

## ACTS Complaint/Incident Investigation Report

### PROVIDER INFORMATION

Name: SOUTHERN NEVADA ADULT MENTAL HEALTH SER'  
Address: 6161 W CHARLESTON BLVD  
City/State/Zip/County: LAS VEGAS, NV, 89102, CLARK  
Telephone: (702) 486-6000

License #: 661  
Type: HOSP-P  
Medicaid #:  
Administrator: MARK STETS, CPM II

### INTAKE INFORMATION

Taken by - Staff: [REDACTED]  
Location Received: SOUTHERN NEVADA  
Intake Type: Complaint  
Intake Subtype: State-only, licensure  
External Control #:  
SA Contact: [REDACTED]  
RO Contact:  
Responsible Team:  
Source: State Survey Agency

Received Start: 04/28/2010 At 15:30  
Received End: 04/28/2010 At 15:30  
Received by: E-Mail  
State Complaint ID:  
CIS Number:

### COMPLAINANTS - No Data

### RESIDENTS/PATIENTS/CLIENTS - No Data

### ALLEGED PERPETRATORS - No Data

### INTAKE DETAIL

Date of Alleged Event: Time: Shift:

Standard Notes: NRS 449.784-786 - Denial of Rights and the use of restraints are reportedly not being followed at this time. 767-786  
Not informing of denial of rights per regulation.

Extended RO Notes:

Extended CO Notes:

### ALLEGATIONS

Category: Resident/Patient/Client Rights  
Subcategory: Other  
Seriousness:  
Findings: Substantiated:State deficiencies related to the alleg are cited  
Details:

Findings Text:

### SURVEY INFORMATION

| Event ID | Start Date | Exit Date | Team Members | Staff ID   |
|----------|------------|-----------|--------------|------------|
| GNDM11   | 05/04/10   | 05/04/10  | [REDACTED]   | [REDACTED] |

Intakes Investigated: NV00025196(Received: 04/28/2010)

### SUMMARY OF CITATIONS:

| Event ID | Exit Date  | Tag  |
|----------|------------|--|
| GNDM11   | 05/04/2010 | State - Not Related to any Intakes<br>S0602-Psychiatric Services<br>S0000-Initial Comments |

### EMTALA INFORMATION - No Data

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## DEEMED/RO APPROVAL INFORMATION - No Data

### ACTIVITIES

| <u>Type</u>           | <u>Assigned</u> | <u>Due</u> | <u>Completed</u> | <u>Responsible Staff Member</u> |
|-----------------------|-----------------|------------|------------------|---------------------------------|
| Schedule Onsite Visit | 05/04/2010      | 05/04/2010 | 05/04/2010       | [REDACTED]                      |

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### INVESTIGATIVE NOTES

An on-site complaint investigation was completed on 5/4/10 at 9:15 AM.

NRS 449.767 "Chemical restraint" defined. "Chemical restraint" means the administration of drugs for the specific and exclusive purpose of controlling an acute or episodic aggressive behavior when alternative intervention techniques have failed to limit or control the behavior.

NRS 449.780

#2. If chemical restraint is used on a person with a disability who is a patient, the use of the procedure must be reported as a denial of rights pursuant to NRS 4449.786, regardless of whether the use of the procedure is authorized by statute. The report must be made not later than 1 working day after the procedure is used.

NRS 449.786

#1. A denial of rights of a person with a disability who is a patient of a facility pursuant to NRS 449.765 to 449.786, inclusive, must be entered in the patient's record. Notice of the denial must be provided to the administrator of the facility.

#2. If the administrator of a facility receives notice of a denial of rights pursuant to subsection 1, the administrator shall cause a full report to be prepared which must set forth in detail the factual circumstances surrounding the denial. A copy of the report must be provided to the Health Division.

The facility's Seclusion or Restraint of Patient Policy #PF-RRE-02 effective 08/09 was reviewed.

Definitions #2. "The chemicals that comprise the resident's regular medical regimen are not considered chemical restraints, even if their purpose is to control ongoing behavior. Drugs shall not be used as chemical restraints. Drugs are to be used only in a manner, which meets the needs of the patient's psychiatric condition. When a patient is given medication without previously signing written medication consent, a Denial of Rights for Written Consent to Medical Treatment will be initiated."

Employee #13 and #15 stated the facility does not use chemical restraints on the patients; therefore there would be no denial of rights completed.

A tour of the facility was initiated at 9:50 AM. The following units were visited: Psychiatric observation unit (POU), Unit D1A/B, Unit E2A/B, Unit G3A/B, and Unit HA/B.

Five psychiatrists and ten staff nurses were interviewed between 9:55 AM and 2:30 PM. One psychiatrist and two staff nurses were interviewed from each unit. 195 medication administration records were reviewed and ten patients were identified having received at least one injection during their admission to the facility. The ten patient records were reviewed.

