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North Carolina Department of Health and Human Services
Division of Health Service Regulation
Acute and Home Care Licensure and Certification Section
2712 Mail Service Center ▪ Raleigh, North Carolina 27699-2712

Michael F. Easley, Governor
Dempsey Benton, Secretary

http://facility-services.state.nc.us

Azzie Y. Conley, Chief
Phone: 919-855-4620
Fax: 919-715-3073

March 3, 2008

W. Douglas Baker, CEO
Julian F Keith Alcohol & Drug Abuse Tx
201 Tabernacle Road
Black Mountain, NC 28711

Re: Complaint Investigation NC00042661

Dear Mr. Baker,

Thank you and your staff for the assistance and cooperation extended during the complaint investigation at Julian F Keith Alcohol & Drug Abuse Tx in Black Mountain, NC from February 5, 2008 through February 7, 2008. The investigation was conducted in order to determine the facility's compliance with the Medicare Conditions of Participation as well as to determine the validity of the complaint.

As discussed in the exit conference, 1 of 2 allegations were substantiated and the complainant will be notified. Furthermore, as a result of the investigation, standard level deficiencies were identified with respect to 482.13 Patients' Rights and 482.23 Nursing Services.

Enclosed please find CMS Form 2567, "Statement of Deficiencies and Plan of Correction," containing the cited deficiencies. A plan of correction for the deficiencies may be submitted and should include the following:

(a) A description of the corrective action(s) and the systems that have been or will be implemented to correct the deficiency.

(b) A description of the monitoring system that has been or will be implemented including the person(s) responsible for the monitoring to assure compliance; and

(c) The date by which all correction actions will be completed and the monitoring system will be in place (the date should be no later than 60 days from the date of the survey and should be indicated in the right-hand column).

The enclosed form CMS 2567, with the plan of correction added, must contain an **original signature and date,** and be returned **WITHIN 10 DAYS OF RECEIPT**. The plan of correction will be reviewed and if additional information is needed we will contact you. If you have any questions, please feel free to contact me by calling (919) 218-5681.

Sincerely,

Tammy Holleman, RN
Facility Survey Consultant
Acute and Home Care Licensure and Certification Section
Enclosures: CMS 2567 Statement of Deficiencies

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

PRINTED: 02/25/2008
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED
	344023		C 02/07/2008

NAME OF PROVIDER OR SUPPLIER
JULIAN F KEITH ALCOHOL & DRUG ABUSE TX

STREET ADDRESS, CITY, STATE, ZIP CODE
301 TABERNACLE ROAD
BLACK MOUNTAIN, NC 28711

(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
A 122	482.13(a)(2)(ii) PATIENT RIGHTS: GRIEVANCE REVIEW TIME FRAMES At a minimum: The grievance process must specify time frames for review of the grievance and the provision of a response. This STANDARD is not met as evidenced by: Based on facility policy review and staff interview the facility failed to ensure the grievance process specified time frames for review of and responses to grievances. The findings include: Review of current facility policy entitled "Patient Grievance Procedure" dated 6-19-06 revealed, "All formal patient grievances shall be processed in a fair,timely, and impartial manner." Review of policy revealed no documentation of a specific time frame in which grievances would be reviewed. Further review revealed no documentation of a specific time frame in which the facility would respond to grievances. Interview with Staff #1 on 02/05/2008 at 1600 revealed the staff member was the social work supervisor. Interview revealed the facility had a staff of 3 social workers, 2 of which who shared in the responsibilities of addressing patient grievances. Interview revealed after a social worker reviewed the grievance "we try to	A 122		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'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.

