENCY)	MAL		- 1
B 000	INITIAL COMMENTS			B 000			1	
B 000	INITIAL COMMENTS			D 000			2019 FEB	In G
							-	575
	An unannounced follo	w-up survey was cond	ucted			20	577	
	•	surveyors from 11/27/1				121		-
	11/29/18. The census	on the first day of surv	'ey			0	00	70
	was 28. The sample of	of active patients was e	ight			LLI		and to
		tients were added to the	ne			107	10	20
	sample to review the	availability and				TVO	120	3-1:
	•	edical staff from 11:00 p	o.m.				₫	7 15
	to 7:00 a.m.							
B 103	SPEC MEDICAL REC	ORD REQS FOR PSY	′CH	B 103	Per CMS, CFR 482.61, SPEC MEDICAL RECOR	The state of the s	01/31/201	19
	HOSPITALS			PSYCH HOSPITALS: - Chief of Social Services, Corrective Action Plan - Chief of Social Services trained its Inpatient social service				
	CFR(s): 482.61				staff regarding the biopsychosocial assessment for	and the second second second second		
					educated staff on identifying critical psychiatric co	Carlotte Committee Committ		
	The medical records i	maintained by a psychi	atric		include a history of findings, and treatment provide	ed for the		
		determination of the de	100000000000000000000000000000000000000		psychiatric condition for which the client was hosp			
	and intensity of the tr		3		Social Services educated staff on including the pri admitting diagnoses (e) s and reasons for admiss			
		rnished services in the			documented as reported by the patient. The Chief	The state of the s		
	institution.				Services educated staff was educated on ensuring	1833 Novellie and St. 1855 Sept. 1855		
					interviews with patients, family members, and other			
					social history as well as community resource cont was educated on ensuring that patients, who are l			
	This Condition is not	met as evidenced by:			have discharge summaries that recapitulate the p			- 1
	This Condition is not r	met as evidenced by:			hospitalization and recommendations for appropri			- 1
					concerning follow-up or aftercare, including the pa	tient's condition		
	Based on record revie	ew and interview, it was	3		at discharge are included in the assessments.			- 1
	determined that the fa	cility failed to:			The Chief of Social Services educated staff on the not practicing outside of their clinical discipline as			
					California Board of Behavioral Sciences for their re			
	I. Ensure that for four	(4) of eight (8) active			discipline(s). All social service staff was directed a			
	sample patients (A12,	A14, A15 and A17) th	e		include any prescribing medication information, or			
	Psychosocial Assessr	ments included the			evaluation, or any other medication support service			
	anticipated role of the	social service staff in			assessments as it falls outside of their scope of so practice. In order to ensure adherence to the Code			
	treatment and dischar	ge planning; and, in or	ne		Regulations 482.61, the inpatient social services of			
	instance (A12), allowed	ed the social work			comply with Kedren Community Health's Quality A			
1	assessment to include	e a role for prescribing			Additionally, the inpatient social services division I			
		outside the scope of s			peer discussions in the form of Case Presentation	25.0		
		A12). Also, for three (engagement in twice weekly Utilization Manageme meetings, and ongoing individual and/or group clir	Same Share and the same of the		
	• , ,	e patients (B1, B2 and	,		to implement any necessary corrective actions to			
		sure that the Psychoso	cial		biopsychosocial assessment best practices within	the inpatient		
	Assessments included a psychosocial				social services division.			
1	formulation/conclusion	from the data gathere	ed.					
	These failures resulted	d in critical psychosoci	al					
DARORATORY	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIV	E'S SIGNATURE		TITLE		(X6) 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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		1 '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		054083		8. WING		l	₹ 0/2018	
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	ESS, CITY, STA	TE, ZIP CODE	L		
KEDREN	COMMUNITY MENTAL	- HEALTH CENTER		UTH AVALO				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETION DATE	
B 103	information necessary planning decisions be members of the multin Refer to B108 II. Ensure the provision and direction of psychof two (2) subsequent and F2) who were added active treatment. Expresented behaviors interventions, including mechanical restraints, evaluated in a timely addition, this practice beyond their scope of patient F2 when nursic critical decisions about required a timely eval did not respond in a tiresulted in a safety ris for these patients. Residents	y for informed treatment ing unavailable to the or disciplinary treatment to on of adequate monitor in a tric treatment for two try discharged patients ded to the sample for reven though these patients ded to the sample for reven though these patients ded to the sample for reven though these patients were not manner by a psychiatriful practice in the case of ing staff was forced to total a patient in crisis who unation by a psychiatristimely manner. This failesk and a delay of treatment of the case of the	other eam. ing o (2) (F1 eview ents st. In ng f make o t who	B 103	Per CMS, CFR 482.62, SPEC STAFF REO FOR HOSPITALS: Kedren Community Mental Health Chave adequate numbers of professional and supple evaluate patients, formulate written, individualized treatment plans, provide active treatment measure in discharge planning. Per CMS, CFR 482.61, Co Participation: Special Medical Records for Psychic Chief Medical Officer, Corrective Action Plan - earnst receive a psychiatric evaluation within 60 hours of admission. Kedren Community Menta implemented a full psychiatric clinical coverage schours per day, 7 days per week) to ensure the pradequate monitoring and direction of psychiatric treduce reliance of telephone orders For patients behaviors requiring both chemical and mechanical interventions, the clinical coverage ensures timely evaluations as reflected in Kedren's Policy No. 58 "Seclusion and Restraint Use". The adequate covereduce the risk of registered nurses working beyon for practice. The assurance of providing provider or reduce untimely evaluations by psychiatric practiti in potential safety risks and delays in treatment. (See Attachments - A, Social Services Training SI (Attachment - B, Utilization Management Committing Sign-In Sheets); (Attachment C, Inpatient Provide Coverage Schedule); (Attachment D, Sectusion and Use Policy No. 5857453).	center must ortive staff to comprehensive se, and engage addition of atric Hospitals – ch patient I Health Center thedule (24 ovision of reatment to presenting I restraint psychiatric 57453 erage will and their scope overage will oners resulting gn-in Sheet); ee Meeting r Clinical and Restraint		
B 108	DEVELOPMENT OF ASSESSMENT/DIAG CFR(s): 482.61(a)(4)	NOSTIC DATA		B 108	Per CMS, CFR(s) 482.61(a)(4) DEVE OF ASSESSMENT/DIAGNOSIC DAT Chief of Social Services, Corrective A	A: - action Plan -	1/31/2019	
	interviews with patient others, must provide a plans and family attitutes ource contacts as a This Standard is not it	well as a social history met as evidenced by:	e .		The social service records, includes reinterviews with patients, family membothers, and must provide an assessment plans, and family attitudes, and common resource contacts as well as social his apart of the social service staff training emphasis was placed on the important	ers, and ent of home nunity story. As g, critical		
	determined that for for sample patients (A12, Psychosocial Assessa anticipated role of the treatment and dischar	ew and staff interview it ur (4) of eight (8) active , A14, A15 and A17) th ments failed to include social service staff in ge planning and, in on ed a role for prescribin	e le the		eliminating gaps in the psychosocial of gathering process to ensure that all n information was obtained to inform tre planning decisions with members of t interdisciplinary treatment team. In act to completing comprehensive assess	data- ecessary eatment he Idition		

