**LPH RIGHTS SYSTEM REVIEW**

**HOSPITAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ASSESSMENT DATES:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REVIEWERS:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REVIEWERS’ AGENCY** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UPLOADED TO COLLOBORATION WEBSITE BY: ­ ON

DATE

PLAN OF CORRECTION REQUIRED BY:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Citation** | **Standard** | | **SECTION 1 – HOSPITAL RESPONSIBILITIES** | **FINDINGS** | **REQUIRED ACTION** |
| 330.1755(1) | 1.1.1 | The Hospital has an assigned Rights Advisor. | |  |  |
| 330.1755(1) | 1.1.2 | The Hospital has an assigned alternate Rights Advisor. | |  |  |
| 330.1755(4) | 1.1.3 | The rights advisor has the education and training required for the office. | |  |  |
| 330.1755(1)(2)(c) | 1.1.4 | The Rights Advisor reports only to Chief Administrative Officer (CAO) of the Hospital. | |  |  |
| 330.1755(1)(2)(c) | 1.2.1 | In the absence of the CAO, there is a designee who can perform the duties required of the CAO. | |  |  |
| 330.1755(2)(d) | 1.3.1 | The hospital assures that the Rights Advisor has unimpeded access to all information/areas necessary to conduct investigations and perform monitoring functions. | |  |  |
| 330.1776 (1)  Agency Policy | 1.4.1 | The hospital has a policy requiring staff to be aware of the complaint process, including how to file a complaint on behalf of a recipient and how to assist a recipient in filing a complaint. | |  |  |
| 330.1776 (1)  Agency Policy | 1.4.2 | Staff aware of this requirement and the process for carrying it out. | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Citation** | **Standard** | | **SECTION 2 – RIGHTS OFFICE OPERATIONS** | **FINDINGS** | **REQUIRED ACTION** |
| 330.1776 (5) | 2.1.1 | As necessary, the office assists recipients or other individuals with the complaint process. | |  |  |
| 330.1776 (4) | 2.1.2 | Complaints are responded to within 5 days | |  |  |
| 330.1755[5][d][i] | 2.1.3 | There is a mechanism for logging all complaints received by the office. Logs identify the responsible CMH. | |  |  |
| 330.1778 | 2.2.1 | Investigations and Interventions are completed within the timeframes required by law and contract. | |  |  |
| 330.1778 | 2.2.2 | Interventions are completed in accordance with the parameters established by law, rules, and guidelines established in Basic Skills training. | |  |  |
| 330.1778 (5) | 2.2.3 | Investigations, and resultant reports, are completed in accordance with the parameters established by law, rules, and guidelines established in Basic Skills training. | |  |  |
| 330.1782 | 2.2.4 | Summary Reports are completed in accordance with the parameters established by law, rule and guidelines established in Basic Skills training. | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Citation** | **Standard** | | **SECTION 2 – RIGHTS OFFICE OPERATIONS** | **FINDINGS** | **REQUIRED ACTION** |
| 330.1755[5][d] | 2.3.1 | ORR maintains all reports of apparent or suspected rights violations received and evidence collected to support the decision in the investigation (file). | |  |  |
| 330.1755[5][d] | 2.4.2 | ORR has established a mechanism for secure storage of all investigative documents and evidence, including files kept in the Rights Office, off-site and electronic files | |  |  |
| 330.1755[5][h] | 2.5.1 | ORR serves as a consultant to the director and to agency staff in rights related matters. | |  |  |
| 330.1755(5)(i) | 2.6.1 | ORR ensures that all reports of apparent or suspected violations of rights within the hospital are investigated in accordance with section 330.1778. | |  |  |
| 330.1755(2)(d) | 2.7.1 | The Rights Advisor is able to access video surveillance tapes for the purposes of investigation. | |  |  |
| 330.1755 (2) (d)  330.1776 (1)  330.1778 (1) | 2.7.2 | The Rights Advisor is able to access incident reports for the purposes of ascertaining if a right may have been violated and as needed to conduct an investigation. | |  |  |
| 330.1776 (1) | 2.8.1 | Recipients are aware of how to file a complaint. | |  |  |
|  |  | **SECTION TOTAL** | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Citation** | **Standard** | | **SECTION 3 – UNIT/HOSPITAL OPERATIONS** | **FINDINGS** | **REQUIRED ACTION** |
| 330.1708(2) | 3.1.1 | The Unit/Hospital is free of health and safety concerns. | |  |  |