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A 122	Continued From page 1 interview the patient right away and type a report (Patient Advocacy Report) in 2-3 days". Interview revealed the social work staff focused primarily on grievances that involved human rights issues. Interview revealed if the grievance involved staff rudeness, the social work staff "tend to give those to the (nursing) supervisor and have them work with the patient and staff to work out the problems due to the shortages in my department". Interview revealed there was no specific time frame in which all grievances would be reviewed. Interview revealed sometimes patients are notified in writing of the outcome of grievances, and sometimes they are not notified. Interview revealed, "We have not been aggressive in following through with written responses (to patients that have filed grievances)". Interview confirmed there was no documentation in the "Patient Grievance Procedure" policy of a specific time frame in which grievances would be reviewed. Interview further confirmed there was no documentation in the policy of a specific time frame in which the facility would respond to grievances.	A 122		
A 123	482.13(a)(2)(iii) PATIENT RIGHTS: NOTICE OF GRIEVANCE DECISION At a minimum: In its resolution of the grievance, the hospital must provide the patient with written notice of its decision that contains the name of the hospital contact person, the steps taken on behalf of the patient to investigate the grievance, the results of the grievance process, and the date of completion.	A 123		

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A 123	Continued From page 2	A 123		
	This STANDARD is not met as evidenced by: Based on facility policy review, Patient Grievance Report review, Patient Advocate Report review, closed medical record review and staff and patient interviews the facility failed to respond in writing to 6 of 7 sampled patients that had filed grievances (#6,#7,#1,#4,#8 and #2) . The findings include: Review of current facility policy entitled "Patient Grievance Procedure" dated 6-19-06 revealed, "All formal patient grievances shall be processed in a fair,timely, and impartial manner....A written grievance should be submitted by patient to patient advocate. Documentation shall include, at a minimum, a description of the grievance, all parties involved, and dates and actions taken..." 1. Review of a Patient Grievance Report completed by Patient #6 on 08/15/2007 revealed the patient was given a handout in a class at the facility on 08/14/2007 entitled "Stepping Out of Denial". Review of the report revealed the patient read the handout on 08/15/2007 and was disturbed and upset by its content, specifically the part that listed homosexuality as a sin. Review of the report revealed, "Since I am a homosexual, I found this statement to be extremely alarming. I feel as if that statement was very degrading to me as a person. I felt as if			

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A 123	Continued From page 3 I was being judged as a person and that my life was nothing more than a sin to the people that were trying to help me." Review of a Patient Advocate Report completed by Staff #1 (a social worker) dated 08/21/2007 revealed Patient #6 was a 43 year old female that was admitted on 07/25/07 for alcohol and marijuana dependence. Review of the report revealed the patient filed a grievance on 08/15/2007 in which she complained of having been given a handout, entitled "Stepping Out of Denial", in a class at the facility on 08/14/2007 which the patient found to be offensive. Review of the handout revealed, "Denial has a wide-range of effects and manifests itself in various ways in a person's life which often leads to other sins. The following list is some of the ways it manifests itself, some of the affects, etc....Homosexuality". Review of the Patient	A 123		
	Advocate Report revealed, "The patient stated that she felt the issue of homosexuality presented as a sin meant we wished to exclude her from treatment. She felt she should leave." Further review of the report revealed the social worker conducted an investigation, made suggestions to prevent a recurrence of such an incident and closed the file. Review of the Patient Advocate Report revealed no documentation that the patient was given a written notice of the resolution of the grievance. Interview with Staff #1 on 02/06/2008 at 1150 revealed the staff member was the social work supervisor. Interview revealed the facility had a staff of 3 social workers, 2 of which who shared in the responsibilities of addressing patient grievances. Interview revealed after a social worker reviewed the grievance "we try to			

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A 123	Continued From page 4 interview the patient right away and type a report (Patient Advocacy Report) in 2-3 days". Interview revealed sometimes patients are notified in writing of the outcome of grievances, and sometimes they are not notified. Interview revealed if a written response was sent to a patient a copy of the letter would be in the grievance file. Interview confirmed no written response had been sent to Patient #6 following her grievance that was filed on 08/15/2007 (almost 6 months before interview). Interview revealed, "We have not been aggressive in following through with written responses (to patients that have filed grievances)". 2. Review of a Patient Grievance Report completed by Patient #7 on 08/15/2007 revealed the patient was given a handout in a class at the facility on 08/14/2007 which she read on 08/15/2007 and was disturbed and upset by its content, specifically part that listed homosexuality as a sin. Review of the report revealed, "I got very upset....It is not right to judge anyone, no matter what it may be or how they live their life." Review of a Patient Advocate Report completed by Staff #1 (a social worker) dated 08/21/2007 revealed Patient #7 was a 42 year old female that was admitted (no date) for alcohol, opioid and sedative dependence. Review of the report revealed the patient filed a grievance on 08/15/2007 in which she complained of having been given a handout, entitled "Stepping Out of Denial", in a class at the facility on 08/14/2007 which the patient found to be offensive. Review of the handout revealed, "Denial has a wide-range of effects and manifests itself in various ways in a person's life which often leads	A 123		