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

OFILIFIE	TON MEDIOANE & I	ILDIONID OLIVIOLO					
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPI A BUILDING	LE CONSTRUCTION	(X3) DATE SUR COMPLETE	
						i	₹
		054083		B. WING		11/29	/2018
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STA	TE, ZIP CODE		
KEDREN	COMMUNITY MENTAL	L HEALTH CENTER	4211 SOI	JTH AVALO	ON BLVD		
			LOSANG	SELES, CA	90011		1
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		ΙD	PROVIDER'S PLAN OF CORRECTION	ON .	(25)
PREFIX	(EACH DEFICIENCY MUS	T BE PRECEDED BY FULL RE	GULATORY	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETION DATE
TAG	OR LSC IDI	ENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	RIATE	5
					DEI IOIEIOT)		
B 108	08 Continued From page 2			B 108	was trained on the importance of spec	ifvina	
	medications, which is outside the scope of social		ocial		presenting problem information, speci		
	work practice (Patient A12). Also, for three (3) of		(3) of		interventions, patient response to clini		
	eight (8) active sample patients (B1, B2 and B3)		B3)		· ·		
-	the Psychosocial Assessments failed to establish		blish		interventions, and patient progress wi		
	a psychosocial formulation/conclusion from the		the		treatment plan goals and objectives a		
	data gathered. These failures resulted in critical				social service efforts provided during		
	psychosocial information necessary for informed				stay. Staff was instructed to include the		
		ecisions being unavaila	ble to		aforementioned information as part of		
	the other members of	f the multidisciplinary			therapy and groups. Staff was informed	ed that "milie	μ"
	treatment team.				therapeutic interventions must be clea	ırly delineate	d
	The final and in alredo.				in the clinical documentation. Addition	ally, staff	
	The findings include:				was trained to describe the specific co	mmunity	
	A. Record Review:				resource they will be linked to and how	w that	
	A. Recold Review.				resource will reduce psychiatric readn	nission.	
	Role of social service	ill-defined:	1		Staff was instructed on the importance		
	Noic or sooner service	in demica.	1		psychosocial assessment information		
	1. Patient A12: The P	sychosocial Assessme	nt		to formulate treatment conclusions, of		
		the social service role			summaries, and clinical findings to aid	•	
	"1:1 therapy, groups ((substance use), milieu	1		team decision-making to achieve option		
	therapy and psychotre	opic medications. Tent	atively		outcomes. Staff will continue to refere	-	
	return to home with M	IHS (mental health					
	services), substance	use and community			adhere to the medical necessity documents of the second se		
	referrals." No informa	ition was present about	what		guidelines as expected by federal, sta		
	focus "1: 1 therapy," o				county regulations and statutes as pa		
	• •	this particular patient.	I .		agency's continuous quality improven	nent	
		tropic medications is n	ot		processes.		
	within the scope of so	ocial work practice.			(See Attachment A, Social Services T	raining Sign-	ln
	O Detient Add: The D	lovahananini Annanama			sheets)		
		'sychosocial Assessme I the social service role					ļ
į		os, milieu therapy. (He					
		charge [sic] to a substa	· .				1
1							
	use/sober living facility with MHS, substance use and community referrals." No information was						
ŀ	•	ocus "1: 1 therapy," or	-				
İ	•	erapy" would be for thi	s				1
	particular patient.	е,	-				
	•		ļ				
	3. Patient A15: The P	sychosocial Assessme	nt				

