



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

**Department of Behavioral Healthcare, Developmental Disabilities and Hospitals  
Office of the Director  
14 Harrington Road  
Cranston, RI 02920-3080**

**Phone 401-462-3201  
Fax 401-462-3204**

September 21, 2015

Nicole Alexander-Scott, MD  
Director – Rhode Island Department of Health  
3 Capitol Hill – Suite 401  
Providence, RI 02903

Re: Eleanor Slater Hospital  
Response to Compliance Order 9-4-2015

Dear Director Alexander - Scott:

I am writing in response to the August 20, 2015 hospital survey and the resulting issuance of an “Immediate Compliance Order” dated September 4, 2015.

In my capacity as Director of the Department of Behavioral Healthcare, Developmental Disabilities and Hospitals of the State of Rhode Island I am requesting that you find the following provisions being made at the Eleanor Slater Hospital (herein referred to as the Hospital) acceptable to demonstrate substantial compliance and good progress in meeting the terms of the aforementioned order.

First to address Order #3, requiring the Hospital to engage an industry expert by Friday September 18, 2015 “to provide consultation regarding implementation of a safe patient handling program, required staff training, and analysis of staffing levels”.

As you may be aware the Hospital has been working to engage a management consulting team which will include not only an industry expert to address all issues outlined in the Compliance Order but further includes engaging several other key senior level consultants that will provide the coordinated interdisciplinary expertise necessary to guide and direct the hospital. I am asking for your consideration to allow Eleanor Slater Hospital additional time to pursue a contract for this service which has been in the procurement process prior to the August 20, 2015 survey.

I had anticipated the management consulting team would be in place to comply with the September 18<sup>th</sup> deadline as an RFP was issued and the bid process had been completed. The process, however was unexpectedly delayed as the two bid responses were disqualified by the Department of Administration as incomplete. The issues underlying the delay have been resolved and the Hospital has identified Applied Management Services as a vendor and is seeking approval for the contract form the Department of Administration as a sole source.

AMS has incorporated the provisions of your Compliance Order into their work proposal. The additional time is need for work on finalizing the contract and for RIFAN funding approval. BHDDH plans to submit a request for a purchase order no later than September 25, 2015. AMS

has committed to having a team in place at the Hospital within seven days from the date the contract is awarded.

The AMS team will include a Nursing Executive, a nursing Director and a Risk Manager and additional consulting staff from AMS will be brought in to complete the necessary training to implement a safe handling training program. Staffing analysis will be completed by the team within 30 days of their contract commencement. Monthly progress reports will be submitted per the Compliance Order. I am certainly willing and prepared to keep you advised should there be any unexpected future delay and am prepared to discuss with you an interim contingency plan should one be required.

As to Order items #1 & 2 the Hospital's policies and procedures articulate the minimum required staffing of each inpatient unit. The Hospital's policy for minimum staffing levels on its patient units have been reviewed by both DOH licensure staff as well as JCAHO surveyors and has been found to be sufficient. Generally, the Hospital has been in compliance with its own policies for adequate nursing staff on all units and on all shifts. Deficiencies in staffing that have been cited in recent DOH investigations have been relatively rare and isolated incidents on non-compliance on the part of the Hospital with its established policies.

The hospital acknowledges that it has had difficulty filling nursing vacancies in a timely manner and scheduling temporary nursing staff when unplanned vacancies occur. Due to unplanned absences of nursing staff and limitations in the State's hiring policies for filling temporary vacancies, the hospital has relied on mandatory overtime for certain nursing shifts where staffing levels would fall below the hospital's minimum staffing policy.

As part of the AMS consulting contact, AMS will provide a Nurse Executive/COO consultant who will review the staffing and scheduling processes of all Hospital Departments and oversee their daily operation. The Nurse Executive/COO from AMS will be reviewing current hiring practices and policies of the Hospital and she shall make recommendations for revisions to RI HR policies and contracting policies that should be enacted to improve the Hospital's ability to manage its staffing and scheduling of nurses to ensure adequate levels of staffing for all hospital facilities and shift. Any recommended changed in policies or staffing patterns will be submitted to you for your review and approval, in compliance with this order, prior to their enactment.