All five psychiatrists were asked the question; "If a patient was exhibiting highly psychotic behavior, but was in their room, what would the course of treatment be?" Psychiatrist #1, #4 and #5 stated there would be no treatment, to leave the patient alone. Psychiatrist #4 added a review of the medical record would be done to ascertain if the facility was addressing the patient's long term needs. Psychiatrist #2 explained if the patient was new to the facility, a treatment team meeting would be called or meet with the patient on a 1:1 intervention to ascertain the issues the patient may have. The psychiatrist stated talking with the patient about medications that may be beneficial could be implemented, but the patient would not require emergent intervention. Psychiatrist #3 explained a review of the patient's ordered antipsychotic medications and changing the dose if needed could be done.

All five psychiatrists were asked the question; "If a patient was exhibiting highly psychotic behavior, and the patient was out in the general population, hitting and screaming, what would the course of treatment be? All the psychiatrists responded with trying to verbally de-escalate the patient and offer an oral medication. All the psychiatrists explained if the behavior continued to escalate, and the patient was a danger to their self or others, the psychiatrists would order an injection for the patient.

All five psychiatrists stated they do not provide chemical restraints. The psychiatrists explained the patient would be medicated to treat the symptoms of psychosis. When asked why the patient exhibiting symptoms of psychosis and was in their room did not necessitate medication or treatment and the patient who was exhibiting the same psychotic symptoms with aggression would receive an injection; all five psychiatrists acknowledged the treatment would be for the behavior.

All ten staff nurses explained prior to calling the psychiatrist for an order for medication, they would try to redirect the patient, offer a as needed oral medication, offer the quiet room and encourage the patient to return to the bedroom. If the patient was still exhibiting aggressive behaviors and posed a danger to their self or others, the psychiatrist would be called to receive further orders.

All ten staff nurses were asked if a patient was able to refuse an injection. All the nurses explained if a physician ordered an injection due to the patient aggressive to self or others, the patient would be held down, if the patient would not cooperate with the injection, and the injection would be administered.

Patient #1 was admitted to the facility on 4/26/10 with diagnoses including bipolar disorder and polysubstance dependence. The treatment/medication consent form was signed on 4/27/10. The medications authorized by the patient for staff to administer were Vistaril, Ambien and Trileptal. The patient did not authorize Abilify, Haldol, Klonopin, Depakote, Zyprexa and Benadryl to be administered. There was no documented Denial of Rights for Written Consent to Medical Treatment found in the patient's medical record.

Patient #1 received an injection of Zyprexa and Ativan on 4/27/10 at 2:15 PM for agitation. There was no documented evidence of a nursing progress note found in the medical record regarding the behavior prior to and after receiving the injection. There was no documented evidence a denial of rights was completed for the chemical restraint nor was a copy of the report provided to the Health Division.

Patient #2 was admitted to the facility on 4/15/10 with a diagnosis of schizoaffective disorder. The treatment/medication consent form was signed on 4/17/10. The medications authorized by the patient for staff to administer were Prolixin, Zyprexa, Klonopin, Ativan, Depakene, Depakote and Artane. The patient did not authorize Seroquel, Geodon and Benadryl to be administered. There was no documented Denial of Rights for Written Consent to Medical Treatment found in the patient's medical record.

Patient #2 received an injection of Zyprexa on 4/16/10 for verbal and physical aggression towards staff. The patient received Geodon and Ativan IM for agitating other patients on 4/29/10. There was no documented evidence a denial of rights was completed for the chemical restraint nor was a copy of the report provided to the Health Division.

Patient #3 was admitted to the facility on 4/29/10 with a diagnosis of schizoaffective disorder. The treatment/medication consent form was signed on 4/30/10. The medications authorized by the patient for staff to administer were Risperdal, Zyprexa, and Ambien. The patient did not authorize Haldol, Zoloft, Ativan and Benadryl to be administered. There was no documented Denial of Rights for Written Consent to Medical Treatment found in the patient's medical record. Patient #3 received an injection of Ativan, Benadryl and Haldol on 4/30/10. There was no documented reason for administration found on the physician's orders. The nursing progress notes indicated the patient was pacing the unit and darting at staff. There was no documented evidence a denial of rights was completed for the chemical restraint.

Patient #4 was admitted to the facility on 5/1/10 with diagnoses including schizophrenia, paranoid type - chronic with acute exacerbation and history of traumatic brain injury. The treatment/medication consent form was signed on 5/2/10. The medications authorized by the patient for staff to administer were Risperdal, Ativan, Depakote and Benadryl. The patient did not authorize Thorazine, and Zyprexa to be administered. There was no documented Denial of Rights for Written Consent to Medical Treatment found in the patient's medical record.

Patient #4 received an injection of Benadryl and Thorazine on 5/1/10 for agitation. There was no documented evidence a denial of rights was completed for the chemical restraint nor was a copy of the report provided to the Health Division.