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A 123	Continued From page 5 to other sins. The following list is some of the ways it manifests itself, some of the affects, etc....Homosexuality". Further review of the report revealed the social worker conducted an investigation, made suggestions to prevent a recurrence of such an incident and closed the file. Review of the Patient Advocate Report revealed no documentation that the patient was given a written notice of the resolution of the grievance. Interview with Staff #1 on 02/06/2008 at 1150 revealed the staff member was the social work supervisor. Interview revealed the facility had a staff of 3 social workers, 2 of which who shared in the responsibilities of addressing patient grievances. Interview revealed after a social worker reviewed the grievance "we try to interview the patient right away and type a report (Patient Advocacy Report) in 2-3 days".	A 123		
	Interview revealed sometimes patients are notified in writing of the outcome of grievances, and sometimes they are not notified. Interview revealed if a written response was sent to a patient a copy of the letter would be in the grievance file. Interview confirmed no written response had been sent to Patient #7 following her grievance that was filed on 08/15/2007 (almost 6 months before interview). Interview revealed, "We have not been aggressive in following through with written responses (to patients that have filed grievances)". 3. Review of a Patient Grievance Report completed by Patient #1 on 12/11/2007 revealed the patient had requested a tube of Orajel for tooth pain on 12/11/2007 at "8:00 (am or pm not specified)" and the staff did not give it to him. Review of the report revealed, "It (the tooth pain)			

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A 123	Continued From page 6 causes agonizing pain all day and all night. Without the Orajel I get no sleep. With no sleep I cannot pay attention in class. The tech (health care technician) working...was very smart elic and rude..." Review of Patient Advocate Reports revealed no documentation of a report for the patient's grievance. Interview with Staff #1 on 02/06/2008 at 1150 revealed the staff member was the social work supervisor. Interview revealed the facility had a staff of 3 social workers, 2 of which who shared in the responsibilities of addressing patient grievances. Interview revealed after a social worker reviewed the grievance "we try to interview the patient right away and type a report (Patient Advocacy Report) in 2-3 days". Interview confirmed there was no documentation	A 123		
	available that the grievance had been investigated or of a Patient Advocate Report having been done for the 12/11/2007 grievance (almost 2 months before interview). Interview revealed sometimes patients are notified in writing of the outcome of grievances, and sometimes they are not notified. Interview revealed if a written response was sent to a patient a copy of the letter would be in the grievance file. Interview confirmed no written response had been sent to Patient #1 following his grievance that was filed on 12/11/2007 (almost 2 months before interview). Interview revealed, "We have not been aggressive in following through with written responses (to patients that have filed grievances)". 4. Review of a Patient Grievance Report completed by Patient #4 on 12/07/2007 revealed			

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A 123	Continued From page 7 the patient had requested pain medication for neck and shoulder pain on 12/07/07 at 1600 and was told by the nurse that she could not have medication at that time. Review of the report revealed, "(Name of nurse) was in the pharmacy at the time and told me I could not have anything, that they would not give any medication out before supper. I was stunned and quite hurt....I did not receive any medicine before supper and was queasy and in distress during (supper)". Review of a Patient Advocacy Report completed by Staff #2 (a social worker) dated 12/10/2007 revealed, "This is to inform you that the attached Grievance Reports (Patient #4's grievance was attached) have been deemed an 'administrative' issue and turned over to appropriate supervisor. The patient is always informed of this...." Review of the Patient Advocacy Report revealed no documentation that the patient was given a written notice of the resolution of the grievance. Review of documentation by the Director of Nursing (DON) dated 12/13/2007 revealed the DON had investigated the patient's allegation by interviewing the patient and staff. Review of the documentation revealed no evidence that the patient was given a written notice of the resolution of the grievance. Interview with Staff #1 on 02/05/2008 at 1600 revealed the staff member was the social work supervisor. Interview revealed the facility had a staff of 3 social workers, 2 of which who shared in the responsibilities of addressing patient grievances. Interview revealed after a social worker reviewed the grievance "we try to interview the patient right away and type a report	A 123		

