Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 031979	**(X3) Date Survey Completed** 08/20/2020
Name of Provider or Supplier Horizon Health And Wellness, Inc	**Street Address, City, State** 450 West Adamsville Road, Suite A, Florence, AZ	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
J0000	The following Additional Findings were cited at the time of the on-site, unannounced Centers for Medicare and Medicaid (CMS) Rural Health Clinic Complaint Investigation conducted 08/18/2020, with additional documentation provided to the Department on 08/19/2020 through 08/20/2020, for Event #DVBL11, for the following Intake: AZ00166790. The facility is compliant with 42 CFR Part 491 Subpart A, requirements for a Rural Health Clinic. Sandra Durrance, BA, RN, CCM 09/10/2020 Healthcare Compliance Surveyor
J0102	STAFFING AND STAFF RESPONSIBILITIES CFR(s): 491.8(c)(2) 491.8(c)(2) The physician assistant or nurse practitioner performs the following functions, to the extent they are not being performed by a physician: (i) Provides services in accordance with the clinic's . . . policies; (ii) Arranges for, or refers patients to, needed services that cannot be provided at the clinic . . . .; and (iii) Assures that adequate patient health records are maintained and transferred as required when patients are referred. This STANDARD is not met as evidenced by: Based on review of the facility's policies/procedures, document, medical records, and interview, it was determined that the facility failed to require that a medical healthcare provider assessed, and evaluated a patient whose observation stay exceeded the 23 hours and 59 minutes. This deficient practice poses a risk to the health and safety of the patient(s), when a medical healthcare provider does not document a patient

	assessment/evaluation in the patient's medical record daily, when the patient remains in an observation status for multiple days. Findings include: Policy titled "23 Hours & 59 Minute Behavioral Health Observation & Stabilization Unit (#VI-2; 05/11/2018), revealed: " ...XI ...Treatment ...I ...clinical staff, including the ...BHMP, will enter progress notes, as clinically indicated to document services provided to the recipient ...K ...for those recipients remaining in the observation/stabilization unit beyond 23 hours 59 minutes, the following requirements will be met ...2 ...BHMP will document ...all efforts attempting to identify and secure an appropriate setting for further treatment ...3 ...progress notes will include the reason why the recipient's discharge has been delayed beyond the 23 hours and 59 minutes ...." Policy titled "Medical Record Standards and the Process for Responding to Requests" (#III-1; 05/11/2018), revealed: " ...Medical Records Management Standards ...L ... progress notes must be documented in the recipient file on the date that an event occurs ...D ...Clinical Information ...13 ...Progress notes which contain ...type of service provided ...date and duration the service was delivered ...description of what occurred during the provision of service ...individual's response to the service ...." Document titled "FCHC Adult OBS Provider Schedule July 2020", revealed the following: i. 07/19/2020: Provider #1 scheduled (0700-1900) Medical Record review conducted 08/18/2020 (1330), revealed the following: i. Progress Notes: Documented evidence of entries made by a medical provider on 07 /17/2020 (1515); 07/18/2020; 07/20/2020 (1400); 07/21/2020 (1430); ii. Progress Notes: No documented evidence of an entry made by a medical provider on 07/19/2020. Personnel #1 confirmed during an interview conducted 08/18/2020 (1615), that a Progress Note written by a medical provider, is required daily when the patient exceeds the 23 hour 59 minute observation stay. Additionally, Personnel #1 revealed that the medical record showed no documented evidence of an assessment/evaluation of the patient by Provider #1, and that Provider #1 was scheduled on 07/19/2020.
J0123	STAFFING AND STAFF RESPONSIBILITIES CFR(s): 491.8(b)(2), 491.8(c)(1)(i), and 491.9(b)(1), (2), (4) 491.8(b) Physician responsibilities. The physician performs the following: (2) In conjunction with the physician assistant and/or nurse practitioner member(s), participates in developing, executing, and periodically reviewing the clinic's . . . written policies and the services provided to Federal program patients. 491.8(c) Physician assistant and nurse practitioner responsibilities. (1) The physician assistant and the nurse practitioner members of the clinic's . . . staff: (i) Participate in the development, execution and periodic review of the written policies governing the services the clinic . . . furnishes; 491.9(b) Patient care policies . . . (1) The clinic's health care services are furnished in accordance with appropriate written policies

which are consistent with applicable State law. (2) The policies are developed with the advice of a group of professional personnel that includes one or more physicians and one or more physician assistants or nurse practitioners. At least one member is not a member of the clinic . . . staff. (4) These policies are reviewed at least biennially by the group of professional personnel required under paragraph (b)(2) of this section and reviewed as necessary by the clinic...