This is not to say that the Hospital is waiting to address the concerns noted in the survey. The Hospital has done an assessment based on the survey and is submitting herewith a corrective action plan addressing the specific DOH findings which includes the following plan to avoid any circumstance in which the nursing staffing ratio will fall below the minimum staffing per unit that is set in Hospital policy. Those actions include:

- Increasing the staffing pattern for APS units from 1.0 per unit to 1.5 per unit on daytime shifts
- Increasing the nursing staff on first and second shifts by 3 FTEs (we are posting and hiring into those positions now).
- Using three separate nursing pools for temporary staffing (we are working on a training schedule with the three companies to train nurses so they will be readily available).
- Supervisory review of all staffing schedules, including limiting the number of nurses per hospital facility who can be concurrently out on vacation to avoid shortages due to absenteeism, and ensuring through logs and schedules that nursing coverage is adequate during shift changes and meal breaks.

The hospital will have adequate and qualified nursing staff for each patient care unit. The Supervising Registered Nurses (SRN) in Medical Services will conduct and track 18 observations of care each month and will observe the number of staff for care. Following the observation, the

SRN will confirm the assigned staffing level on the patient's individualized care plan and on the C.N.A Daily Care Flow Sheet. All observations will be reported to the Nurse Manager for oversight. The Nurse Manager will report the results of the observations to the Performance Improvement Steering Committee monthly. To ensure that there is one nurse on every unit in the Adult Psychiatric Unit, (2) 8 hour overtime coverage blocks have been implemented to provide cafeteria duty, coverage of lunches and supper breaks. On any day when all other options have been exhausted, Supervising Registered Nurses have been directed to provide coverage as needed. Supervising Registered Nurses will grant only 2 vacation days off per shift as opposed to the current 3 days off per shift until permanent positions are hired. By November 6, 2015, staffing patterns will increase to 1.5 nurses per unit (one nurse on unit and one nurse on the floor to float between mirror units). Three full time RN float positions will be added to both first and second shift. Adult Psychiatric Services will also utilize the following nursing pools: Adil, Maxim and MAS to aid the Hospital with providing appropriate staffing as needed. Nursing staffing patterns will be reviewed daily by the Supervising Registered Nurses to ensure staffing levels are maintained in accordance with Regulations. Any issues will be reported directly to the Nurse Manager.

As it relates to training the Hospital has conducted an assessment of all staff training and competency requirements to ensure that all staff are current with required trainings and are sufficiently qualified to work in assigned areas. The Training and Education department will now report to the Performance Improvement Administrator to increase department oversight. The Training and Education department has developed a new tracking system to allow training and competency rates to be tracked in real time and to allow for improved communication across hospital locations. To increase communication among the members of the Training and Education Department, a meeting has been scheduled every two weeks with Nursing Services on both campuses to review the current training schedule, current training needs based on patient population to address any challenges that may be hindering attendance at trainings. A goal has been set of 100% compliance with all mandatory trainings and competencies for nursing staff. The Nurse Managers & the Acting Director of Training & Education will monitor the corrective action plan and present on a monthly basis at the Performance Improvement Steering Committee.

Eleanor Slater Hospital has developed an assessment tool entitled "Safe Patient Handling/Assessment Tool" to identify the appropriate use of resources for each patient based on their physical and mental condition. All medical patients within the hospital will be assessed using this tool to determine the staff levels for patient care. The information obtained from the assessment tool will be documented on all individualized care plans for medical patients and will be documented on the C.N.A Patient Daily Care Flow Sheets to assure that the patients have adequate nursing staff. All Nursing staff will be trained on this new form by October 15, 2015.

In addition to the foregoing, attached please find the Hospital's 12 page corrective action plan, Safe Patient Handling and Assessment Tool, Injury Internal Report Form.

Finally be assured that I appreciate and share in your concern and interest in making Eleanor Slater Hospital a safe and secure environment for the vulnerable population we serve and immediately upon beginning my tenure as Director have made it a priority to improve the safety and quality of the Hospital for all patients.

Thank you for your consideration.

