

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150169		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/12/2012	
NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL NORTH				STREET ADDRESS, CITY, STATE, ZIP CODE 7150 CLEARVISTA DR INDIANAPOLIS, IN 46256			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
S0000	<p>This visit was for one State hospital complaint investigation.</p> <p>Facility Number: 011437</p> <p>Complaint Number: #IN00092256 Unsubstantiated: unrelated deficiency cited.</p> <p>Survey Date: 4-12-2012</p> <p>Surveyor: Deborah Franco, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 05/16/12</p>			S0000			

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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S0871	<p>410 IAC 15-1.5-5 Medical Staff 410 IAC 15-1.5-5(b)(3)(O)</p> <p>(b) The medical staff shall adopt and enforce bylaws and rules to carry out its responsibilities. These bylaws and rules shall:</p> <p>(3) include, but not be limited to, the following:</p> <p>(O) A requirement that all verbal orders must be authenticated by the responsible individual in accordance with hospital and medical staff policies. The individual receiving a verbal order shall date, time, and sign the verbal order in accordance with hospital policy. Authentication of a verbal order must occur within forty-eight (48) hours unless a read back and verify process described under items (i) and (ii) is utilized. If a patient is discharged within forty-eight (48) hours of the time that the verbal order was given, authentication shall occur within thirty (30) days after the patient's discharge.</p> <p>(i) As an alternative, hospital policy may provide for a read back and verify process for verbal orders. Any read back and verify process must require that the individual receiving the order shall immediately read back the order to the ordering physician or other responsible individual who shall immediately verify that the read back order is correct.</p> <p>(ii) The individual receiving the verbal order shall document in the patient's medical record that the order was read back and verified. Where the read back and verify process is followed, the hospital shall require authentication of the verbal order not later than thirty (30) days after the patient's discharge.</p>			

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	<p>Based on medical record review and interview, the facility failed to correctly implement its verbal/telephone order policy for 2 of 5 medical records reviewed.</p> <p>Findings included:</p> <ol style="list-style-type: none"> 1. Facility policy "Doctors' Orders, Verbal And/Or Telephone" effective 10/6/2010, page 2, #8, indicated "Prior to completion of the VO or TO, the person receiving the order must write down and read back the entire order and obtain verification that the order is correct-"read back and verify" or RAV. The order must include the notation "RAV" to indicate that the order was read back and verified". 2. Review of closed medical record for N1 contained on 6-15-2011 at 20:13 an order for "Ativan 1 mg PO or IM for agitation one time dose, transfer to PICU PRN. T.O. Dr. Martin/C Dyer, RN". The order lacked documentation of RAV or any indication in writing that the Telephone Order (T.O.) had been read back and verified for accuracy. 3. Review of closed medical record for N3 contained on 6-17-2011 at 10:00 an order for "UA V.O. Dr. Sidku/M.Davis, RN". The order lacked documentation of 	S0871	<p>Corrective Actions for S 871: deficiency #2 and #3 1. Correction of the deficiency: On 5-24-12 the Vice President of Nursing in Inpatient Behavioral Care Services sent to all staff instructions to: a) review and follow the policy CLN-2070 re. use of "RAV" with documentation of all MD verbal and phone orders and b) for the night shift nurses to include use of "RAV" with these orders in the night chart audits. In addition, on 5-21-12, the Medical Director sent policy CLN-2070 and instructions to all MDs treating inpatients in the Behavioral Care Services to follow the policy. He also discussed this policy in the Psychiatry Department meeting on 5-21-12. (30 day deficiency correction)2. The Site Leader for Quality/Risk and the Inpatient Director will review the night audits to evaluate effectiveness of the re-education for use of "RAV". The goal is 100% compliance. 3. Vice President of Nursing, Medical Director, Inpatient Director, and Site Leader for Quality/Risk in Inpatient Behavioral Care Services are responsible. 4. Date for complete correction of the deficiency: 60 day timeline: June 12, 2012.</p>	06/12/2012	

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	<p>RAV or any indication in writing that the Verbal Order (VO) had been read back and verified for accuracy.</p> <p>4. During interview with S3 on 3-12-2012 at 3:00 PM, S1:</p> <p>a. verified the findings in the medical records.</p> <p>b. confirmed that the TO in the medical record of N1 did not conform with facility policy requiring RAV for Telephone Orders.</p> <p>c. confirmed that the VO in the medical record of N3 did not conform with facility policy requiring RAV for Verbal Orders.</p>			