Printed: 12/20/2018 FORM APPROVED OMB NO. 0938-0391

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CENTERS	FUR MEDICARE & I	MEDICAID SERVICES				OMID NO	7. USSO-USS I
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		1	E CONSTRUCTION	(X3) DATE SUR' COMPLETE	
		054083		B. WING			₹ /2018
NAME OF DO	OVIDER OR SUPPLIER		STREET ADDRE	SS CITY STA	TE ZIP CODE		
KEDKEN	COMMUNITY MENTAL	L HEALIH CENTER		UTH AVALO			
			LOS ANG	GELES, CA	90011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)	DBE	(X5) COMPLETION DATE
5.400	0-4	- 0		D 400	D. DAGO CALO CERVA AGO CALAVAN DEVELOPIA	FNT 05	
B 108	Continued From page			B 108	See B108 CMS, CFR(s) 482.61(a)(4) DEVELOPM ASSESSMENT/DIAGNOSIC DATA	ENIOF	
	dated 11/16/18 stated	the social service role	as:		ASSESSMENT/DIAGNOSIC DATA		
	"Discharge PT(patien	t) to extended family's	home				
	pending confirmation	and providing linkages	to			ſ	
	•	alth services and substa	I .				
	•	ers [sic]." No informatio	I .				
		ce efforts during in-pat	1				
	was provided.	oc chorts during in-par					
	was provided.						
	A Dationt A17: The D	sychosocial Assessme	nt I				
		the social service role					
		milieu therapy. Discha	ge to				
	family, pending confir	· ·					
		ommunity referrals." No					
	•	ent about what focus "1					1
	• • • • • • • • • • • • • • • • • • • •	or "milieu therapy" wo	uld be				i
	for this particular pation	ent.					
	Lack of psychosocial	formulation/conclusion					
	1. Patient B1: The Ps	ychosocial Assessmen	t l				
	dated 11/21/18 did no	•					
	psychosocial formula	tion/conclusion based o	on the				
	data obtained.						
		ychosocial Assessmen	t				
	dated 11/21/18 did no						
	psychosocial formula:	tion/conclusion based o	on the				
	data obtained.		Į.				
	3. Patient B3: The Ps	ychosocial Assessmen	t				
1	dated 11/21/18 did no	ot conclude with a					ļ
	psychosocial formulat	tion/conclusion based o	on the				
]	data obtained.						
	B. Staff Interview:				See B108 (A) CMS, CFR(s) 482.61(a)(4) DEVELO ASSESSMENT/DIAGNOSIC DATA	OPMENT OF	
	Director of Social Ser several of the patients	n 11/28/18 at 10:00 a.n vices concurred that fo s there was not a n for the data that had	r				

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SUR COMPLETE	:D
		054083		B. WING			₹ 1 /201 8
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	ESS, CITY, STA	TE. ZIP CODE	•	
	COMMUNITY MENTAL	HEALTH CENTER		UTH AVALO			
KEDIKEN		. IILALIII OLIVILIK		GELES, CA			
							
(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 (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFICIENCY)	(X5) COMPLETION DATE	
B 108	Continued From page	e 4		B 108			
	obtained. "I see there is no summary of the						
		stated. The Director a	Iso	-			
	<u>.</u>) of the social work sta	1				
	recorded "are very ali	•					
	•			5.400			İ
B 125				B 125	Per CMS, CFR(s) 482.61(c) (2) TREATMENT PL		
	CFR(s): 482.61(c)(2)		ļ		Medical Director of Inpatient Psychiatry, Correcti Action Plan - Each patient must have individual of		
					treatment plan that must be based on an inventor		
		ed by the patient must t			strengths and disabilities. The written plan must in	•	
		a way to assure that all			substantiated diagnosis, short-term and long-rang	ge goals, the	
	active therapeutic effor	ons are included.			specific treatment modalities utilized, and the resp		
					each member of the treatment team, and adequate to justify the diagnosis and the treatment and rehi		•
	This Clauderd is not				activities carried out. The treatment received by the		
	This Standard is not	•			be documented in such a way to assure that all a		
		nd document review, the le timely evaluation and	1		efforts are included. Kedren Community Mental H		
	•	c treatment by a psych			must have adequate numbers of professional and		
	• •	subsequently discharge	1		to evaluate patients, formulate written, individualia comprehensive treatment plans, provide active tre		s.
		nd Patient F2) who we	1		and engage in discharge planning. Per CMS, CFI		-
	added to the sample t	•	.		Condition of Participation: Special Medical Recon	ds for Psychiatric	
	•	gh these patients prese	ented		Hospitals, - Medical Director of Inpatient Psychia		
	behaviors requiring re				Action Plan - each patient must receive a psychi		
	including both chemic	•	-		within 60 hours of admission. Kedren Community Center implemented full psychiatric clinical covers		
	•	s were not evaluated in	ıa İ		per day, 7 days per week) schedule to ensure the		
	· •	sychiatrist. In addition,			adequate monitoring and direction of psychiatric t	reatment to	
i	• • • •	Ns working beyond the			reduce reliance of telephone orders. For patients		
	•	ne case of patient F2 w	i i		behaviors requiring both chemical and mechanical interventions, the clinical coverage ensures timely		
	• •	ed to make critical dec	I .		evaluations as reflected in Kedren's Policy No. 58		
	about a patient in cris	is who required a time!	y l		"Seclusion and Restraint Use". The adequate cov		
	evaluation by a psych	niatrist who did not resp	ond		will reduce the risk of registered nurses working b	eyond their	
	in a timely manner. Ti	his failure resulted in a			scope of practice. The assurance of providing pro		
	safety risk and a dela-	y of treatment for these	•		will reduce untimely evaluations by psychiatric pro- resulting in potential safety risks and delays in tre		
	patients.				Per 482.61 Condition of Participation: Special me		
					requirements for psychiatric hospitals, - Medical C		
	Findings Include:				Psychiatry, Corrective Action Plan5(b), All inpa		
					records must include a standard psychiatric eval		
	A. Patient F1:				patient must receive a psychiatric evaluation that		
					completed within 60 hours of admission, include a history, contain a record of mental status, note the		
1	1. Document Review:				and the circumstances leading to admission, des		8
					behavior, estimate intellectual functioning, memo-	ry functioning,	
	During review of the u	se of seclusion/restrai	nts		and orientation, and include an inventory of the pa	atient's assets in	

descriptive, not interpretive, fashion.