Sincerely,



Maria Montanaro, MSW  
Director

With Attachments

CC: Paul Despres, CEO  
Jennifer Wood, EOHHS Deputy Secretary & General Counsel  
Manish Desai, Acting Chief Medical Officer  
Daniel Ballirano, Legal Counsel  
MaryEllen Benedict, ESH Acting Risk Manager

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HOS00102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/20/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  ELEANOR SLATER HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 111HOWARD AVE CRANSTON, RI 02921
---	--

(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) COMPLETE DATE
Z 0	INITIAL COMMENTS  A complaint investigation survey was conducted at this facility. State deficiencies were cited.	Z 0		
Z 175	<p>ORGANIZATION &amp; MANAGEMENT 13.1 Personnel</p> <p>Section 13.0 Personnel 13.1 The hospital shall maintain a sufficient number of qualified personnel to provide effective patient care and all other related services. This Requirement is not met as evidenced by: Based upon record review and staff interview it has been determined that the hospital failed to maintain sufficient numbers of qualified personnel to provide effective patient care for relevant patient sample ID# 4.</p> <p>Findings are as follows:</p> <p>Record review for patient ID #4 revealed the patient has diagnoses which include multiple sclerosis, osteopenia, quadriplegia with bilateral upper extremity contractures and lower extremity flaccidity (weakness/reduced muscle tone) and obesity.</p> <p>Review of a care plan updated on 7/1/2015 and interview with unit nurses (staff F and G) revealed that the patient requires total care for all activities of daily living, including assistance with repositioning. The patient is incontinent of bowel and bladder and is transferred via mechanical lift to a wheelchair.</p> <p>A 7/30/2015 nurse's note indicates the patient complained of pain to her/his left leg. The patient's left knee was noted to be slightly edematous but no redness or bruising noted and</p>	Z 175	<p>Patient ID#4's care plan was reviewed and revised and it is documented on the care plan and in the Daily Care Flow sheets that she is a 3:1 for log roll. 8/4/2015</p> <p>An assessment tool has been developed entitled "Safe Patient Handling Assessment Tool" form (See attached Appendix A) 9/18/2015</p> <p>All RN staff assigned to medical services are to be educated by the Training and Education Department on the use of the "Safe Patient Handling Assessment Tool" form 10/9/2015</p> <p>As part of The Safe Patient Handling Program, all medical patients will be assessed using the "Safe Patient Handling Assessment Tool" and moving forward this tool will be used upon admission of all patients. The information obtained from the assessment tool will be documented on all individualized care plans for medical patients and on the Patient Daily Care Flow Sheets (DCFS). 10/23/2015</p> <p>All Certified Nursing Assistants assigned to Medical Services will be re-educated on Daily Care Flow Sheets with regard to staffing levels for care. 10/15/2015</p> <p>The Supervising Registered Nurses (SRN) in Medical Services will conduct and track 18 observations of care each month and will observe the number of staff for care. Following the observation, the SRN will confirm the assigned staffing level on the DCFS and individualized care plan. 9/21/2015</p> <p>All observations will be reported to the Nurse Manager. The Nurse Manager will report the results of the observations to the Performance Improvement Steering Committee monthly. 10/28/2015</p>	

Facilities Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HOS00102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/20/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  ELEANOR SLATER HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 111HOWARD AVE CRANSTON, RI 02921
---	--

(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) COMPLETE DATE
Z 175	<p>Continued From page 1</p> <p>the left leg was warm to touch. A nursing assistant reported the patient's leg is not "so floppy as usual."</p> <p>A review of the hospital incident report dated 7/31/2015 revealed that on 7/30/2015 the patient was sent out to the hospital for further evaluation for left leg pain, to rule out for deep vein thrombosis/cellulitis. The patient was admitted to the hospital with a left femur fracture and an old tibial plateau fracture.</p> <p>A review of the hospital history and physical dated 7/31/2015 indicates an assessment and plan which identifies the fractures as suspicious given the patient is bed bound with no known history of fall or trauma.</p> <p>During an interview on 8/12/2015 at 9:00 AM, Nursing Assistant (Staff E) who has been providing care to the patient indicated that, prior to the hip fracture, she had provided care (AM care, including repositioning) to the patient without assistance from other staff.</p> <p>Interview with the unit nurse (Staff F) on 8/13/2015 at 10:00 AM revealed the patient needs total assistance for care and repositioning. The nurse further indicated that the patient is approximately 190 pounds and personal care is to be provided using 2 staff.</p> <p>Additional unit nurses were interviewed, Staff G on 8/13/2015 at 9:55 AM, and Staff H at 1:15 PM indicated that two nursing assistants are required to provide care and repositioning.</p>	Z 175		
Z 185	ORGANIZATION & MANAGEMENT 13.3 Personnel	Z 185		

