

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 054083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/29/2018
NAME OF PROVIDER OR SUPPLIER KEDREN COMMUNITY MENTAL HEALTH CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
B 000	INITIAL COMMENTS An unannounced follow-up survey was conducted by federal consultant surveyors from 11/27/18 to 11/29/18. The census on the first day of survey was 28. The sample of active patients was eight (8). Two additional patients were added to the sample to review the availability and responsiveness of medical staff from 11:00 p.m. to 7:00 a.m.	B 000		
B 103	SPEC MEDICAL RECORD REQS FOR PSYCH HOSPITALS CFR(s): 482.61 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. This Condition is not met as evidenced by: This Condition is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to: I. Ensure that for four (4) of eight (8) active sample patients (A12, A14, A15 and A17) the Psychosocial Assessments included the anticipated role of the social service staff in treatment and discharge planning; and, in one instance (A12), allowed the social work assessment to include a role for prescribing medications, which is outside the scope of social work practice (Patient A12). Also, for three (3) of eight (8) active sample patients (B1, B2 and B3) the facility failed to ensure that the Psychosocial Assessments included a psychosocial formulation/conclusion from the data gathered. These failures resulted in critical psychosocial	B 103	Per CMS, CFR 482.61, SPEC MEDICAL RECORD REQS FOR PSYCH HOSPITALS: - Chief of Social Services, Corrective Action Plan - Chief of Social Services trained its Inpatient social service staff regarding the biopsychosocial assessment form and educated staff on identifying critical psychiatric components to include a history of findings, and treatment provided for the psychiatric condition for which the client was hospitalized. Chief of Social Services educated staff on including the provisional or admitting diagnoses (e) s and reasons for admission that is clearly documented as reported by the patient. The Chief of Social Services educated staff was educated on ensuring that reports of interviews with patients, family members, and others include: social history as well as community resource contacts; and staff was educated on ensuring that patients, who are being discharged, have discharge summaries that recapitulate the patient's hospitalization and recommendations for appropriate services concerning follow-up or aftercare, including the patient's condition at discharge are included in the assessments. The Chief of Social Services educated staff on the importance of not practicing outside of their clinical discipline as governed by the California Board of Behavioral Sciences for their respective discipline(s). All social service staff was directed and trained not to include any prescribing medication information, or medication evaluation, or any other medication support services in their assessments as it falls outside of their scope of social service practice. In order to ensure adherence to the Code of Federal Regulations 482.61, the inpatient social services division will comply with Kedren Community Health's Quality Assurance plan. Additionally, the inpatient social services division has implemented peer discussions in the form of Case Presentations and through engagement in twice weekly Utilization Management Committee meetings, and ongoing individual and/or group clinical supervision to implement any necessary corrective actions to ensure biopsychosocial assessment best practices within the inpatient social services division.	2019 FEB -8 AM 10:20 RECEIVED HEALTH CARE INSPECTION ADMINISTRATION 01/21/2019

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Stephan Stiller, Chief of Quality Mgmt TITLE: Chief of Quality Mgmt (X6) DATE: 2/7/2019

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.