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBE		A BUILDING	LE CONSTRUCTION	(X3) DATE SUR\ COMPLETE		
		054083		B WING_		F		
				11125/2018				
	OVIDER OR SUPPLIER		STREET ADDRE		·			
KEDREN	COMMUNITY MENTAL	L HEALTH CENTER		UTH AVALO				
			LOS ANG	GELES, CA	90011			
(X4) ID		TATEMENT OF DEFICIENCIES		Ō	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETION	
PREFIX TAG		IT BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	DATE		
140	511 255 151			*****	DEFICIENCY)			
B 125	Continued From pag	e 5		B 125	The Chief of Inpatient Psychiatry is responsible to	r providing the		
D 120			s of	0 120	leadership of the interdisciplinary treatment team	I	۱ ا	
	from 11/13/18 through 11/26/18 for the hours of 11:00 p.m. until 7:00 a.m., when medical staff were not immediately available in the facility, a review of the record of Patient F1 revealed the		I		of essential psychiatric services. The Chief of Inpa			
			I .		meets the training and experience requirement as			
					American Board of Psychiatry and Neurology, and for monitoring and evaluating the quality and appl	. 1		
	following:				services ad treatment provided by the medical sta			
	•		-		to provide the necessary medical and diagnostic t		,	
	a. The physician orde	ers documented a telep	hone		on the inpatient unit. The Chief of Inpatient Psych in the medical staffing to identify, discuss, and ac			
	order on 11/23/18 at 3	3:55 a.m. for a chemica	21		treatment, and documentation deficiencies. Additi			
	restraint of Haldol 5 n	ng, Ativan 1 mg and	ľ		of Inpatient Psychiatry is a member of the standing			
	Benadryl 50 mg IM (ii	ntramuscular) for agital	ion		Assurance Performance Improvement (QAPI) tea			
	and physical aggress	ion.			participates and contributes to the agency's quality process. Per 482.24 Condition of Participation: N			
			.		services, - Director of Inpatient Psychiatry, Correct			
	• •	ers documented a telep			- the hospital must have a medical record service			
		4:15 a.m. for 4-point so	ort		administrative responsibility for medical records.			
	restraints "for yelling, aggression"	cursing, physical			must be maintained for every individual evaluated hospital. Kedren Community Mental Health Center			
	aggression				documentation protocols as specified by the Department			
	c "Behavioral Sectus	ion/Restraint Physician	,		Health and Chart Documentation guidelines for m			
		nted on 11/23/18 at 4:2			as established by the State of California, state all			
		had been given the ord			record entries must be legible, complete, dated, to authenticated in written or electronic form by the			
	chemical restraint and	d was placed in leather			for providing or evaluating the service provided, or		•	
	restraints (4 points) a	t 4:20 a.m.			hospital policies and procedures. Kedren Commu		า	
					Center ensures that all patient chart documentation			
		Restraint Observation F			reviewed by the supervising psychiatrist, The Chi Psychiatry, Utilization Management Committee, a			
		3/18 at 5:00 a.m. disclo			Assurance Improvement Program review team.			
	•	emoved from restraints	,		Inpatient Psychiatry, as part of the psychiatric sur	1		
	placed in hard cuffs b	en off the ward by the	nolico		responsibility ensures that all chart documentation dated by the rendering provider.	n is signed and		
	•	n documented that "sec	•		(See Attachments C, Inpatient Provider Clinical C	overage		
		rd) had been cut on the			Schedule); (Attachment D, Seclusion and Restrai			
	by the patient (Patien	•			5857453) (Attachment E: Pro-Act Security Guard			
	=, panam (. anam	······································	Į		Sheet);(Attachment F: Kedren Root Cause Analys	sis internal Policy	<i>}</i>	
	e. The discharge sum	nmary for Patient F1						
İ) stated, "broke a toilet	and			j		
	used a broken shard	from the toilet to assau	ilt one			-		
		sdischarged to police	•					
j	custody on 11/23/18,	due to that criminal	1			İ		
	behavior."							
	f. A review of the reco	ord failed to document	that			ļ		
					I			

	S FOR MEDICARE & N					OMB NO	0.0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SUR COMPLETE	
1		054083		B. WING		11/29	9/2018
NAME OF PR	OVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
	COMMUNITY MENTAL	L HEALTH CENTER	4211 S	OUTH AVAL	ON BLVD		
			LOSAI	NGELES, CA	90011		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL RE ENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION DATE
B 125	the period of time that behavior requiring exprior to being intervier restraints in the patient enforcement personning by the physician was telephone orders for the discharge order that signature was not documentation. 2. Interview: During an interview of Director of Nursing (Director of Nursing (Dir	tated by a psychiatrist of the patient was presenternal control measure: wed and removed from the care unit by local law sel. The only documents a countersignature of the chemical restraint a corder (not dated or time physician countersignature) of the chemical restraint a corder (not dated or time physician countersignature) of the chemical restraint a corder (not dated or time physician countersignature) of the chemical restraint and the about the context of the counters	nting sor or or or or or or or or or or or or o	B 125	In conjunction with the Los Angeles Police Departr Support vice Division: Mental Evaluation Unit partr Community Mental Health Center's security staff hin both Crisis Prevention Institute (CPI) and is bein in both Crisis Prevention Institute (CPI) and is bein professional Assault Crisis Training (Pro-Act) to re tendency to contact law enforcement that lacks the positive mental health engagement. During periods of high acuity levels, escalating and behaviors that pose patient and/or staff safety risk/require potential law enforcement intervention, Kor Mental Health Center has established a partnershit Los Angeles Police Department's Detective Suppi Division: Mental Evaluation Unit. This collaboration result of the special mental health training and posengagement that this specialized unit has received reduced combative conflicts, and de-escalated heir resulting in reduce risks of patient harm.	nership, Kedren as been trained in duce the e training in d threatening (s), which may dren Community p with the ont and Vice is forged as a itive patient I resulting in	
		hat the patient was not	•				