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HOS00102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/20/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  ELEANOR SLATER HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 111HOWARD AVE CRANSTON, RI 02921
---	--

(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) COMPLETE DATE
Z 185	<p>Continued From page 2</p> <p>13.3 Provisions shall be made for orientation and ongoing education programs for all personnel. There shall be written evidence that staff demonstrate competencies necessary to work in specific areas and/or with specific patient populations.</p> <p>This Requirement is not met as evidenced by: Based on record review and staff interview it has been determined that the hospital has failed to ensure that nursing personnel have appropriate ongoing education and training/competency relative to mechanical lift for 7 of 15 sample nursing assistants NA(s) and relative to body mechanics for 12 of 15 sample NA(s).</p> <p>Findings are as follows:</p> <p>Review of the hospital's policy and procedure entitled "Staff Education/Program" indicates:</p> <p>A. Core Curriculum: ...to prepare the employee to function with increasing safety and effectiveness in his/her assigned role within the hospital setting...</p> <p>Core I: Orientation...</p> <p>Core II: Annual and Bi-Annual Training...</p> <p style="padding-left: 40px;">Bi-Yearly Training</p> <p style="padding-left: 40px;">4. Body Mechanics</p> <p>Core III : Competency Training and Assessment The following programs are currently conducted for nursing staff...</p> <p>CNA (nursing assistant) Competencies/Frequency</p>	Z 185	<p>Staff E, k, L, M, N &amp; P have all received in-service training relative to mechanical lift. Staff person O, is currently out on long term disability and will receive training immediately upon his return to work. Staff members E, M, N, P, Q, R, S, T, U, V &amp; W, will all receive retraining in body mechanics by 10/23/15. Staff person O will receive Body Mechanics training immediately upon his return to work.</p> <p>A new body mechanics and safe patient handling curriculum and competency is being developed and will be rolled out and in-serviced for all Nursing Staff.</p> <p>The Hospital has conducted a complete assessment of all staff training and competency requirements. Ninety seven percent of the staff are current with the mechanical lift competency and training, 5 nursing assistants have not had their annual in-service and are currently prohibited from using any mechanical lift devices until trained. All Nursing staff will be in-serviced on Body Mechanics and Safe Patient Handling.</p> <p>The Training and Education department will now report to the Performance Improvement Administrator to increase department oversight.</p> <p>The Training and Education department has developed a new tracking system to allow training and competency rates to be tracked in real time and to allow for improved communication across hospital locations.</p> <p>The Training and Education Department will meet every two weeks with Nursing Services on both campuses to review the current training schedule, current training needs based on patient population and to address any challenges that may be hindering attendance at trainings. The Nursing Services Department will ensure that all staff working are sufficiently qualified to work in assigned areas.</p> <p>A goal has been set of 100% compliance with all mandatory trainings and competencies for nursing staff. The Nurse Managers &amp; the Acting Director of Training &amp; Education will monitor the corrective action plan and present on a monthly basis at the Performance Improvement Steering Committee.</p>	<p>10/23/2015</p> <p>10/23/2015</p> <p>10/23/2015</p> <p>8/20/2015</p> <p>9/17/2015</p> <p>9/21/2015</p> <p>9/30/2015</p>

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HOS00102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/20/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  ELEANOR SLATER HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 111HOWARD AVE CRANSTON, RI 02921
---	--