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B 103	Continued From page 1 information necessary for informed treatment planning decisions being unavailable to the other members of the multidisciplinary treatment team. Refer to B108 II. Ensure the provision of adequate monitoring and direction of psychiatric treatment for two (2) of two (2) subsequently discharged patients (F1 and F2) who were added to the sample for review of active treatment. Even though these patients presented behaviors requiring repeated interventions, including both chemical and mechanical restraints, the patients were not evaluated in a timely manner by a psychiatrist. In addition, this practice resulted in RNs working beyond their scope of practice in the case of patient F2 when nursing staff was forced to make critical decisions about a patient in crisis who required a timely evaluation by a psychiatrist who did not respond in a timely manner. This failure resulted in a safety risk and a delay of treatment for these patients. Refer to B125	B 103	Per CMS, CFR 482.62, SPEC STAFF REQ FOR PSYCHIATRIC HOSPITALS: Kedren Community Mental Health Center must have adequate numbers of professional and supportive staff to evaluate patients, formulate written, individualized comprehensive treatment plans, provide active treatment measures, and engage in discharge planning. Per CMS, CFR 482.61, Condition of Participation: Special Medical Records for Psychiatric Hospitals – Chief Medical Officer, Corrective Action Plan - each patient must receive a psychiatric evaluation within 60 hours of admission. Kedren Community Mental Health Center implemented a full psychiatric clinical coverage schedule (24 hours per day, 7 days per week) to ensure the provision of adequate monitoring and direction of psychiatric treatment to reduce reliance of telephone orders.. For patients presenting behaviors requiring both chemical and mechanical restraint interventions, the clinical coverage ensures timely psychiatric evaluations as reflected in Kedren's Policy No. 5857453 "Seclusion and Restraint Use". The adequate coverage will reduce the risk of registered nurses working beyond their scope of practice. The assurance of providing provider coverage will reduce untimely evaluations by psychiatric practitioners resulting in potential safety risks and delays in treatment. (See Attachments - A, Social Services Training Sign-In Sheet); (Attachment - B, Utilization Management Committee Meeting Sign-In Sheets); (Attachment C, Inpatient Provider Clinical Coverage Schedule); (Attachment D, Seclusion and Restraint Use Policy No. 5857453).	01/09/2019	
B 108	DEVELOPMENT OF ASSESSMENT/DIAGNOSTIC DATA CFR(s): 482.61(a)(4) The social service records, including reports of interviews with patients, family members, and others, must provide an assessment of home plans and family attitudes, and community resource contacts as well as a social history. This Standard is not met as evidenced by: Based on record review and staff interview it was determined that for four (4) of eight (8) active sample patients (A12, A14, A15 and A17) the Psychosocial Assessments failed to include the anticipated role of the social service staff in treatment and discharge planning and, in one instance (A12), included a role for prescribing	B 108	Per CMS, CFR(s) 482.61(a)(4) DEVELOPMENT OF ASSESSMENT/DIAGNOSTIC DATA: - Chief of Social Services, Corrective Action Plan - The social service records, includes reports of interviews with patients, family members, and others, and must provide an assessment of home plans, and family attitudes, and community resource contacts as well as social history. As apart of the social service staff training, critical emphasis was placed on the importance on eliminating gaps in the psychosocial data-gathering process to ensure that all necessary information was obtained to inform treatment planning decisions with members of the interdisciplinary treatment team. In addition to completing comprehensive assessments, staff	1/31/2019	

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B 108	<p>Continued From page 2</p> <p>medications, which is outside the scope of social work practice (Patient A12). Also, for three (3) of eight (8) active sample patients (B1, B2 and B3) the Psychosocial Assessments failed to establish a psychosocial formulation/conclusion from the data gathered. These failures resulted in critical psychosocial information necessary for informed treatment planning decisions being unavailable to the other members of the multidisciplinary treatment team.</p> <p>The findings include:</p> <p>A. Record Review:</p> <p>Role of social service ill-defined:</p> <p>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.</p> <p>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/sober living facility with MHS, 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.</p> <p>3. Patient A15: The Psychosocial Assessment</p>	B 108	<p>was trained on the importance of specifying presenting problem information, specific interventions, patient response to clinical interventions, and patient progress with their treatment plan goals and objectives as well as social service efforts provided during the inpatient stay. Staff was instructed to include the aforementioned information as part of their 1:1 therapy and groups. Staff was informed that "milieu" therapeutic interventions must be clearly delineated in the clinical documentation. Additionally, staff was trained to describe the specific community resource they will be linked to and how that resource will reduce psychiatric readmission. Staff was instructed on the importance of how psychosocial assessment information is utilized to formulate treatment conclusions, objective summaries, and clinical findings to aid treatment team decision-making to achieve optimal patient outcomes. Staff will continue to reference and adhere to the medical necessity documentation guidelines as expected by federal, state, and county regulations and statutes as part of this agency's continuous quality improvement processes.</p> <p>(See Attachment A, Social Services Training Sign-In sheets)</p>	