Printed: 12/20/2018 FORM APPROVED OMB NO. 0938-0391

CENTERS	FOR MEDICARE & N	MEDICAID SERVICES				OMB NO	. 0930-0391
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBER			E CONSTRUCTION	(X3) DATE SURY COMPLETE	D Q
		054083		B. WING		ŀ	₹ /2018
NAME OF DO	OVIDER OR SUPPLIER		STREET ADDRI	ESS CITY STAT	TE ZIP CODE		
					•		
KEDREN	COMMUNITY MENTAL	L HEALIH CENTER		UTH AVALO GELES, CA			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES IT BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIV (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETION DATE
B 125	Continued From page 7			B 125	All incidents are given immediate review at the tir	ne of and/or	11/27/2018
	B. Patient F2:				notification by staff or submission of the patient "lif form by the Patient Safety Manager and /or Risk Based on our internal protocol, after initial review,	ncident Report" Manager.	
	1. Document Review:				Safety Manager conducts a more thorough and do of the reports via a Root Cause Analysis (RCA). F	Per our local	
	a. During review of patient incident reports for the month of November 2018, an "Incident Report		I		policy and procedures, a thorough RCA can take to complete, although we attempt to review in a st when possible, never exceeding the 45-day review	norter time frame	
	Form" documented that the physician on call was called several times from 10:30 p.m. on 11/1/18		1		RCA has commenced. At the time of the CMS sur an active RCA being conducted. Thus, an initial re	vey, there was	
	until 12:56 a.m. on 11	1/2/18 to report Patient	F2's		incident had been conducted and investigated by		y
	aggressive behaviors	on the patient unit and	i to		Manager in accordance with our local policy and a		
	request necessary or	ders for treatment. The			administrative decision was rendered to proceed		
	• •	irn the staff calls about			which will be analyzed by the Quality Managemer (see Attachment F: Kedren Root Cause Analysis	A CONTRACTOR OF THE CONTRACTOR	
		. on 11/2/18. At that tim			in order to facilitate a comprehensive, thorough de	etermination in	
		e a verbal order for 4-p			order to reduce future patient risks and safety occ	currences.	
		s, which nursing staff ha					
i	behavior.	rder because of the pat	ents				'
	b. A Registered Nurse	e (RN) progress note documented that Patie	nt F2		See B125 CMS, CFR(s) 482.61(c) (2) TREATM	ENT PLAN	
	•	estraints due to (his/he					
	•	hysically aggressive wi	: I				
	staff 4 point restrai						
	observation, and Q (e	every) 15 minute vital s	igns				
	checks at 2238." This	RN noted attempts to					
	reach the psychiatrist	t on call several times,	as				
	well as reach membe	ers of administration. Th	ne				
	•	ient was removed from	1				
	•	The psychiatrist) called	1				
	at Kedren Hospital at the order for 4 point r	: 0138 (11/2/18) and property in the control of the	ovided				
	the order for a point i		1				
		ical record revealed no					
		nis patient was seen by					
		period of time, nor was					
		an regarding the incide	1				
		as documented in Sect	ion a,				
	above.						