(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) COMPLETE DATE
Z 185	<p>Continued From page 3</p> <p>Annual</p> <p>1. Invacare/Hoyer (mechanical lift)-CNA only...</p> <p>Bi-yearly</p> <p>3. Body Mechanics</p> <p>Review of NA(s)' personnel files relative to "skill competency validation" for mechanical lift revealed no evidence that the training or skill competency were done yearly for 7 of 15 sample NA(s) (Staff E, K, L, M, N, O, and P).</p> <p>Further review of the above personnel files revealed no evidence of training nor skill competency for body mechanics were done every two years for 12 of 15 sample NA(s) (Staff E, M, N, O, P, Q, R, S, T, U, V, and W).</p> <p>During an interview with the Clinical Training Instructor (Staff J) on 8/18/2015 at 8:55 AM, she indicated that NA(s) are required to have training and skill competency relative to mechanical lifts yearly. These NA(s) are also required to have training and skill competency relative to body mechanics every two years. She was unable to provide evidence that the above NA(s) received training and skill competencies necessary to work with the specific patient populations requiring these services.</p>	Z 185		
Z 216	<p>ORGANIZATION &amp; MANAGMENT 13.11 Safe Patient Handling</p> <p>Safe Patient Handling</p>	Z 216		



RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HOS00102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/20/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  ELEANOR SLATER HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 111HOWARD AVE CRANSTON, RI 02921
---	--

(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) COMPLETE DATE
Z 216	<p>Continued From page 4</p> <p>13.11 Each licensed hospital shall comply with the following as a condition of licensure:</p> <p>a) Each licensed hospital shall establish a safe patient handling committee, which shall be chaired by a professional nurse or other appropriate licensed health care professional. A hospital may utilize any appropriately configured committee to perform the responsibilities of this section. At least half of the members of the committee shall be hourly, non-managerial employees who provide direct patient care.</p> <p>b) Each licensed hospital shall develop a written safe patient handling program, with input from the safe patient handling committee, to prevent musculoskeletal disorders among health care workers and injuries to patients. As part of this program, each licensed health care facility shall:</p> <p>(i) Implement a safe patient handling policy for all shifts and units of the facility that will achieve the maximum reasonable reduction of manual lifting, transferring, and repositioning of all or most of a patient's weight, except in emergency, life-threatening, or otherwise exceptional circumstances;</p> <p>(ii) Conduct a patient handling hazard assessment. This assessment should consider such variables as patient-handling tasks, types of nursing units, patient populations, and the physical environment of patient care areas;</p> <p>(iii) Develop a process to identify the appropriate use of the safe patient handling policy based on the patient's physical and mental condition, the patient's choice, and the availability of lifting equipment or lift teams. The policy shall include a</p>	Z 216	<p>The Hospital has established a Safe Patient Handling Committee. Introductory meetings have been held on 8/25, 9/4, 9/8 and 9/16. The committee is chaired by a professional nurse and is comprised of more than 50% hourly, non-managerial staff.</p> <p>The State of RI is in the process of contracting with an Independent Industry Expert to assist the hospital to develop a comprehensive Safe Patient Handling Program that will improve the safety of the patients and prevent musculoskeletal disorders among our healthcare staff.</p> <p>The Hospital will conduct a patient handling hazard assessment to identify the appropriate use of the safe patient handling policy for each patient based on the patient's physical and mental condition; the patient's choice and the availability of lifting equipment.</p> <p>The Hospital developed the "Safe Patient Handling Assessment Tool" to identify the appropriate use of resources for each patient based on their physical and mental condition; the patient's choice; and the availability of lifting equipment.</p> <p>As part of the program, the hospital will implement a safe patient handling policy for all shifts and units of the hospital. Our policy will include a means to address circumstances under which it would be medically contraindicated to use lifting or transfer aids or other assistive devices for particular patients.</p> <p>The Hospital will designate and train a RN to serve as an expert resource, who in collaboration with other trainers, will train all clinical staff on safe patient handling policies, equipment and devices by 10/9/15 and annually thereafter. All new staff will receive the training upon orientation.</p> <p>The Hospital's Performance Improvement Administrator will conduct an annual performance evaluation of the Hospital's Safe Patient Handling Program. The evaluation will determine to what extent the implementation of Safe Patient Handling Program has resulted in a reduction in musculoskeletal disorder claims and days of lost work attributable to patient handling and will also include recommendation to increase the program's effectiveness.</p> <p>The Hospital's nursing leadership will submit an annual report to the Safe Patient Handling Committee of the facility on activities related to the identification, assessment, development, and evaluation of strategies to control the risk of injury to patients, nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a patient.</p> <p>Our corrective action plan outlined above will be monitored by the Hospital Performance Improvement Administrator and monthly presentations will be made by the Chair of the Safe Patient Handling Committee to the Hospital Performance Improvement Steering Committee. The Hospital will also report annually on the quality and effectiveness of the Safe Patient Handling Program. The Hospital's Contracted independent industry expert will provide ongoing monthly progress reports regarding the status and performance of the Hospital's compliance order.</p>	<p>10/1/2015</p> <p>11/15/2015</p> <p>9/18/2015</p> <p>10/9/2015</p> <p>10/23/2015</p> <p>10/2016</p> <p>10/2016</p> <p>Beginning 11/2015</p>