| 330.1755(5)(c) | 3.1.2 | The name of the Rights Advisor, and a method for contact, are conspicuously posted in areas where recipients, family members, guardians and visitors have access. | |  |  |
| 330.1755(5)(b) | 3.1.3 | There is a copy of Chapter 7 and 7a available to recipients. | |  |  |
| 330.1706**,** 330.1755(5)(b) | 3.2.1 | Recipient Rights booklets are provided to recipients, family members and guardians upon admission. | |  |  |
| 330.1755(5)(c) | 3.2.2 | Contact information for the Rights Advisor is provided on the rights booklets. | |  |  |
| AR 330.7011 | 3.2.3 | The recipient’s record identifies the person who provided the explanation of rights, and, when the recipient is unable to read, or their understanding is in question, an explanation of the materials used to explain rights. | |  |  |
| 330.1755(5)(i)  330.1776 (1) | 3.3.1 | There is unimpeded access to complaint forms. | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Citation** | **Standard** | | **SECTION 3 – UNIT/HOSPITAL OPERATIONS** | **FINDINGS** | **REQUIRED ACTION** |
| 330.1755(5)(i)  330.1776 (1) | 3.3.2 | There is a marked secure mechanism for filing complaints. (lock box or other confidential method). | |  |  |
| 330.1776(5) | 3.3.3 | There is a poster advising recipients that there are advocacy organizations available to assist in preparation of a written rights complaint, and an offer to refer recipients to those organizations or for ORR to assist in creating a complaint. | |  |  |
| 330.1723(1) | 3.3.4 | Current posters regarding the reporting of abuse and neglect present and visible in staff areas. | |  |  |
| 330.1723 (1) | 3.4.1 | Staff are aware of abuse and neglect reporting requirements. | |  |  |
| 330.1726(3), 330.1728(3) | 3.5.1 | If applicable Unit Rules (i.e., telephone usage, visitation, etc.), including any exclusions (i.e., weapons, glass, aerosol), are posted. | |  |  |
| 330.1726(3), 330.1728(3) | 3.5.2 | The Rights Advisor has reviewed the Unit rules. | |  |  |
| 330.1726(3), 330.1728(3) | 3.5.3 | The Rights Advisor has determined that Unit Rules are reasonable and lawful. | |  |  |
| 330.1724(9) | 3.6.1 | When video surveillance is utilized in common areas, recipients are notified of the existence and location of videotaping upon admission and by posted signs. | |  |  |
| 330.1724(9) | 3.6.2 | When video surveillance is utilized, private areas, such as bedrooms, bathrooms and showers are excluded from videotaping or surveillance. | |  |  |
| 330.1406, 330.1415, 330.1416 | 3.7.1 | Recipients are afforded an opportunity to sign into the hospital on a voluntary basis. | |  |  |
| 330.1406, 330.1415, 330.1416 | 3.7.2 | Upon admission, rights, including rights pertaining to voluntary admission, are explained verbally and in writing. | |  |  |
| 330.1406, 330.1415, 330.1416 | 3.7.3 | There is a mechanism for noting who provided the explanation in 3.7.2 and, when the recipient is unable to read or their understanding is in question, a description of the explanation is in the recipient’s record. The date of the completion of the explanation is noted in the record. | |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Citation** | **Standard** | | **SECTION 4 – EDUCATION AND TRAINING** | **FINDINGS** | **REQUIRED ACTION** |
| CMHS 6.3.2.3A | 4.1.1 | The primary and alternate rights staff have attended, and successfully completed, the Basic Skills Training program within 90 days of hire. | |  |  |
| 330. 1755[2][e]  CMHSP 6.3.2.3A | 4.2.1 | The staff of the rights office have complied with the continuing education requirements identified in the contract attachment. | |  |  |
| 330.1755[2][e]  CMHSP 6.3.2.3A | 4.2.2 | A minimum of 12 of the required 36 hours were approved as either Category I or II. | |  |  |
| 330.1755[2][e]  CMHSP 6.3.2.3A | 4.2.3 | Both the primary and alternate Rights staff have earned at least 3 continuing education credit during the calendar year. | |  |  |
| 330.1755[5][f] | 4.3.1 | All persons employed (direct hire or contract) by the LPH, who will have contact with recipients, have been trained on basic rights within 30 days of hire. | |  |  |
| 330.1755[5][f] | 4.3.2 | All staff of the LPH (unit/hospital) have been trained on residential rights within 30 days. | |  |  |
| 330.1755[5][f]  CMHSP 6.3.2.3B | 4.3.3 | Training related to recipient rights protection addressed all training standards identified in the MDHHS ORR Training Standards (all aspects of Chapters 4, 7, and 7a) | |  |  |