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A 123	Continued From page 8 (Patient Advocacy Report) in 2-3 days". Interview revealed the social work staff focused primarily on grievances that involved human rights issues. Interview revealed if the grievance involved staff rudeness, the social work staff "tend to give those to the (nursing) supervisor and have them work with the patient and staff to work out the problems due to the shortages in my department". Interview revealed sometimes patients are notified in writing of the outcome of grievances, and sometimes they are not notified. Interview revealed if a written response was sent to a patient a copy of the letter would be in the grievance file. Interview with the Director of Nursing on 02/05/2008 at 1700 confirmed the DON had investigated the patient's allegation by interviewing the patient and staff. Interview revealed the DON had not notified the patient of the grievance resolution. Interview revealed, "I didn't know I needed to (notify the patient of grievance resolution)." Interview confirmed no written response had been sent to Patient #4 following her grievance that was filed on 12/07/2007 (2 months before interview). 5. Review of a Patient Grievance Report completed by Patient #8 on 12/08/2007 revealed the patient complained that the nursing staff on the night shift were rude and disrespectful of patients. Review of the report revealed, "The nurses...are absolutely the rudest people I have ever had as nurses. They do not talk to us with any respect, they yell and curse every chance they get. We (the patients) are already in a vulnerable place and with that kind of negativity is not right....We should be treated with a little respect...."	A 123		

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A 123	Continued From page 9 Review of a Patient Advocacy Report completed by Staff #2 (a social worker) dated 12/10/2007 revealed, "This is to inform you that the attached Grievance Reports (Patient #8's grievance was attached) have been deemed an 'administrative' issue and turned over to appropriate supervisor. The patient is always informed of this...." Review of the Patient Advocacy Report revealed no documentation that the patient was given a written notice of the resolution of the grievance. Review of documentation by the Director of Nursing (DON) dated 12/13/2007 revealed the DON had investigated the patient's allegation by interviewing the patient and staff. Review of the documentation revealed no evidence that the patient was given a written notice of the resolution of the grievance.	A 123		
	Interview with Staff #1 on 02/05/2008 at 1600 revealed the staff member was the social work supervisor. Interview revealed the facility had a staff of 3 social workers, 2 of which who shared in the responsibilities of addressing patient grievances. Interview revealed after a social worker reviewed the grievance "we try to interview the patient right away and type a report (Patient Advocacy Report) in 2-3 days". Interview revealed the social work staff focused primarily on grievances that involved human rights issues. Interview revealed if the grievance involved staff rudeness, the social work staff "tend to give those to the (nursing) supervisor and have them work with the patient and staff to work out the problems due to the shortages in my department". Interview revealed sometimes patients are notified in writing of the outcome of grievances, and sometimes they are not notified.			

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A 123	Continued From page 10 Interview revealed if a written response was sent to a patient a copy of the letter would be in the grievance file. Interview with the Director of Nursing on 02/05/2008 at 1700 confirmed the DON had investigated the patient's allegation by interviewing the patient and staff. Interview revealed the DON had not notified the patient of the grievance resolution. Interview revealed, "I didn't know I needed to (notify the patient of grievance resolution)." Interview confirmed no written response had been sent to Patient #8 following her grievance that was filed on 12/08/2007 (2 months before interview).	A 123		
	6. Review of a Patient Grievance Report completed by patient #2 on 12-21-2007 revealed a staff member treated the patient with disrespect and was rude to him with his peers present. Review of the report revealed a female patient asked patient #2 for a dollar and a staff member yelled at him and told him he should not talk to or give money to female patients. Review of the report revealed "I felt hurt". Review of a Patient Advocate Report dated 12/21/07 written by Staff #1(a social worker) revealed patient #2 was a 39 years male that was admitted (no date) for alcohol and cocaine dependency. It revealed that a grievance was filed on 12/21/07 in which the patient complained of being yelled at by a staff member in front of his peers. Further review of the report revealed that the social worker conducted an investigation			