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B 108	Continued From page 4 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."	B 108		
B 125	TREATMENT PLAN CFR(s): 482.61(c)(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: Based on interview and document review, the facility failed to provide timely evaluation and direction of psychiatric treatment by a psychiatrist for two (2) of two (2) subsequently discharged patients (Patient F1 and Patient F2) who were added to the sample for review of active treatment. Even though these patients presented behaviors requiring repeated interventions, including both chemical and mechanical restraints, the patients were not evaluated in a timely manner by a psychiatrist. In addition, this practice resulted in RNs working beyond their scope of practice in the case of patient F2 when nursing staff was forced to make critical decisions about a patient in crisis who required a timely evaluation by a psychiatrist who did not respond in a timely manner. This failure resulted in a safety risk and a delay of treatment for these patients. Findings Include: A. Patient F1: 1. Document Review: During review of the use of seclusion/restraints	B 125	Per CMS, CFR(s) 482.61(c) (2) TREATMENT PLAN: - Medical Director of Inpatient Psychiatry, Corrective Action Plan - Each patient must have individual comprehensive treatment plan that must be based on an inventory of the patient's strengths and disabilities. The written plan must include a substantiated diagnosis, short-term and long-range goals, the specific treatment modalities utilized, and the responsibilities of each member of the treatment team, and adequate documentation to justify the diagnosis and the treatment and rehabilitation activities carried out. The treatment received by the patient must be documented in such a way to assure that all active therapeutic efforts are included. Kedren Community Mental Health Center must have adequate numbers of professional and supportive staff to evaluate patients, formulate written, individualized comprehensive treatment plans, provide active treatment measures, and engage in discharge planning. Per CMS, CFR 482.61, Condition of Participation: Special Medical Records for Psychiatric Hospitals, - Medical Director of Inpatient Psychiatry, Corrective Action Plan - each patient must receive a psychiatric evaluation within 60 hours of admission. Kedren Community Mental Health Center implemented full psychiatric clinical coverage (24 hours per day, 7 days per week) schedule to ensure the provision of adequate monitoring and direction of psychiatric treatment to reduce reliance of telephone orders. For patients presenting behaviors requiring both chemical and mechanical restraint interventions, the clinical coverage ensures timely psychiatric evaluations as reflected in Kedren's Policy No. 5857453 "Seclusion and Restraint Use". The adequate coverage will reduce the risk of registered nurses working beyond their scope of practice. The assurance of providing provider coverage will reduce untimely evaluations by psychiatric practitioners resulting in potential safety risks and delays in treatment. Per 482.61 Condition of Participation: Special medical record requirements for psychiatric hospitals, - Medical Director Inpatient Psychiatry, Corrective Action Plan - -5(b), All inpatient medical records must include a standard psychiatric evaluation, each patient must receive a psychiatric evaluation that must be completed within 60 hours of admission, include a medical history, contain a record of mental status, note the onset of illness and the circumstances leading to admission, describe attitudes and behavior, estimate intellectual functioning, memory functioning, and orientation, and include an inventory of the patient's assets in descriptive, not interpretive, fashion.	