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HOS00102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  C 08/20/2015
--	--	--	---

NAME OF PROVIDER OR SUPPLIER  ELEANOR SLATER HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 111HOWARD AVE CRANSTON, RI 02921
---	--

(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) COMPLETE DATE
Z 216	<p>Continued From page 5</p> <p>means to address circumstances under which it would be medically contraindicated to use lifting or transfer aids or assistive devices for particular patients;</p> <p>(iv) Designate and train a registered nurse or other appropriate licensed health care professional to serve as an expert resource, and train all clinical staff on safe patient handling policies, equipment, and devices before implementation, and at least annually or as changes are made to the safe patient handling policies, equipment and/or devices being used;</p> <p>(v) Conduct an annual performance evaluation of the safe patient handling with the results of the evaluation reported to the safe patient handling committee or other appropriately designated committee. The evaluation shall determine the extent to which implementation of the program has resulted in a reduction in musculoskeletal disorder claims and days of lost work attributable to musculoskeletal disorder caused by patient handling, and include recommendations to increase the program's effectiveness; and</p> <p>(vi) Submit an annual report to the safe patient handling committee of the facility, which shall be made available to the public upon request, on activities related to the identification, assessment, development, and evaluation of strategies to control risk of injury to patients, nurses and other health care workers associated with the lifting, transferring, repositioning, or movement of a patient.</p> <p>c) Nothing in this section precludes lift team members from performing other duties as assigned during their shift.</p>	Z 216		

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HOS00102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/20/2015</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ELEANOR SLATER HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>111 HOWARD AVE CRANSTON, RI 02921</b>
--	---

(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) COMPLETE DATE
Z 216	<p>Continued From page 6</p> <p>d) An employee may, in accordance with established facility protocols, report to the committee, as soon as possible, after being required to perform a patient handling activity that he/she believes in good faith exposed the patient and/or employee to an unacceptable risk of injury. Such employee reporting shall not be cause for discipline or be subject to other adverse consequences by his/her employer. These reportable incidents shall be included in the facility's annual performance evaluation.</p> <p>This Requirement is not met as evidenced by: Based on record review and staff interview, it has been determined that the hospital has failed to develop a safe patient handling committee and program.</p> <p>Findings are as follows:</p> <p>During record review and interview on 8/20/2015 at 12:10 PM, the Administrator of Joint Commission and Continuous Quality Improvement was unable to produce evidence of the implementation of a written safe patient handling program, with input from the safe patient handling committee, to prevent musculoskeletal disorders among health care workers and injuries to patients.</p>	Z 216		
Z 350	<p>PATIENT CARE SERVICES 19.2 Patient Care Management</p> <p>19.2 There shall be evidence that medical, nursing and other services are provided under an integrated</p>	Z 350		



RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  HOS00102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/20/2015
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  ELEANOR SLATER HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 111HOWARD AVE CRANSTON, RI 02921
---	--