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBE		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURY COMPLETE	D	
		054083		B. WING			? ∕2018	
	OVIDER OR SUPPLIER COMMUNITY MENTAL	HEALTH CENTER	4211 SOU	DRESS, CITY, STATE, ZIP CODE SOUTH AVALON BLVD INGELES, CA 90011				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDERICY)	DBE	(X5) COMPLETION DATE	
B 125	d. Review of the doct administrative comminevealed that as of 11 administrative decision needed, had been maduality Management least 45 days for the second comministrative with the period of the second comministration was to administration wh	rmentation by an ttee regarding this incide	on if nief of t he had ted to all on	B 125	All incidents are given immediate review at the tim notification by staff or submission of the patient "Ir form by the Patient Safety Manager and for Risk I Based on our internal protocol, after initial review, Safety Manager conducts a more thorough and de of the reports via a Root Cause Analysis (RCA). Policy and procedures, a thorough RCA can take to complete, although we attempt to review in a shwhen possible, never exceeding the 45-day review RCA has commenced. At the time of the CMS sur an active RCA being conducted. Thus, an initial reincident had been conducted and investigated by Manager in accordance with our local policy and a administrative decision was rendered to proceed which will be analyzed by the Quality Managemen (see Kedren Root Cause Analysis policy) in order comprehensive, thorough determination in order to patient risks and safety occurrences.	ncident Report* Manager. the Patient tetailed review for our local up to 45 days norter time frame to period once an vey, there was eview of this our Patient Safet in interim with an RCA, at Department to facilitate a	11/27/2018	
B 136	HOSPITALS CFR(s): 482.62 The hospital must har qualified professional evaluate patients, for comprehensive treatment measures a planning. This Condition is not Based on record reviet facility failed to: I. Provide adequate in two (2) of two (2) non F2) that resulted in the from treatment by out	ve adequate numbers of and supportive staff to mulate written, individument plans, provide act and engage in dischargemet as evidenced by: met as evidenced by: ew and staff interview, nedical staff coverage of the medical staff interview, et unscheduled removalside entities without he ber of the medical staff	the for nd sting	B 136	Per CMS, CFR 482.62, SPEC STAF PSYCHIATRIC HOSPITALS: - CHII DIRECTOR, CORRECTIVE ACTION Kedren must have adequate number professional and supportive staff to expatients, formulate written, individual comprehensive treatment plans, provide active treatment measures, in discharge planning. Per CMS, CF Condition of Participation: Special M Records for Psychiatric Hospitals, - Inpatient Psychiatry each patient mupsychiatric evaluation within 60 hour admission. Kedren Community Ment Health Center implemented full psychoverage schedule (24 hours per data per week) to ensure the provision of monitoring and direction of psychiatric reduce reliance of telephone order patients presenting behaviors require	EF MEDICAL N PLAN rs of evaluate lized and engage R 482.61, ledical Director of ast receive a rs of tal chiatric clinical y, 7 days f adequate ric treatment ers For		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPE A BUILDING	LE CONSTRUCTION	(X3) DATE SURVE COMPLETED		
		054083	054083			R 11/29/2		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STA	TE, ZIP CODE			
KEDREN	COMMUNITY MENTAL	HEALTH CENTER		SOUTH AVALON BLVD				
			LOS ANG	SELES, CA	90011		(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	ACTION SHOULD BE TO THE APPROPRIATE		
B 136	Continued From page 9			B 136	chemical and mechanical restraint int	erventions,		
					the clinical coverage ensures timely p	sychiatric		
	Ensure that covering medical staff could be reached by nursing staff to evaluate and support the steps taken by them to ensure both the safety				evaluations as reflected in Kedren's F	Policy No.		
					5857453 "Seclusion and Restraint Us	1		
of staff and patients. (Refer to B142 and B144 for					adequate coverage will reduce the ris	. 1		
	details) III. Ensure that Psychosocial Assessments, whose quality had been cited in the previous survey dated 8/02/18, had been improved to include a psychosocial formulation/conclusion and the specific role(s) of the social service staff in both treatment and discharge planning. (Refer				registered nurses working beyond the			
					of practice. The assurance of providir coverage will reduce untimely evaluate			
					psychiatric practitioners resulting in p	-		
					safety risks and delays in treatment.			
					(See Attachments C, Inpatient Provid	er Clinical		
					Coverage Schedule); (Attachment D,	Seclusion		
	to B152)	discharge planning. (H	keter		and Restraint Use Policy No. 585745	3).		
B 142	MEDICAL STAFF CFR(s): 482.62(b)			B 142	142. Per CMS, CFR 482.62(b), MED	ICAL STAFF:	12/03/2018	
				Per 482.61 Condition of Participation	n: Special			
	The number and qual medicine and osteopa	to		medical record requirements for psyc				
	provide essential psy			hospitals, - Chief Medical Director, C	orrective			
	This Observed is not			Action Plan 2(c), Availability of medic				
	This Standard is not Based on record review	met as evidenced by. ew and staff interview i	t was		Doctors of medicine or osteopathy a	nd other		
	determined that the fa	acility failed to ensure			appropriate professional personnel n	nust be		
	•	e 24 hours daily. This t ssessment of a patient			available to provide necessary medic	al diagnostic		
	dangerous to others (F1) prior to discharge	I .		and treatment services. Standard Nu	ırsing		
	outside entity (police unavailability of medic				Services: The hospital must have a c	qualified		
		rovide guidance and su	upport		director of psychiatric nursing service	es. In addition		
	in the care of patient	F2.			to the director of nursing, there must	be adequate		
	The findings include:				numbers of registered nurses, licens	ed practical		
	A. Record Review:				nurses, and mental health workers to	·		
	1. Patient F1 not seen	n prior to discharge:			nursing care necessary under each pactive treatment program and to mai			
	A review of the medic	al record failed to docu	ıment		active treatment program and to mai progress notes on each patient.	1162111		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBER		(X2) MULTIPI A BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		054083		B. WING		R 11/29/2018		
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	SS, CITY, STA	TE, ZIP CODE			
	COMMUNITY MENTAL	HEALTH CENTER	4211 SOL	OUTH AVALON BLVD				
				ELES, CA				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST	ATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL RE ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFILIENCY)	OBE COMPLETION		
5.440	Cartinuad Farmana	- 40		D 4 40				
B 142	2 Continued From page 10 that this patient was evaluated by a psychiatrist			B 142	The director of psychiatric nursing ser	vices must		
	•		1		be a registered nurse who has a mast	er's degree		
	• •	me that the patient was equiring external contro	1		in psychiatric or mental health nursing	, or its		
	measures or prior to being interviewed and removed from restraints in the patient care unit by local law enforcement personnel, who proceeded to arrest the patient and remove the patient from the unit. The only documentation by the physician was a countersignature of the telephone orders for the chemical restraint and mechanical		-1		equivalent from a school of nursing ac	credited by		
			ınit by		the National League for Nursing, or is	qualified by		
					education and experience in the care	of the		
			from		mentally ill. The director must demons	trate		
			sician		competence to participate in interdisci	•		
			ers		formulation of individual treatment pla			
					skilled nursing care and therapy, and			
	•	ited or timed) given ear	nierin		monitor, and evaluate the nursing care			
	the night. In addition,	aimough there was a lature of the discharge	order		The staffing pattern must insure the a			
		.), hours after the patie			a registered professional nurse 24 hor	·		
	•	nature was not dated v			There must be adequate numbers of r	- I		
	time of documentation				nurses, licensed practical nurses, and	-		
					health workers to provide the nursing	ľ		
	2. Patient F2 not havi	ng available physician	in-put		necessary under each patient's active	į		
	• •	nursing interventions in	na		program. Kedren Community Mental I			
	timely manner:				is in compliance with CMS' Condition	_ }		
	- D				Special staff requirements for psychia	1		
	•	itient incident reports f 2018, an "Incident Repo			'	· · · · · · · · · · · · · · · · · · ·		
		at the physician on cal	3		- Director of Inpatient Psychiatry, Con	I		
		rom 10:30 p.m. on 11/1			Action Plan Kedren has personnel the			
İ		/2/18 to report Patient	1		Chief of Inpatient Psychiatry that mee			
ł		on the patient unit and			training and experience requirements	I		
	request necessary or	ders for treatment. The			examination by the American Board o	· · · · · ·		
	• •	rn the staff calls about	1		and neurology as well as a Director of	· ·		
	•	on 11/2/18. At that tir			Nursing with the adequate numbers of	I		
		a verbal order for 4-p			nurses, licensed vocational nurses, ar			
		, after the patient had t	peen		health workers to provide nursing care	e necessary		
	restrained due to his/i	ner penavior.			under each patient's active treatment	· ·		
1	b. A Registered Nurse	(RN) progress note			Kedren also has psychological service	es to meet		
	•	e (RN) progress note locumented that Patier	nt F2		the needs of the patients and there is	a director of		
		estraints due to (his/he			social services who monitors an evalu	I		
İ		hysically aggressive wi	,		quality and appropriateness of social	services		
	staff 4 point restrain				furnished. These services are furnish	ed in		
	observation, and Q (e	very) 15 minute vital si	igns		accordance with accepted standards	of practice		
					and established policies and procedur	es.		