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B 125	<p>Continued From page 5</p> <p>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 following:</p> <p>a. The physician orders documented a telephone order on 11/23/18 at 3:55 a.m. for a chemical restraint of Haldol 5 mg, Ativan 1 mg and Benadryl 50 mg IM (intramuscular) for agitation and physical aggression.</p> <p>b. The physician orders documented a telephone order on 11/23/18 at 4:15 a.m. for 4-point soft restraints "for yelling, cursing, physical aggression ..."</p> <p>c. "Behavioral Seclusion/Restraint Physician Order Form" documented on 11/23/18 at 4:20 a.m. that the patient had been given the ordered chemical restraint and was placed in leather restraints (4 points) at 4:20 a.m.</p> <p>d. A "Seclusion and Restraint Observation Form" documented on 11/23/18 at 5:00 a.m. disclosed that the patient was removed from restraints, placed in hard cuffs by the police (city law enforcement) and taken off the ward by the police at 4:45 a.m. This form documented that "security (hospital security guard) had been cut on the wrist by the patient (Patient F1)."</p> <p>e. The discharge summary for Patient F1 (dictated on 11/27/18) stated, "broke a toilet and used a broken shard from the toilet to assault one of our security guards ...discharged to police custody on 11/23/18, due to that criminal behavior."</p> <p>f. A review of the record failed to document that</p>	B 125	<p>The Chief of Inpatient Psychiatry is responsible for providing the leadership of the interdisciplinary treatment team and the provision of essential psychiatric services. The Chief of Inpatient Psychiatry meets the training and experience requirement as expected by the American Board of Psychiatry and Neurology, and is responsible for monitoring and evaluating the quality and appropriateness of services and treatment provided by the medical staff. He is available to provide the necessary medical and diagnostic treatment services on the inpatient unit. The Chief of Inpatient Psychiatry participates in the medical staffing to identify, discuss, and address clinical, treatment, and documentation deficiencies. Additionally, The Chief of Inpatient Psychiatry is a member of the standing Quality Assurance Performance Improvement (QAPI) team, as well as participates and contributes to the agency's quality assurance process. Per 482.24 Condition of Participation: Medical record services, - Director of Inpatient Psychiatry, Corrective Action Plan - 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. Kedren Community Mental Health Center's documentation protocols as specified by the Department of Mental Health and Chart Documentation guidelines for medical necessity as established by the State of California, state 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. Kedren Community Mental Health Center ensures that all patient chart documentation is properly reviewed by the supervising psychiatrist, The Chief of Inpatient Psychiatry, Utilization Management Committee, and the Quality Assurance Improvement Program review team. The Chief of Inpatient Psychiatry, as part of the psychiatric supervisory responsibility ensures that all chart documentation is signed and dated by the rendering provider.</p> <p>(See Attachments C, Inpatient Provider Clinical Coverage Schedule); (Attachment D, Seclusion and Restraint Use Policy No. 5857453) (Attachment E: Pro-Act Security Guard Training Sign-In Sheet);(Attachment F: Kedren Root Cause Analysis Internal Policy).</p>		

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B 125	<p>Continued From page 6</p> <p>this patient was evaluated by a psychiatrist during the period of time that the patient was presenting behavior requiring external control measures or prior to being interviewed and removed from restraints in the patient care unit by local law enforcement personnel. The only documentation by the physician was a countersignature of the telephone orders for the chemical restraint and mechanical restraint order (not dated or timed). In addition, there was a physician countersignature of the discharge order (11/23/18 at 9:15 a.m.). This signature was not dated with time of documentation.</p> <p>2. Interview:</p> <p>During an interview on 11/28/18 at 11:30 a.m., the Director of Nursing (DON) reviewed the above documentation with the surveyor. The DON stated that the local police were called in by the hospital security guard supervisor who does not report to clinical staff, rather than by the nurse on duty. The DON verified that the nursing staff allowed the city law enforcement agents to come onto the patient unit to interview Patient F1 while in restraints. Patient F1 was then removed from the patient unit in handcuffs by the local police based on charges made against the patient by the hospital security guard who was cut by Patient F1. The DON verified that the psychiatrist on call was contacted regarding the patient's aggressive behaviors and the RN was given verbal orders for the chemical and mechanical restraints. The DON stated that the physician on call was called regarding the discharge of the patient since the patient was being removed from the facility by the local police. The DON verified that the patient was not seen and evaluated by a physician during this time period and that the patient was not seen by the physician prior to discharge.</p>	B 125	<p>In conjunction with the Los Angeles Police Department Detective Support vice Division: Mental Evaluation Unit partnership, Kedren Community Mental Health Center's security staff has been trained in both Crisis Prevention Institute (CPI) and is being trained in Professional Assault Crisis Training (Pro-Act) to reduce the tendency to contact law enforcement that lacks the training in positive mental health engagement.</p> <p>During periods of high acuity levels, escalating and threatening behaviors that pose patient and/or staff safety risk(s), which may require potential law enforcement intervention, Kedren Community Mental Health Center has established a partnership with the Los Angeles Police Department's Detective Support and Vice Division: Mental Evaluation Unit. This collaboration is forged as a result of the special mental health training and positive patient engagement that this specialized unit has received resulting in reduced combative conflicts, and de-escalated heightened situations resulting in reduce risks of patient harm.</p>	12/03/2018