(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) COMPLETE DATE
Z 350	<p>Continued From page 8</p> <p>complained of pain to her/his left leg. The patient's left knee was noted to be slightly edematous but no redness or bruising noted and the left leg was warm to touch. A nursing assistant reported the patient's leg is not "so floppy as usual."</p> <p>A review of the hospital incident report dated 7/31/2015 revealed that on 7/30/2015 the patient was sent out to the hospital for further evaluation for left leg pain, to rule out for deep vein thrombosis/cellulitis. The patient was admitted to the hospital with a left femur fracture and an old tibial plateau fracture.</p> <p>A review of the hospital history and physical dated 7/31/2015 indicates an assessment and plan which identifies the fractures as suspicious given the patient is bed bound with no known history of fall or trauma.</p> <p>During an interview on 8/12/2015 at 9:00 AM, Nursing Assistant (Staff E) who has been providing care to the patient indicated that, prior to the hip fracture, she had provided care (AM care, including repositioning) to the patient without assistance from other staff.</p> <p>Interview with the unit nurse (Staff F) on 8/13/2015 at 10:00 AM revealed the patient needs total assistance for care and repositioning. The nurse further indicated that the patient is approximately 190 pounds and personal care is to be provided using 2 staff.</p> <p>Additional unit nurses were interviewed, Staff G on 8/13/2015 at 9:55 AM, and Staff H at 1:15 PM indicated that two nursing assistants are required to provide care and repositioning.</p>	Z 350		

RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HOS00102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/20/2015</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>ELEANOR SLATER HOSPITAL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>111HOWARD AVE CRANSTON, RI 02921</b>
--	--

(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) COMPLETE DATE
Z 350	<p>Continued From page 9</p> <p>When interviewed on 8/14/2015 at 2:00 PM, the Acting Nurse Manager (Staff I) was unable to produce evidence that the patient's care plan had been reviewed and or revised to reflect the new diagnosis of osteopenia. Additionally, no new nursing interventions were put in place.</p> <p>2. Record review of the hospital incident report dated 7/18/2015 revealed patient ID #13 had two scratches of unknown etiology on the left hip and the scratches were already scabbed with no bleeding noted.</p> <p>A review of the conclusion dated 7/21/2015 indicates "upon investigation and statement taken, no one knows how the scratches happened. Staff stated it could happened during care or during positioning."</p> <p>Record review revealed a current care plan updated 7/7/2015 which indicates the patient has a traumatic brain injury and the patient is non-communicative most of the time. S/he has left hemiplegia (paralysis) with minimal right upper arm movement and both of the upper arms have contractures to the wrists and fingers. The patient requires total care from staff and is dependent for positioning.</p> <p>A nurse's note dated 7/18/2015 indicates the patient's left hip area was "noted to be reddened with two scratches-are scabbed".</p> <p>Further record review revealed that on 7/20/2015 a bruise was noted under the right arm/armpit. Staff documented that the bruise on the right arm "is oblong in shape, approximately 2 inches long, purple in color...unknown origin".</p> <p>There is no evidence that this patient's care plan</p>	Z 350		



RI Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HOS00102</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>08/20/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ELEANOR SLATER HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>111HOWARD AVE CRANSTON, RI 02921</b>		
(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) COMPLETE DATE
Z 790	<p>Continued From page 11</p> <p>both units.</p> <p>The surveyor, in the presence of the Nurse Manager, walked onto the adjacent unit, # 7, and failed to locate the RN. The Nurse Manager then stated that the RN working unit 7 was also covering unit 8, which is located on the second floor. At 8:35 AM, the unit 10 nurse (Staff B) arrived on the unit after observing breakfast.</p> <p>On 8/19/2015 at approximately 8:20 AM, Staff C was observed on unit 8. He stated that he is covering 2 units today and it happens occasionally that RN's must cover 2 units. When questioned further, he stated that the units were on different floors.</p> <p>Review of the staffing schedule for the past week revealed that on 8/15/2015 during the day shift, Staff C was assigned as the RN to cover 2 units and Staff D was assigned as the RN to cover 2 units.</p> <p>When interviewed on 8/19/2015 at 10:45 AM, the Administrator and the Nurse Manager acknowledged that there are times when an RN covers 2 units.</p>	Z 790		



# Appendix A

## ELENOR SLATER HOSPITAL SAFE PATIENT HANDLING AND ASSESSMENT TOOL

Directions: The RN will complete this assessment for all patients as part of the Hospital's Safe Patient Handling Program. The form should also be completed within 24 hours of admission for new patients. The information on this form must be added to the patient's individualized care plan and CNA daily flowsheet. Also, any changes to a patient's condition and handling needs must be updated on the patient's care plan, CNA daily flowsheet and captured in the Nursing Monthly Summary. Please file in the assessment section of the patient's medical record.