| 330. 1755[2][a] | 4.4.1 | Education and training in recipient rights policies and procedures are provided to the recipient rights advisory committee and appeals committee. | |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Citation** | | **Standard** | **SECTION 5 – RIGHTS ADVISORY COMMITTEE** | | **FINDINGS** | **REQUIRED ACTIONS** |
| MHC 1758 | 5.1.1 | | | There is a Recipient Rights Advisory Committee in place either 1) by agreement with the local CMHSP or 2) appointment by the hospital of a committee which consists of a committee comprised of at least 1/3 of the membership shall be primary consumers or family members and, of that 1/3, at least 1/2 shall be primary consumers. |  |  |
| 330.1758(a) | 5.1.2 | | | RRAC Minutes reflect meeting held at least twice per year. |  |  |
| 330.1758(c) | 5.1.3 | | | The committee acts to protect ORR from pressures that could interfere with the impartial, even-handed, and thorough performance of its functions. |  |  |
| 330.1755 (2)(b) | 5.1.4 | | | The committee reviews the funding for the Office at least annually. |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Citation** | | **Standard** | **SECTION 5 – RIGHTS ADVISORY COMMITTEE** | | **FINDINGS** | **REQUIRED ACTIONS** |
| 330.1758(d) | 5.1.5 | | | The RRAC reviews the Semi-Annual and Annual reports and provide input for the Board of Directors on the Annual report. |  |  |
|  |  | | | **SECTION TOTAL** |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Citation** | | **Standard** | **SECTION 6 – SECLUSION/RESTRAINT** | | **FINDINGS** | **REQUIRED ACTIONS** |
| 330.1740, 330.1742,  AR 330.7243, 42CFR 482.13 | 6.1.1 | | | If seclusion or restraint has been utilized within the past 12 months was the usage compliant with policy (including timeframes as outlined by CMS)? |  |  |
| 330.1740, 330.1742,  AR 330.7243, 42CFR 482.13 | 6.1.2 | | | If seclusion or restraint was utilized was the visit at 1 hour completed by physician or PA as required by state law. |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Citation** | | **Standard** | **SECTION 7 – APPEALS COMMITTEE** | | **FINDINGS** | **REQUIRED ACTIONS** |
| MHC 1774[3] | 7.1.1 | | | *For recipients who are under the authority of a CMHSP,* the governing body of a licensed hospital shall designate the appeals committee of the local community mental health services program to hear an appeal of a decision on a recipient rights matter brought by or on behalf of a recipient of that community mental health services program. |  |  |
| MHC 1774[4] | 7.1.2 | | | *For recipients who are not under the authority of a CMHSP,* the Governing Body (Board) of Hospital appointed an appeals committee to hear appeals of recipient rights matters **OR** entered into an agreement with MDHHS to use that entities appeals committee. |  |  |
| 330.1774 (3) | 7.1.3 | | | Notices of appeal rights refer recipients to appropriate appeals committee. |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Citation** | | **Standard** | **SECTION 8 – POLICIES** | | **FINDINGS** | **REQUIRED ACTIONS** |
| 330.1752 (a-p) | 8.1.1 | | | The policies of the hospital have been reviewed and accepted.  *Date of review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* |  |  |

**POLICY COMPLIANCE CHECKLIST**

|  |  |  |
| --- | --- | --- |
| Completed LPH/U Policy review on file  ꙱ YES ꙱ NO | Completed by: Date: |  |
| Are there policies altered since last policy review was conducted>  ꙱ YES ꙱ NO | Name of Policy(ies) changed since last review: |  |
| Were hospital policies reviewed for Recipient Rights compliance by the LPH Rights Advisor  ꙱ YES ꙱ NO | Date of LPH/ORR review:  Rights Advisor responsible: |  |

**CASE COMPLIANCE CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| Were the ORR investigation/intervention reports reviewed?  ꙱ YES ꙱ NO | Number reviewed: | Review completed by: | Plan of correction for cases required:  ꙱ YES ꙱ NO |
| Number of Complaint Files Reviewed by Type:  Abuse/Neglect/Retaliation-Harassment (required opens) [ ] Other Cases Opened [ ] Interventions [ ] Not Opened (OOJ/NRI) [ ] | | | |
| INDICATE CATEGORIES OF CASES REVIEWED  (i.e.) 72221, 7050, 7044) |  | | |

NOTE: Only complaints and subsequent complaint resolution files/reports involving recipients of the reviewer’s CMH were reviewed.