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B 125	Continued From page 7 B. Patient F2: 1. Document Review: a. During review of patient incident reports for the month of November 2018, an "Incident Report Form" documented that the physician on call was called several times from 10:30 p.m. on 11/1/18 until 12:56 a.m. on 11/2/18 to report Patient F2's aggressive behaviors on the patient unit and to request necessary orders for treatment. The physician did not return the staff calls about the patient until 1:38 a.m. on 11/2/18. At that time the physician on call gave a verbal order for 4-point mechanical restraints, which nursing staff had applied prior to the order because of the patient's behavior. b. A Registered Nurse (RN) progress note (11/2/18 at 1:28 a.m. documented that Patient F2 "required the use of restraints due to (his/her) behavior ...became physically aggressive with staff ... 4 point restraints were applied, 1:1 observation, and Q (every) 15 minute vital signs checks at 2238." This RN noted attempts to reach the psychiatrist on call several times, as well as reach members of administration. The note stated, "The patient was removed from restraints at 0011 ... (The psychiatrist) called back at Kedren Hospital at 0138 (11/2/18) and provided the order for 4 point restraints ..." c. Review of the medical record revealed no documentation that this patient was seen by a physician during this period of time, nor was there a note by the physician regarding the incident related to Patient F2 as documented in Section a, above.	B 125	All incidents are given immediate review at the time of and/or notification by staff or submission of the patient "Incident Report" form by the Patient Safety Manager and/or Risk Manager. Based on our internal protocol, after initial review, the Patient Safety Manager conducts a more thorough and detailed review of the reports via a Root Cause Analysis (RCA). Per our local policy and procedures, a thorough RCA can take up to 45 days to complete, although we attempt to review in a shorter time frame when possible, never exceeding the 45-day review period once an RCA has commenced. At the time of the CMS survey, there was an active RCA being conducted. Thus, an initial review of this incident had been conducted and investigated by our Patient Safety Manager in accordance with our local policy and an interim administrative decision was rendered to proceed with an RCA, which will be analyzed by the Quality Management Department (see Attachment F: Kedren Root Cause Analysis Internal Policy) in order to facilitate a comprehensive, thorough determination in order to reduce future patient risks and safety occurrences. See B125 CMS, CFR(s) 482.61(c) (2) TREATMENT PLAN	11/27/2018	