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A 123	Continued From page 11 and closed the file. Review of the Patient Advocate Report revealed no documentation that the patient was given a written notice of the resolution of the grievance. Interview with Staff #1 on 02/05/2008 at 1600 revealed the staff member was the social work supervisor. Interview revealed the facility had a staff of 3 social workers, 2 of which who shared in the responsibilities of addressing patient grievances. Interview revealed after a social worker reviewed the grievance "we try to interview the patient right away and type a report (Patient Advocacy Report) in 2-3 days". Interview revealed the social work staff focused primarily on grievances that involved human rights issues. Interview revealed if the grievance involved staff rudeness, the social work staff "tend to give those to the (nursing) supervisor and have them work with the patient and staff to work out the problems due to the shortages in my department". Interview revealed sometimes patients are notified in writing of the outcome of grievances, and sometimes they are not notified. Interview revealed if a written response was sent to a patient a copy of the letter would be in the grievance file. Interview confirmed no written response had been sent to patient #2 whose grievance had been filed on 12/21/2007 (7 weeks before interview). Interview revealed, "We have not been aggressive in following through with written responses (to patients that have filed grievances)".	A 123		
A 395	482.23(b)(3) RN SUPERVISION OF NURSING CARE A registered nurse must supervise and evaluate the nursing care for each patient.	A 395		

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	344023		C 02/07/2008

NAME OF PROVIDER OR SUPPLIER
JULIAN F KEITH ALCOHOL & DRUG ABUSE TX

STREET ADDRESS, CITY, STATE, ZIP CODE
301 TABERNACLE ROAD
BLACK MOUNTAIN, NC 28711

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A 395	Continued From page 12	A 395		
	This STANDARD is not met as evidenced by: Based on facility policy review, grievance report review, closed medical record review and staff interview the facility's nursing staff failed to assess pain and treat pain for 2 of 5 sampled patients (#4, #1). The findings include: Review of current facility policy entitled "Pain Management" dated 06/04/2003 revealed, "As part of provision of services (Name of Facility) strives to ensure the patient's right to appropriate assessment and management of pain. This includes: initial assessments and reassessments of pain....Pain is assessed at the time of admission, reassessed at regular intervals, as necessary during treatment....Pain Assessment Flow Record - a record that documents ongoing patient assessment and response to interventions is maintained by nursing personnel....Assessment of Pain Throughout Hospitalization:...6) With each new report of pain..." 1. Review of a Patient Grievance Report completed by Patient #4 on 12/07/2007 revealed the patient had requested pain medication for neck and shoulder pain on 12/07/07 at 1600 and was told by the nurse that she could not have medication at that time. Review of the report revealed, "(Name of nurse) was in the pharmacy at the time and told me I could not have anything, that they would not give any medication out before supper. I was stunned and			

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A 395	Continued From page 13 quite hurt....I did not receive any medicine before supper and was queasy and in distress during (supper)". Medical record review of Patient #4 revealed a 51 year old female admitted on 11/30/2007 for alcohol withdrawal. Review of Nursing Flow Sheet revealed documentation of a pain assessment on 12/06/2007 on third shift (no time). Review of flowsheet revealed the next documentation of a pain assessment was on 12/07/2007 on third shift (no time - 24 hours later). Review of the Medication Administration Record (MAR) dated 12/07/2007 revealed the patient complained of elbow and shoulder pain, which rated 2 of 5 on a 5 point pain severity scale, at 1050 and was given Tylenol (pain reliever) 650 milligrams (mg) by mouth. Review of the MAR revealed documentation of "NFC (No Further Complaints)" at 1150. Review of the MAR revealed the next documentation of the patient's complaints of pain was at 2340 (rated 2 of 5) at which time the patient was given Tylenol 650 mg by mouth. Review of the MAR revealed documentation of "S (asleep)" on 12/08/2007 at 0110. Record review revealed no documentation of an assessment of the patient's complaint of shoulder and neck pain on 12/07/2007 at 1600. Record review revealed no documentation of a pain assessment on 12/07/2007 between 1150 and 2340 (11 hours and 50 minutes). Interview with the Director of Nursing on 02/06/2008 at 1430 revealed the nurse should assess and document that assessment whenever a patient complains of pain. Interview confirmed there was no documentation available that the nurse assessed Patient #4's complaint of shoulder and back pain on 12/07/2008 at 1600.	A 395		

