

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/27/2014
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NAME OF PROVIDER OR SUPPLIER PARKVIEW REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845
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S000000	<p>The visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN 00144382</p> <p>Unsubstantiated; lack of sufficient evidence. Deficiency cited unrelated to the allegations.</p> <p>Date: 3-27-14</p> <p>Facility Number: 005020</p> <p>Surveyor: Brian Montgomery, RN, BSN Public Health Nurse Surveyor</p> <p>QA: claughlin 04/16/14</p> <p>Changes made after IDR meeting on 06-16-14. John Lee, RN, MBA Program Manager Hospitals/ASCs</p>	S000000		
S000912	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing</p>			

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>service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions. (iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements. (v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>Based upon document review and interview, the nurse executive failed to ensure that the policy/procedure for Event Reporting was followed by nursing staff for 1 of 7 medical records (MR) reviewed (patient 27).</p> <p>Findings:</p> <p>1. The policy/procedure Event Reporting (revised 3-12) indicated the following: "</p>	S000912	<p>Action Plan 1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction. -Revise the "Event Reporting" policy to allow a broader scope of employees more time to enter event reports. -Educate all staff on event reporting (during weekly event reviews beginning 6/2/2014) including: -Definition of an event -How to enter an event online</p>	07/25/2014

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	<p>Any unusual occurrence or event not consistent with routine operations involving a patient ...will be documented, reported and evaluated ...The employee most closely involved or the employee discovering the incident/occurrence must verbally report up through management as appropriate, and, then complete the form immediately. ...Upon completing the report, the employee must immediately submit the information through the event reporting database. The supervisor is responsible for providing follow-up on the event ... "</p> <p>2. The MR for patient 27 indicated that the patient was evaluated and accepted for admission to the behavioral health unit after receiving a medical screening exam in the ED on 2-13-12. The MR indicated that patient 27 walked away from the Emergency Department (ED) before the arrival of the behavioral health unit transportation, a search was conducted and the patient was not found, the city police department was contacted and notified of the behavioral patient elopement, and a staff attempted to telephone a family member of patient 27.</p> <p>3. A list of 52 ED Event Reports for the period 2-01-12 through 3-30-12 provided for review failed to indicate an event report related to patient 27.</p>		<p>-Proper investigation and follow-up of an event -Attribution and proper referral to another department -Development of an action plan -Assignment of significance -Closing of an event -Identify leaders that are deficient in reviewing reported events and notify them of this failure 2. How are you going to prevent the deficiency from recurring in the future? -Revise the "Event Reporting" policy -Computer Based Learning (CBLs) modules on event reporting is available to all employees and is required of all employees annually. -Regularly scheduled event reviews at Parkview Randallia and Parkview Regional Medical Center 3. Who is going to be responsible for numbers 1 and 2? Risk Management/Legal Counsel 4. By what date are you going to have the deficiency corrected? 7/25/2014</p>		

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	4. During an interview on 3-27-14 at 1620 hours, staff A2 confirmed that the list of events failed to indicate that an event report related to the elopement of patient 27 on 2-13-12 was completed and submitted by the ED nurse assigned to care for the patient.			