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B 125	Continued From page 8 d. Review of the documentation by an administrative committee regarding this incident revealed that as of 11/28/at 2:00 p.m. no administrative decisions, with corrective action if needed, had been made. At that time the Chief of Quality Management reported that it takes at least 45 days for the review to be completed. 2. Interview: During interview on 11/28/18 at 3:30 p.m., the President of Kedren C.M.H.C. stated that he had discussed the above documented issue related to Patient F2 with the physician who was on call on 11/1/18 and 1/2/18. The CEO reported that administration was looking at options for ensuring presence of medical staff in the hospital at all times.	B 125	All incidents are given immediate review at the time of and/or notification by staff or submission of the patient "Incident Report" form by the Patient Safety Manager and for Risk Manager. Based on our internal protocol, after initial review, the Patient Safety Manager conducts a more thorough and detailed review of the reports via a Root Cause Analysis (RCA). Per our local policy and procedures, a thorough RCA can take up to 45 days to complete, although we attempt to review in a shorter time frame when possible, never exceeding the 45-day review period once an RCA has commenced. At the time of the CMS survey, there was an active RCA being conducted. Thus, an initial review of this incident had been conducted and investigated by our Patient Safety Manager in accordance with our local policy and an interim administrative decision was rendered to proceed with an RCA, which will be analyzed by the Quality Management Department (see Kedren Root Cause Analysis policy) in order to facilitate a comprehensive, thorough determination in order to reduce future patient risks and safety occurrences.	11/27/2018
B 136	SPECIAL STAFF REQS FOR PSYCH HOSPITALS CFR(s): 482.62 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. This Condition is not met as evidenced by: Based on record review and staff interview, the facility failed to: I. Provide adequate medical staff coverage for two (2) of two (2) non-sample patients (F1 and F2) that resulted in the unscheduled removal from treatment by outside entities without having been seen by a member of the medical staff prior to discharge. (Refer to B142 for details)	B 136	Per CMS, CFR 482.62, SPEC STAFF REQ FOR PSYCHIATRIC HOSPITALS: - CHIEF MEDICAL DIRECTOR, CORRECTIVE ACTION PLAN Kedren must have adequate numbers of professional and supportive staff to evaluate patients, formulate written, individualized comprehensive treatment plans, provide active treatment measures, and engage in discharge planning. Per CMS, CFR 482.61, Condition of Participation: Special Medical Records for Psychiatric Hospitals, - Director of Inpatient Psychiatry each patient must receive a psychiatric evaluation within 60 hours of admission. Kedren Community Mental Health Center implemented full psychiatric clinical coverage schedule (24 hours per day, 7 days per week) to ensure the provision of adequate monitoring and direction of psychiatric treatment to reduce reliance of telephone orders.. For patients presenting behaviors requiring both	12/03/2018

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NAME OF PROVIDER OR SUPPLIER KEDREN COMMUNITY MENTAL HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4211 SOUTH AVALON BLVD LOS ANGELES, CA 90011		
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B 136	Continued From page 9 II. 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 of staff and patients. (Refer to B142 and B144 for 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 to B152)	B 136	chemical and mechanical restraint interventions, the clinical coverage ensures timely psychiatric evaluations as reflected in Kedren's Policy No. 5857453 "Seclusion and Restraint Use". The adequate coverage will reduce the risk of registered nurses working beyond their scope of practice. The assurance of providing provider coverage will reduce untimely evaluations by psychiatric practitioners resulting in potential safety risks and delays in treatment. (See Attachments C, Inpatient Provider Clinical Coverage Schedule); (Attachment D, Seclusion and Restraint Use Policy No. 5857453).		
B 142	MEDICAL STAFF CFR(s): 482.62(b) The number and qualifications of doctors of medicine and osteopathy must be adequate to provide essential psychiatric services. This Standard is not met as evidenced by: Based on record review and staff interview it was determined that the facility failed to ensure medical staff coverage 24 hours daily. This failure resulted in a lack of assessment of a patient's dangerous to others (F1) prior to discharge to an outside entity (police department) and the unavailability of medical staff to respond to nursing requests to provide guidance and support in the care of patient F2. The findings include: A. Record Review: 1. Patient F1 not seen prior to discharge: A review of the medical record failed to document	B 142	142. Per CMS, CFR 482.62(b), MEDICAL STAFF: Per 482.61 Condition of Participation: Special medical record requirements for psychiatric hospitals, - Chief Medical Director, Corrective Action Plan 2(c), Availability of medical personnel. Doctors of medicine or osteopathy and other appropriate professional personnel must be available to provide necessary medical diagnostic and treatment services. Standard Nursing Services: The hospital must have a qualified director of psychiatric nursing services. In addition to the director of nursing, there must be adequate numbers of registered nurses, licensed practical nurses, and mental health workers to provide nursing care necessary under each patient's active treatment program and to maintain progress notes on each patient.	12/03/2018	