DATE: \_\_\_\_\_

PATIENT NAME: \_\_\_\_\_ RECORD#: \_\_\_\_\_ UNIT: \_\_\_\_\_

1. Patient Weight:

100-200       200-300       300-400       450+

2. Patient's Level of Assistance:

\_\_\_\_\_ Independent: Performs safely with or without assistive devices.

\_\_\_\_\_ Dependent: Patient requires RN/CNA to lift more than 35lbs. of the patient's weight, or is unpredictable. In this case assistive devices should be used.

3. Weight Bearing Capability:

Full       Partial       None

4. Patient's Level of Cooperation and Comprehension:

Cooperative: May need minimal prompting; able to follow simple commands

Uncooperative or Unpredictable: Not able to follow simple commands or a patient whose behavior changes frequently.

Altered level of consciousness

5. Special Conditions:

\_\_\_ Amputation

\_\_\_ Hip/Knee/Shoulder Replacement

\_\_\_ Paralysis/Paresis

\_\_\_ Fragile Skin

\_\_\_ Osteoporosis

\_\_\_ Contractures/Spasms

\_\_\_ Fractures

\_\_\_ Fall Risk

\_\_\_ Non-Verbal

Other: \_\_\_\_\_

6. Transfers:

Independent

One Person Assist

Two Person Assist

More Than Two People

Appropriate Lift/Transfer Device Needed: \_\_\_\_\_

7. Ambulating:

Independent

One Person Assist

Two Person Assist

8. Staffing Level for Care (Care includes bed baths, showering, repositioning, and toileting):

1:1

2:1

3:1

4:1

Other: \_\_\_\_\_

9. The staffing level circled above is in effect for all aspects of care- \_\_\_\_\_

Nurses Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

### INJURY OF UNKNOWN ORIGIN- INTERNAL REPORT FORM

**Reporting Requirements:** The DOH regulations require that the facility ensure that all allegations of mistreatment, neglect or abuse, as well as *injuries of unknown origin*, are reported *immediately* to the administrator and to other officials in accordance with State law through established procedures.

**Directions:** The SRN must ensure that family/next of kin was notified and it was documented. Also the SRN must fill out this form and scan it to RISK MANAGEMENT within 24 hours of incident

**Also submit and scan with this form the following documents:**

- 1) The hospital incident report
- 2) A copy of the patient's current care plan
- 3) A copy of the progress notes from the incident and 24 hours prior to the incident
- 4) Statements obtained from staff who provided care 24 hours (or longer if necessary) prior to found injury
- 5) Progress note with the patient interview regarding how injury occurred

Patient Name: \_\_\_\_\_ Patient I.D.# \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

Facility/Unit \_\_\_\_\_

Who reported injury? \_\_\_\_\_ Title: \_\_\_\_\_

When was the Nurse Manager Notified? Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Type of injury (if bruises or skin tears, list the color, location and the size of the injury): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the patient have a history of falls? Yes \_\_\_\_\_ No \_\_\_\_\_

Does the patient have a history of self- abusive behaviors? \_\_\_\_\_

Environmental Factors:

What was (if any) the equipment used to aid in handling the patient? \_\_\_\_\_

Were there any environmental factors that may have caused the injury? Yes No if **yes** please explain:  
(examples may include jewelry on staff or patient; fingernail length of staff or patient; equipment or furniture problems) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Were there any medical issues that may have impacted the etiology of the injury (examples may include that patient is on a blood thinner, has osteoporosis, or skin problems)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What interventions were placed on the care plan after the injury was identified (problem, goal and approach)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_