Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 004975	(X2) MULTIPLE CONSTRUCTION A. BUILDING ____ B. WING ____	(X3) DATE SURVEY COMPLETED 07/06/2010
NAME OF PROVIDER OR SUPPLIER SAINT CATHERINE REGIONAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 MARKET ST CHARLESTOWN, IN 47111		

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED 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) COMPLETE DATE
S 000	INITIAL COMMENTS	S 000		
	This visit was for the investigation of one (1) licensure complaint.			
	Complaint number: 20100745/IN00072492 Substantiated; Deficiencies related to allegations cited.			
	Dates of survey: 7/6/10			
	Facility number: 004975			
	Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor			
	QA: claughlin 07/20/10			
S 732	410 IAC 15-1.5-4 MEDICAL RECORD SERVICES	S 732		
	410 IAC 15-1.5-4(d)(1)(2)(3)(4)			
	(d) The medical record shall contain sufficient information to:			
	(1) identify the patient; (2) support the diagnosis; (3) justify the treatment; and (4) document accurately the course of treatment and results.			
	This RULE: is not met as evidenced by: Based on document review, the facility failed to document the patient's progress accurately for 1 of 3 patients (patient #1).			
	Findings include:			
	1. Review of patient #1 medical record indicated			

DC accepted 8.17.10 BL

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE [signature] TITLE CEO (X6) DATE 8/12/10

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S 732	Continued From Page 1 the following: (A) The patient was admitted to the behavioral health unit (BHU) 1/18/2010. (B) The patient's discharge summary dictated by M.D. #1 was not accurate. The discharge summary stated "After medication adjustments, there was zero agitation noted 24 hours prior to discharge", however review of nurses notes indicated that the patient was agitated and aggressive with staff up until 11:00 p.m. on 2/2/10 (patient discharged 2/3/10 at 9:51 a.m.).	S 732	**Responsible Person/s: CEO, Chief of Staff, CNO and Supervisor of BHS** 1. CEO to meet with MD to discuss discharge summary process. 2. Five (5) discharge summaries per month will be audited against the daily nursing notes and daily nursing report sheets for accurate documentation. (Attachment A) 3. Completed audits will be reported monthly at Quality Care Review Council (QCRC). 4. Discrepancies, if noted, will be reviewed by Peer Review group with follow-up with MD. 5. Results of Peer Review will be placed in MD Credentialing File.	
S 930	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3) (b) The nursing service shall have the following: (3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient. This RULE: is not met as evidenced by: Based on document review and staff interview, the facility failed to ensure a registered nurse evaluated/supervised the care provided to 1 of 3 patients (patient #1) on the behavioral health unit (BHU). Findings include: 1. Review of patient #1 medical record indicated the following: (A) The patient was admitted to the BHU 1/18/2010. (B) A behavior health screening was ordered in the emergency department (ED) on day of admission which included a urinalysis. The record lacked documentation that the urinalysis	S 930		August 25, 2010

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S 930	Continued From Page 2 was ever obtained. 2. Staff member #1 indicated the following in interview at 4:20 p.m.: (A) All patients being admitted to the BHU through the ED have screening test performed which includes a urinalysis. (B) He/she verified that patient #1 did not have a urinalysis and did not know why they did not.	S 930	**Responsible Person/s: CNO, Emergency Department Manager, BHS Supervisor** 1. The Emergency Department will be responsible for ensuring that all screening tests (including urinalysis) will be completed prior to a BHS patient is sent to the unit. 2. Emergency Department Manager will track completion of admission screening and report as benchmark monthly at Quality Council starting in September 2010. 3. (Attachment C) 4. BHS will not accept any patient for admission from the Emergency Department if all screening tests are not completed. (Exception: there is appropriate documentation in the medical record that the test cannot be completed as ordered with supporting documentation indicating that the physician has been notified of the situation to include the reason the test cannot be completed.)	August 31, 2010