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B 142	<p>Continued From page 10</p> <p>that this patient was evaluated by a psychiatrist during the period of time that the patient was presenting behavior requiring external control 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 restraint order (not dated or timed) given earlier in the night. In addition, although there was a physician countersignature of the discharge order (11/23/18 at 9:15 a.m.), hours after the patient was removed, this signature was not dated with time of documentation.</p> <p>2. Patient F2 not having available physician in-put to support and direct nursing interventions in a timely manner:</p> <p>a. During review of patient incident reports for the month of November 2018, an "Incident Report Form" documented that the physician on call was called several times from 10:30 p.m. on 11/1/18 until 12:56 a.m. on 11/2/18 to report Patient F2's aggressive behaviors on the patient unit and to request necessary orders for treatment. The physician did not return the staff calls about the patient until 1:38 a.m. on 11/2/18. At that time the physician on call gave a verbal order for 4-point mechanical restraints, after the patient had been restrained due to his/her behavior.</p> <p>b. A Registered Nurse (RN) progress note 11/2/18 at 1:28 a.m. documented that Patient F2 "required the use of restraints due to (his/her) behavior ...became physically aggressive with staff ... 4 point restraints were applied, 1:1 observation, and Q (every) 15 minute vital signs</p>	B 142	<p>The director of psychiatric nursing services must be a registered nurse who has a master's degree in psychiatric or mental health nursing, or its equivalent from a school of nursing accredited by the National League for Nursing, or is qualified by education and experience in the care of the mentally ill. The director must demonstrate competence to participate in interdisciplinary formulation of individual treatment plans, to give skilled nursing care and therapy, and to direct, monitor, and evaluate the nursing care furnished. The staffing pattern must insure the availability of a registered professional nurse 24 hours each day. There must be adequate numbers of registered nurses, licensed practical nurses, and mental health workers to provide the nursing care necessary under each patient's active treatment program. Kedren Community Mental Health Center is in compliance with CMS' Condition of participation: Special staff requirements for psychiatric hospitals. – Director of Inpatient Psychiatry, Corrective Action Plan Kedren has personnel that include a Chief of Inpatient Psychiatry that meets the training and experience requirements for examination by the American Board of Psychiatry and neurology as well as a Director of psychiatric Nursing with the adequate numbers of registered nurses, licensed vocational nurses, and mental health workers to provide nursing care necessary under each patient's active treatment program. Kedren also has psychological services to meet the needs of the patients and there is a director of social services who monitors and evaluates the quality and appropriateness of social services furnished. These services are furnished in accordance with accepted standards of practice and established policies and procedures.</p>		