This STANDARD is not met as evidenced by:
Based on review of the facility's policies/procedures, documents, medical records, personnel files, and interviews, it was determined that the facility failed to require that:

1. one (1) out of three (3) Behavioral Health Technicians (BHT's), received clinical oversight at least once during a two (2) week period. This deficient practice poses a risk to the health, and safety of the patient(s), when a BHT receives no clinical oversight or supervision, ensuring that the services provided by a BHT to a patient(s) are assessed, and evaluated;

2. orientation was completed for five (5) out of five (5) personnel. This deficient practice poses a risk to the health, and safety of the patient(s), when orientation for personnel having direct patient care are not trained, and competencies verified prior to providing care to the patient(s);

3. consent was obtained for psychotropic medications prior to being administered. This deficient practice poses a risk to the health and safety of the patients, when a patient(s) or the patient(s) legal representative, is not provided information specific to the risks/benefits of the psychotropic medication(s) before it is administered, and consents to taking the medication(s);

4. one (1) patient having an extended stay at the facility for four (4) days, received assistance with the Activities of Daily Living (ADL's), to include, change of clothing, bathing, or oral care. This deficient practice poses a risk to the health and safety of the patient(s), when staff does not document ADL care to ensure the patient's personal care/hygiene needs are met, or documents the patient's refusal of ADL's, which is a patient's right.

Findings include:

1. Policy titled "Clinical Supervision" (#HR303; 07/2018), revealed: "...Chief Clinical Officer or Chief Medical Officer and/or designee will provide clinical supervision and oversight...clinical oversight and supervision of direct care staff will be documented, and maintained in the staff personnel file...Clinical Oversight...review of clinical skills and guidance in improving or developing these skills and knowledge of...direct care staff by...enhancing...personal and professional development...assessing and evaluating...competency and effectiveness on a regular basis...ensuring adherence to agency, licensing, and accreditation requirements...monitoring legal, ethical and cultural issues...clinical supervision/oversight may occur on an individual or group basis...shall be documented following each supervision session and will be documented at least once every two (2) weeks...will be documented on a designated Clinical Supervision form...submitted on a monthly basis to the Chief Clinical Officer or designee...will be submitted quarterly...to Human Resources...will place the completed form in the appropriate personnel file...."

Personnel File review conducted 08/18/2020 (1535), revealed the following:

i. Personnel #6: No documented evidence of clinical oversight for June 2020.

Personnel #2 confirmed during an interview conducted 08/18/2020 (1555), that there was no documented evidence in Personnel #6's file specific for June 2020 clinical oversight.

2. Policy titled "23 Hour 59 Minute Behavioral Health Observation and Stabilization Unit" (#VI-2; 05/2018), revealed: "...The Orientation and Training requirements detailed in Protocol IHR301 -Education, Training, and Staff Development shall apply to staff assigned to the OBS Unit...."

Policy titled "Staff Orientation, Competency & Development" (HR#300; 08/08 /2018), revealed: "...establish guidelines to ensure...compliance with...rules and regulations as determined by ADHS/BMFL...agency shall prepare employee for employment...on-going skill development through...process of orientation, assessment of skills competency...initial orientation shall be completed within the first two (2) weeks of employment...additional orientation, specific to program or work site shall be provided by...direct supervisor, and will be documented...all training documentation shall be submitted to the HR Department for inclusion in the new employee personnel file...Skills Competencies...competencies must be demonstrated at hire...."

Personnel File review conducted 08/18/2020 -08/20/2020, revealed the following:

i. No documented evidence of orientation, specific to skills competency within the required time frame (from date-of-hire), for Personnel #4, Personnel #5, Personnel #6, Personnel #7, and Personnel #8.