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MULTIPL A BUILDING	LE CONSTRUCTION	(X3) DATE SURY COMPLETE	D		
		054083				? /2018			
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDRE	RESS, CITY, STATE, ZIP CODE					
KEDREN	COMMUNITY MENTAL	HEALTH CENTER		SOUTH AVALON BLVD					
	,		LOS ANG	ELES, CA	90011				
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUS	TATEMENT OF DEFICIENCIES T BE PRECEDED BY FULL REI ENTIFYING INFORMATION)	GULATORY	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	(XS) COMPLETION DATE			
B 142	Continued From page	e 11		B 142					
		RN noted attempts to							
	• •	on call several times a	1						
	well as members of administration. The note stated, "The patient was removed from restraints		1						
	at 0011 (The psych								
	•	138 (11/2/18) and provid	ded						
	the order for 4 point restraints"								
	c Review of the medi	ical record revealed no							
	c. Review of the medical record revealed no documentation that this patient was seen by a					i			
	physician during this period of time, nor was there								
		an regarding the incider	1						
	above.	as documented in Sect	ion a,						
	above.				See B142 CMS, CFR 482.62(b), MED	DICAL STAF	<u> </u>		
	B. Staff Interview:				Gee B142 Gmo, G. 11 102.02(0),				
	President of Kedren C discussed the above Patient F2 with the ph 11/1/18 and 1/2/18. T administration was local	1/28/18 at 3:30 p.m., the C.M.H.C. stated that he documented issue relanged in the CEO reported that oking at options for enstaff in the hospital at a	had ted to all on suring						
B 144	MEDICAL STAFF CFR(s): 482.62(b)(2)			B 144	Per CMS 482.62 Condition of Partici Special Staff Requirements for Psycl	hiatric	12/03/2018		
	The director must mo	nitor and evaluate the			Hospitals. – Director Inpatient Psych Corrective Action Plan - The director	•			
		teness of services and			monitor and evaluate the quality and				
	treatment provided by	the medical staff.			appropriateness of services and treat provided by the medical staff. Kedrer	atment			
	This Standard is not	met as evidenced by:			Community Mental Health Center in				
		ew and staff interview,			full psychiatric clinical coverage sche	edule (24			
	determined that the c	linical director failed to-	-	;	hours per day, 7 days per week) to e				
	1. Ensure the availab	ility of medical staff			provision of adequate monitoring and	d direction of			
	personnel throughout	a 24 hour period daily.	.		psychiatric treatment				
	(Refer to B 142 for de	etails).							