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B 142	Continued From page 11 checks at 2238." This RN noted attempts to reach the psychiatrist on call several times as well as members of administration. The note stated, "The patient was removed from restraints at 0011 ... (The psychiatrist) called back at Kedren Hospital at 0138 (11/2/18) and provided the order for 4 point restraints ..." c. Review of the medical record revealed no documentation that this patient was seen by a physician during this period of time, nor was there a note by the physician regarding the incident related to Patient F2 as documented in Section a, above. B. Staff Interview: During interview on 11/28/18 at 3:30 p.m., the President of Kedren C.M.H.C. stated that he had discussed the above documented issue related to Patient F2 with the physician who was on call on 11/1/18 and 1/2/18. The CEO reported that administration was looking at options for ensuring presence of medical staff in the hospital at all times.	B 142	See B142 CMS, CFR 482.62(b), MEDICAL STAFF	
B 144	MEDICAL STAFF CFR(s): 482.62(b)(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: Based on record review and staff interview, it was determined that the clinical director failed to— 1. Ensure the availability of medical staff personnel throughout a 24 hour period daily. (Refer to B 142 for details).	B 144	Per CMS 482.62 Condition of Participation: Special Staff Requirements for Psychiatric Hospitals. – Director Inpatient Psychiatry, Corrective Action Plan - The director must monitor and evaluate the quality and appropriateness of services and treatment provided by the medical staff. Kedren Community Mental Health Center implemented full psychiatric clinical coverage schedule (24 hours per day, 7 days per week) to ensure the provision of adequate monitoring and direction of psychiatric treatment	12/03/2018

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B 144	Continued From page 12	B 144			
B 152	<p>SOCIAL SERVICES CFR(s): 482.62(f)</p> <p>There must be a director of social services who monitors and evaluates the quality and appropriateness of social services furnished.</p> <p>This Standard is not met as evidenced by: Based on record review and staff interview it was determined that the Director of Social Services failed to assure social work assessments were adequately documented. For four (4) of eight (8) active sample patients (A12, A14, A15 and A17) the Psychosocial Assessments failed to include the anticipated role of the social service staff in treatment and discharge planning, and in one case stated a role for prescribing medications which is outside the scope of social work practice (Patient A12). Also, for three (3) of eight (8) active sample patients (B1, B2 and B3) the Psychosocial Assessments failed to establish a psychosocial formulation/conclusion from the data gathered. These failures resulted in critical and professional patient psychosocial information necessary for informed treatment planning decisions not being available to the other members of the multidisciplinary treatment team.</p> <p>The findings include:</p> <p>A. Record Review:</p> <p>Role of social service ill-defined:</p>	B 152	<p>Condition of Participation: Special Staff Requirements for Psychiatric Hospital. – Chief of Social Services, Corrective Action Plan - There must be a director of social services who monitors and evaluates the quality and appropriateness of social services furnished. The services must be furnished in accordance with accepted standards of practice and established policies and procedures. The Chief of Social Services trained its Inpatient social service staff regarding the biopsychosocial assessment form; educated staff on identifying critical psychiatric components to include a history of findings, treatment provided for the psychiatric condition for which the client was hospitalized; educated staff on including the provisional or admitting diagnoses (e) s and reasons for admission that is clearly documented as reported by the patient.; educated staff in ensuring that reports of interviews with patients, family members, and others include: social history as well as community resource contacts; educated staff on ensuring that the patient, whom is being discharged, has a discharge summary that recapitulates the patient's hospitalization and recommendations for appropriate services concerning follow-up or aftercare, including the patient's condition at discharge; educated social service staff on the importance of not practicing outside of their clinical discipline as governed by the California Board of Behavioral</p>	01/31/2019	

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B 152	Continued From page 13 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/sober living facility with MHS, 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, milieu 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 for this particular patient.	B 152	Sciences. All social service staff was directed not to include any prescribing medication information, or medication evaluation, or any other medication support services in their assessments as it falls outside of their scope of social service practice. In order to ensure adherence to the Code of Federal Regulations 482.61, the inpatient social services division will comply with Kedren Community Health's Quality Assurance plan. Additionally, the inpatient social services division has implemented peer discussions in the form of Case Presentation and through engagement in twice weekly Utilization Management Committee meeting, and ongoing individual and/or group clinical supervision to implement any necessary corrective actions to ensure biopsychosocial assessment best practices within the inpatient social services division. (See Attachments A, Social Services Training Sign-In sheets); (Attachment B, Utilization Management Committee Meeting Sign-In sheets)		

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B 152	Continued From page 14 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."	B 152	See B152 Condition of Participation: SOCIAL SERVICES CFR(S): 482.62(f)		