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A 395	Continued From page 14 2. Review of a Patient Grievance Report completed by Patient #1 on 12/11/2007 revealed the patient had requested a tube of Orajel for tooth pain on 12/11/2007 at "8:00 (am or pm not specified)" and the staff did not give it to him. Review of the report revealed, "It (the tooth pain) causes agonizing pain all day and all night. Without the Orajel I get no sleep. With no sleep I cannot pay attention in class..." Medical record review of Patient #1 revealed a 23 year old male that was admitted on 12/03/2007 for marijuana and alcohol dependency. Review of Physician's Orders dated 12/07/2007 at 2300 revealed, "Oragel (topical analgesic)...apply to area of ache p.r.n. (as needed) times duration". Review of the Medication Administration Record; (MAR) revealed the nurse gave the patient a tube of Oragel to use as needed on 12/07/2007 at 2300. Record review revealed no documentation of a pain assessment on 12/11/2007 (the day that the patient complained of a toothache). Record review revealed no documentation that the patient was given another tube of Oragel during his admission. Interview with the Director of Nursing on 02/06/2008 at 1430 revealed the nurse should assess and document that assessment whenever a patient complains of pain. Interview confirmed there was no documentation available that the nurse assessed Patient #1's complaint of a toothache on 12/11/2007. Interview confirmed there was no available documentation that the nurse gave the patient a second tube of Oragel.	A 395		
A 397	482.23(b)(5) PATIENT CARE ASSIGMENTS	A 397		

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A 397	Continued From page 15 A registered nurse must assign the nursing care of each patient to other nursing personnel in accordance with the patient's needs and the specialized qualifications and competence of the nursing staff available. This STANDARD is not met as evidenced by: Based on facility policy review, nursing personnel file review and staff interview the facility failed to ensure licensed nursing staff were competent in pain assessment for 2 of 2 sampled registered nurses (Staff #3 and Staff #4). Review of current facility policy entitled "Pain Management" dated 06/04/2003 revealed, "As part of provision of services (Name of Facility) strives to ensure the patient's right to appropriate assessment and management of pain. This includes:...education of personnel who provide pain assessment and contribute to the pain management....Staff education and assessment and competency is assessed through the provision of:...B. Medical and Nursing staff are assessed for competency and pain assessment and management occurring annually as part of the hospital's Performance Management System (PMS) evaluation process....D. Nursing staff will be expected to complete the pain management module review and exam annually...." 1. Personnel file review of Staff #3 revealed the staff member was a registered nurse. File review revealed no documentation of pain assessment/management training.	A 397		

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A 397	Continued From page 16 Interview with the Director of Nursing (DON) on 02/06/2008 at 1515 revealed the facility's nursing staff did not receive annual education and competency evaluation of pain management. Interview revealed the nursing staff did not complete a pain management module review and exam annually. Interview revealed the DON was in the process of "getting the modules started". Interview with Staff #5 on 02/06/2008 at 1555 during unit tour revealed the staff member was a registered nurse. Interview revealed, "There is no set time frame for education related to pain assessment". Interview with Staff #6 on 02/06/2008 at 1610 during unit tour revealed the staff member was a registered nurse. Interview revealed, "There is no formal training in pain assessment here".	A 397		
	2. Personnel file review of Staff #4 revealed the staff member was a registered nurse. File review revealed no documentation of pain assessment/management training. Interview with the Director of Nursing (DON) on 02/06/2008 at 1515 revealed the facility's nursing staff did not receive annual education and competency evaluation of pain management. Interview revealed the nursing staff did not complete a pain management module review and exam annually. Interview revealed the DON was in the process of "getting the modules started". Interview with Staff #5 on 02/06/2008 at 1555 during unit tour revealed the staff member was a registered nurse. Interview revealed, "There is			

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A 397	Continued From page 17 no set time frame for education related to pain assessment". Interview with Staff #6 on 02/06/2008 at 1610 during unit tour revealed the staff member was a registered nurse. Interview revealed, "There is no formal training in pain assessment here". NC00042661	A 397		