		(X1) PROVIDER/SUPPLIER/CLIA		1			(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		A. BUILDING		COMPLETED R		
054083		B. WING	. WING		11/29/2018			
NAME OF PR	OVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STA	TE, ZIP CODE			
KEDREN	COMMUNITY MENTAL	. HEALTH CENTER	4211 SC	OUTH AVAL	ON BLVD			
			LOSAN	IGELES, CA	90011			
(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 (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRICIENCY)	DBE	(X5) COMPLETION DATE	
B 144	Continued From page 12			B 144				
	when the course of tro outside agencies, as	urse of treatment was sible medical staff person eatment was Interrupte in the case of patient F defer to B 142 for detail	d by 1 the					
B 152	SOCIAL SERVICES CFR(s): 482.62(f) There must be a director of social services who monitors and evaluates the quality and appropriateness of social services furnished.		B 152	Condition of Participation: Special State	Chief of	01/31/2019		
				Social Services, Corrective Action Plai must be a director of social services w monitors and evaluates the quality and appropriateness of social services furnished. The services must be furnished.	rho d			
	determined that the D failed to assure social adequately document active sample patient the Psychosocial Ass the anticipated role of treatment and dischal case stated a role for which is outside the s (Patient A12). Also, f active sample patient Psychosocial Assessi psychosocial formular data gathered. These and professional patien necessary for informe decisions not being a members of the multi-	ew and staff interview in birector of Social Service I work assessments we led. For four (4) of eight is (A12, A14, A15 and it is essments failed to include the social service staffing prescribing medication cope of social work prescribing medication three (3) of eight (8) is (B1, B2 and B3) the ments failed to establistion/conclusion from the failures resulted in critical treatment planning and treatment planning	ces ere ht (8) A17) ude f in he actice th a e tical hation		accordance with accepted standards of and established policies and procedur Chief of Social Services trained its Inpservice staff regarding the biopsychos assessment form; educated staff on idcritical psychiatric components to include findings, treatment provided for the condition for which the client was hospeducated staff on including the provisi admitting diagnoses (e) s and reasons that is clearly documented as reporter patient.; educated staff in ensuring that interviews with patients, family member others include: social history as well a resource contacts; educated staff on each the patient, whom is being discharged discharge summary that recapitulates hospitalization and recommendations services concerning follow-up or aftered the patient's condition at discharge; educated service staff on the importance.	es. The atient social ocial lentifying ide a history psychiatric oitalized; onal or of for admission by the at reports of ers, and s community ensuring that d, has a the patient's for appropria care, includir ducated	on te	
	A. Record Review:				practicing outside of their clinical disci	pline as		
	Role of social service ill-defined:			governed by the California Board of B	ehavioral			

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CENTERS FOR MEDICARE & MEDICARD SERVICES OMBINO. 0938-03:								
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		1	(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
		054083		B WING	B WING		R 11/29/2018	
			CTDCTT ACCO	ESS, CITY, STA	TE ZID CODE	<u> </u>		
	OVIDER OR SUPPLIER							
KEDREN COMMUNITY MENTAL HEALTH CENTER 4211 SOUTH AVALON BLVD LOS ANGELES, CA 90011								
(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 (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION		
B 152	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 1. Patient A12: The Psychosocial Assessment dated 11/20/18 stated the social service role as: "1:1 therapy, groups (substance use), milieu therapy and psychotropic medications. Tentatively return to home with MHS (mental health services), substance use and community referrals." No information was present about what focus "1: 1 therapy," or "groups," or "milieu therapy" would be for this particular patient. The prescribing of psychotropic medications is not within the scope of social work practice. 2. Patient A14: The Psychosocial Assessment dated 11/19/18 stated the social service role as:"1:1 therapy, groups, milieu therapy. (He/she) will tentatively be discharge [sic] to a substance use and community referrals." No information was present about what focus "1: 1 therapy," or "groups," or "milieu therapy" would be for this particular patient. 3. Patient A15: The Psychosocial Assessment dated 11/16/18 stated the social service role as: "Discharge PT(patient) to extended family's home pending confirmation and providing linkages to outpatient mental health services and substance abuse treatment centers." No information about the social service efforts during in-patient was provided. 4. Patient A17: The Psychosocial Assessment dated 11/21/18 stated the social service role as: "1:1 therapy, groups, milleu therapy. Discharge to family, pending confirmation with MHS, substance use and community referrals." No information was present about what focus "1: 1 therapy," or "groups," or "milieu therapy" would be			B 152	Sciences. All social service staff was to include any prescribing medication or medication evaluation, or any othe support services in their assessment outside of their scope of social service. In order to ensure adherence to the CFederal Regulations 482.61, the inpaservices division will comply with Kec Community Health's Quality Assurant Additionally, the inpatient social servich has implemented peer discussions in Case Presentation and through engativize weekly Utilization Management meeting, and ongoing individual and/clinical supervision to implement any corrective actions to ensure biopsych assessment best practices within the social services division. (See Attachments A, Social Services Sign-In sheets); (Attachment B, Utiliz Management Committee Meeting Signangement Committee Meeting Sig	n information er medication its as it falls e practice. Code of itient social fren ce plan. ices division in the form of gement in Committee or group necessary nosocial inpatient is Training ation		
:	to family, pending cor substance use and co information was prese	nfirmation with MHS, emmunity referrals." Nent about what focus " or "milieu therapy" wo	o 1: 1					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
	054083			B. WING		R 11/29/2018		
	OVIDER OR SUPPLIER			DRESS, CITY, STATE, ZIP CODE				
KEDREN COMMUNITY MENTAL HEALTH CENTER 4211 SOUTH AVALON BLVD LOS ANGELES, CA 80011								
(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 (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	SHOULD BE COMPLETION		
B 152	Continued From pag	e 14		B 152			:	
	Lack of psychosocial formulation/conclusion							
	1. Patient B1: The Psychosocial Assessment dated 11/21/18 did not conclude with a psychosocial formulation/conclusion based on the data obtained. 2. Patient B2: The Psychosocial Assessment dated 11/21/18 did not conclude with a psychosocial formulation/conclusion based on the data obtained. 3. Patient B3: The Psychosocial Assessment dated 11/21/18 did not conclude with a psychosocial formulation/conclusion based on the data obtained. B. Staff Interview: During an interview on 11/28/18 at 10:00 a.m. the Director of Social Services concurred that for several of the patients there was not a formulation/conclusion for the data that had been obtained. "I see there is no summary of the findings," the Director stated. The Director also agreed that the role(s) of the social work staff recorded "are very alike."							
					See B152 Condition of Participation: SERVICES CFR(S): 482.62(f)	SOCIAL		