Personnel #2 confirmed during an interview conducted 08/18/2020, that there was no documented evidence of orientation, specific to skills competency, in the personnel files for Personnel #4, Personnel #5, Personnel #6, Personnel #7, and Personnel #8.

Personnel #1, and Personnel #3 confirmed via email on 08/20/2020, that there was no additional documented evidence of orientation, specific to skills competency, in the personnel files for Personnel #4, Personnel #5, Personnel #6, Personnel #7, and Personnel #8.

3. Policy titled "Patient Rights" (#RI-200; 07/11/2018), revealed: "...The right to receive assistance from a family member or designated representative...the right to designated an individual to make decisions or communicate his/her wishes on his/her behalf...except in an emergency, the right to consent to treatment or refuse treatment... after receiving a verbal explanation of the...proposed treatment, including the intended outcome...any risks or side effects from the proposed treatment...."

Policy titled "Monitoring the Use of Psychotropic Medications" (#VII-6; 05/11/2018), revealed: "...OBS Unit...has an established process to monitor the use of psychotropic medications...BHT will conduct the initial assessment of the recipient's vital signs prior to medication administration...review the most recent assessment with the recipient for any updates, such as new medications or newly diagnosed medical conditions...."

Medical record review conducted 08/18/2020, revealed the following:

i. "Informed Consent for Psychotropic Medication Treatment" form with patient name, and date-of-birth listed;

ii. Statement on Informed Consent: "I understand the medication information that has been provided to me. By signing below, I agree to the use of each medication";

iii. Medications listed: [Clonazepam; Hydroxyzine HCL; Cogentin; Abilify] listed on Informed Consent;

iv. Targeted Symptoms listed: [anxiety, EPS, mood/psychosis];

v. Provider #3's printed name, and e-signature on 07/17/2020 (1718);

vi. No patient or patient's representative signature on the Informed Consent;

vii. No date/time documented on the Informed Consent, indicating when Informed Consent was signed;

viii. No documented evidence by a healthcare provider of an emergency situation prior to a psychotropic medication being administered.

Employee #5 confirmed during an interview conducted 08/18/2020 (1255), that s/he had spoken with the patient's legal representative/guardian on several times, but that there was no conversation regarding obtaining consent for psychotropic medications.

Employee #8 confirmed during an interview conducted 08/18/2020 (1230), that unless there is a psychiatric emergency, consent from the patient, or the patient's legal representative is required prior to administering psychotropic medication(s). Additionally, Employee #8 revealed there is a consent form specific for Psychotropic Medication Treatment, that is to be used to document the medication(s), and consent.

4. Policy titled "Nursing Assessment" (#VI-17; 05/11/2018), revealed: " ...Nurses will provide ongoing assessments throughout the treatment process to address any immediate needs as indicated ...."

Policy titled "Participant's Rights" (#RI-200; 07/11/2018), revealed: " ...The agency recognizes the following as basic rights, which belongs to all participants ...right to a humane treatment environment that is based on dignity, respect, and consideration ... right to privacy in treatment and care for personal needs ...."

Document titled "Inpatient Tech Job Description" (11/18/2019), revealed: " ...Oversee assigned patients in completing showering ...."

Medical Record review conducted 08/18/2020, confirmed the following:

i. No documented evidence that the patient performed ADL's (shower, oral care, changed into scrubs, or changed clothes) during the four (4) day stay;

ii. No documented evidence that the personnel caring for the patient (RN's and BHT's) offered assistance to the patient to perform ADL's (shower, oral care, changed into scrubs, or changed clothes), or that the patient was offered and refused, during the

	four (4) day stay. Personnel #1 confirmed during an interview conducted 08/18/2020 (1615), that there was no documented evidence in the patient's medical record, that ADL's were completed, or offered and refused. Personnel #8 confirmed during an interview conducted 08/18/2020 (1230), ADL's should be offered, and whether completed or refused, this should be documented in the patient's medical record. Personnel #3 confirmed in an emailed received 08/20/2020 (0936), that the facility has no policy/procedure that addresses providing, assisting, and/or documenting ADL's for patients.