

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150084	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/06/2016
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NAME OF PROVIDER OR SUPPLIER ST VINCENT HOSPITAL & HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2001 W 86TH ST INDIANAPOLIS, IN 46260
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S 0000 Bldg. 00	<p>This visit was for the investigation of one State complaint.</p> <p>Complaint number: #IN00163361: Unsubstantiated; lack of sufficient evidence. One unrelated deficiency is cited.</p> <p>Date of survey: 01/06/2016</p> <p>Facility #: 005075</p> <p>QA: cjl 02/09/16</p>	S 0000		
S 0932 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(4)</p> <p>(b) The nursing service shall have the following:</p> <p>(4) The nursing staff shall develop and utilize an ongoing individualized plan of care based on standards of care for each patient.</p> <p>Based on document review and</p>	S 0932	S 932 410 IAC 15-1.5-6 Nursing	03/04/2016

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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	<p>interview, the nursing staff failed to implement a care plan related to seizure precautions, for patient number one, one of six medical records reviewed.</p> <p>Findings:</p> <p>1. Review of patient #1's Medical Record indicated the patient had a seizure on 3/13/2014. Nursing documentation lacked evidence of seizure precautions being initiated as a nursing care measure after patient had seizure, until 3/19/2014 when seizure care plan was initiated. A physician order for seizure precautions was not written until 3/25/2014. Nursing documentation from 3/19/2014 to 3/25/2014 lacked confirmation that the siderails were kept in the raised position or padded.</p> <p>2. Policy Seizure Precautions, 359012, last reviewed 3/2013, indicated: A. Seizure precautions are provided to any patient who is subject to seizure activity, and include: 1.) Full siderails in the raised position with attached bumper pads/padded blankets.</p> <p>3. On 01/06/2016, staff member #1, Director of Clinical Excellency, agreed with the above findings.</p>		<p>Service 410 IAC 15-1.5-6 (b) (4) Failed to implement a care plan related to seizure precautions for one patient Corrective Action(s): St. Vincent Quality reviewed its Seizure Precautions policy to ensure it appropriately identified the required standards of practice and no revisions were warranted. On or before March 4, 2016, Four East Nurses and PatientCare Assistants were reeducated via a power point packet regarding the importance of documenting in the patient's medical record, at least once pershift, when a patient needs seizure precautions. Further, emphasis was that when seizureprecautions are noted, the following interventions are implied, i.e. all fourside rails are raised with bumper pads or padded blankets attached and suction and oxygen equipment are available in the patient's room. Seizure precaution information was also relayed through daily huddle before the beginning of each shift by discussing patients in seizure precautions, in the unit's weekly newsletter, and in interviews with staff during monthly Quality Day rounds to ensure they can accuratelyarticulate seizure precautions and documentation requirements. Any requisite staff members who failed to complete the education within the designated timeframe will be prohibited from working with Four</p>		

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			<p>East patients until documentation of completion is provided. Any staff required to complete the outlined education that is presently on an approved leave will be required to complete this task on an individual basis upon returning to work. Beginning March 4, 2016, education regarding policy and performance expectations will be added to the curriculum for orientation of relevant staff within the Four East Unit. Documentation of education will be maintained.</p> <p>Monitoring: To ensure compliance, beginning in March 2016, Four East Nurse manager or her designee will initiate a monthly audit of 100% of patients in seizure precautions to ensure that this was added to the care plan and minimally documented once per shift. Any identified gaps will be immediately discussed with the staff member on an individual basis for performance improvement. This audit process will be completed for a 3-month period with expectations for achievement of 90% or greater compliance. If the threshold is achieved, then the auditing process will be transitioned to a spot audit. If the referenced threshold is not met, then consistent auditing will continue until such time that data for a consecutive 3-month period reflects achievement of the threshold. Results of audits will be communicated through the</p>	

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			Four East quality monitoring process. Responsible Person(s): Manager of Four East Patient Care Services or her designee will be responsible for ensuring that staff has a clear understanding of how seizure precautions are both provided and documented to St. Vincent Hospital Four East patients and the monitoring of these corrective actions to ensure that the deficiency is corrected and will not recur.		