Patient #5 was admitted to the facility on 4/20/10 with diagnoses including schizophrenia, paranoid type unspecified and depressive disorder. The treatment/medication consent form was signed on 4/20/10. The medications authorized by the patient for staff to administer were Risperdal, Ativan, Lexapro,

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Ambien and Vistaril. The patient did not authorize Klonopin, and Haldol to be administered. There was no documented Denial of Rights for Written Consent to Medical Treatment found in the patient ' s medical record.

Patient #5 received an injection of Benadryl, Ativan and Haldol on 5/3/10 for aggression towards peer, verbally abusive and defiant. The patient was also placed in four point restraints. There was no documented evidence a denial of rights was completed for the chemical restraint nor was a copy of the report provided to the Health Division.

Patient #6 was admitted to the facility on 3/24/10 with diagnoses including impulse control disorder, post traumatic stress disorder, mild mental retardation and personality disorder - mixed type-antisocial features-aggression. The treatment/medication consent form was signed on 3/24/10. The medications authorized by the guardian for staff to administer were Haldol, Geodon, Klonopin, Depakote and Benadryl. The patient did not authorize Ativan, and Ambien to be administered. There was no documented Denial of Rights for Written Consent to Medical Treatment found in the patient ' s medical record.

Patient #6 received 12 injections from 4/18/10 to 4/29/10 for agitation or aggressive behavior. Benadryl, Ativan and Haldol and Geodon were administered. The patient was also placed in four point restraints multiple times. The patient remained on a 2:1 observation for safety. There was no documented evidence a denial of rights was completed for the chemical restraint nor was a copy of the report provided to the Health Division.

Patient #7 was admitted to the facility on 4/21/10 with diagnoses including delusional disorder, polysubstance dependence and paranoid personality disorder with antisocial traits. The patient refused to sign the treatment/medication consent form but verbally consented to taking medications on 4/23/10. The medications authorized by the patient for staff to administer were Risperdal, Haldol and Zyprexa. The patient did not authorize Depakote to be administered. There was no documented Denial of Rights for Written Consent to Medical Treatment found in the patient ' s medical record.

Patient #7 received an injection of Zyprexa and Benadryl on 4/24/10 for agitation. There was no documented evidence of the behavior found in the progress notes dated 4/24/10. The patient was also placed in four point restraints. There was no documented evidence a denial of rights was completed for the chemical restraint nor was a copy of the report provided to the Health Division.

Patient #8 was admitted to the facility on 4/21/10 with diagnoses including schizoaffective disorder, alcohol abuse, cannabis abuse and mild mental retardation. The treatment/medication consent form was signed on 4/26/10. The medications authorized by the patient for staff to administer were Seroquel, Ativan and Trileptal. The patient did not authorize Haldol, Zyprexa, Trazodone, Depakote or Benadryl to be administered. There was no documented Denial of Rights for Written Consent to Medical Treatment found in the patient ' s medical record.

Patient #8 received an injection of Benadryl and Haldol on 4/25/10 for verbal altercation with another patient. The patient received an injection of Zyprexa on 4/28/10 for severe agitation. There was no documented evidence a denial of rights was completed for the chemical restraint nor was a copy of the report provided to the Health Division.

Patient #9 was admitted to the facility on 4/14/10 with diagnoses including schizophrenia, disorganized type. The treatment/medication consent form was signed on 4/15/10. The medications authorized by the patient for staff to administer were Seroquel and Ativan. The patient did not authorize Benadryl and Haldol to be administered. There was no documented Denial of Rights for Written Consent to Medical Treatment found in the patient ' s medical record.

Patient #9 received an injection of Benadryl, Ativan and Haldol on 4/23/10 for being combative and again on 5/4/10 for threatening staff and another patient. There was no documented evidence a denial of rights was completed for the chemical restraint nor was a copy of the report provided to the Health Division.

Patient #10 was admitted to the facility on 5/3/10 with diagnoses including psychotic disorder, amphetamine and THC abuse; rule out substance induced psychotic episode and five weeks pregnant. There was no signed treatment/medication consent form found in the medical record. The patient did not authorize Benadryl to be administered. There was no documented Denial of Rights for Written Consent to Medical Treatment found in the patient ' s medical record.

Patient #10 received an injection of Benadryl, Ativan on 5/3/10 for anxiety and agitation. There was no documented evidence a denial of rights was completed for the chemical restraint nor was a copy of the report provided to the Health Division.

Surveyor: 27469

CONTACTS - No Data

AGENCY REFERRAL - No Data

LINKED COMPLAINTS - No Data

DEATH ASSOCIATED WITH THE USE OF RESTRAINTS/SECLUSION - No Data

## NOTICES

| Letters: |             | Notification: |      |       |        |
|----------|-------------|---------------|------|-------|--------|
| Created  | Description | Date          | Type | Party | Method |

PROPOSED ACTIONS - No Data

END OF COMPLAINT INVESTIGATION INFORMATION