STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150100	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING	(X3) DATE SURVEY COMPLETED 10/10/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST MARY'S MEDICAL CENTER OF EVANSVILLE INC	3700 WASHINGTON AVE EVANSVILLE, IN 47750

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S0000	This visit was for the investigation of one (1) State hospital complaint. Date of survey: 10-10-12 Facility number: 005089 Complaint number: IN00112892 Substantiated: deficiencies cited under nursing services and an unrelated citation under medical record services. Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor QA: claughlin 12/04/12	S0000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds 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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S0732	410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 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. Based on document review and staff interview, the facility failed to ensure medical records documented accurately the course of treatment for 1 of 5 patients (patient #1). Findings include: 1. Review of patient #1 medical record indicated the following: (A) The patient was transferred to the rehab unit of the hospital on 6/4/12, however the order and discharge summary was incorrect. The discharge order dated 6/4/12 at 12:10 p.m. states "DC to Home/Nursing Home" and the discharge summary states "Social worker arranging home health as well as transportation to home." (B) The nurses notes failed to document an injury to his/her foot during the stay, however an incident report indicated an injury occurred on 6/5/12.	S0732	Preparation and execution of this response and plan of correction do not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. Credible Allegation of Compliance: For the purpose of any allegation that St. Mary's Medical Center (St. Mary's) is not in substantial compliance with Indiana Administrative Code IAC 15-1 and accompanying regulations, this response constitutes St. Mary's allegations of compliance. Credible Allegation of Correction: For each of the following findings, St. Mary's incorporates by reference its response as set forth above.St. Mary's recognizes the importance medical record documentation, including accurate discharge disposition documentation as part of the discharge planning process. First	01/31/2013

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	2. Staff member #2 indicated in interview at 4:10 p.m. on 10/10/12 that there was no nursing documentation of the injury to the foot during the stay on the rehab unit. 3. An incident report dated 6/5/12 indicated that patient #1 knocked a tray off his/her table and the tray struck his/her foot resulting in a large bruise. 4. Facility policy #100464 and titled "EVENT (INCIDENT) REPORTING (General Hospital) last reviewed/revised 1/17/11 states on page 7 under Management of Event Data: "2. An event report form must never be placed in a patient's medical record; however, the facts of an event that reflect the care the patient received and any follow-up action **are** documented in the medical record.		30 Days: Discharge Disposition in Medical Record Corrected to Indicate Disposition of St. Mary's Rehabilitation Institute 10/10/12 5 Central Nursing staff will review medical record for proper discharge disposition documentation for their respective patients and will clarify with the physician when order indicates incorrect discharge disposition. 10/10/12 and Ongoing3 rd 30 Days 1. All 5 Central Nursing staff will be educated on importance of accurate discharge disposition orders, including prompt notification of physician, when there is a change in disposition. (January 31, 2013)2. All 5 Central Staff will also be reeducated on the policy to complete an event report for an adverse event, as well as completing medical record documentation. Staff meeting (January 31, 2013)3. The 5 Central Nursing Director will audit 4 records per week for one month to evaluate compliance with Discharge disposition documentation. (Complete January 30, 2013).5. The 5 Central Nursing Director met with the Registered Nurse who facilitated the patient's discharge from 5 Central to the Rehabilitation Institute to advise of variance, and the requirement to complete an event report for such an event (Complete: December 12, 2012)6. The	

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			Nursing Director will audit two medical records per week for 12 weeks belonging to patients assigned to this registered nurse. The Director will be auditing for completeness of documentation, including proper discharge documentation and recording of adverse events that were noted in the event reporting system. (March 31, 2013)Oversight of compliance with the plan of correction will be the responsibility of the 5 Central Nursing Director, Senior Vice President/Chief Nursing Officer, and Vice President, Regulatory Compliance, Risk, and Accreditation.	

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S0744	410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4 (e)(1) (e) All entries in the medical record shall be: (1) legible and complete; Based on document review and staff interview, the facility failed to ensure the discharge summary was complete for 1 of 5 patients (patient #1). Findings include: 1. Review of patient #1 medical record indicated the discharge summary contained nine (9) blanks that were not filled in and the document was authenticated on 6/13/12. 2. Staff member #1 indicated in interview beginning at 4:00 p.m. on 10/10/12 that there were numerous blanks in the discharge summary for patient #1.	S0744	St. Mary's understands that it is imperative that medical record documentation is legible and complete. 1 st 30 Days: The Medical Director for Priority Care (Hospitalist Service) and Director of Health Information Management were notified of surveyor's findings of nine blanks in Discharge Summary. The provider who dictated the Discharge Summary is no longer employed with St. Mary's so a notation was made in the record indicating reason for incompletion of record. (Complete 10/31/12). 2 nd and 3 rd 30 Days Policy, Blanks in Transcribed Documents was written by Director, Health Information Management outlining process for addressing when the transcriptionist is unable to decipher the dictation. A copy of policy is attached to this plan of correction. (Complete 12/18/12) All Transcription staff will be educated on the new policy (Complete 12/31/12) One hundred percent of transcribed documents with more than two blanks, as defined in the policy (Blanks in Transcribed Documents), will be audited for 3 months by Health Information	01/31/2013

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			Management staff to identify trends and patterns. Findings will be forwarded to the Chief Medical Officer and Director of Health Information Management. Education of the Medical staff, if needed, will be the responsibility of the Chief Medical Officer. Oversight for the plan of correction is the responsibility of the Chief Medical Officer, the Director of Health Information Management, Vice President, Regulatory Compliance, Risk, and Accreditation.	

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S0912	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v) (a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following: (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.			
	Based on document review and staff interview, the nurse executive failed to assure nursing staff completed an incident report per policy for a patient injury resulting in inability for facility to	S0912	St. Mary's is committed to ensuring changes in the patient's medical condition are reflected in the medical record. 1 st 30 Days: During Rehabilitation Institute department meeting, the	01/31/2013

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	investigate the injury per policy for 1 of 5 patients (patient #1). Findings include: 1. Review of patient #1 medical record indicated the following: (A) The patient received a skin tear to the right knee area during transfer to the wheelchair prior to going to the rehab unit on 6/4/12. The nurses notes indicated the area was "cleaned and dressed." The notes did not indicate the size/severity of the wound or exactly what the patient hit the leg on. (B) Per wound care nurse notes dated 6/11/12, the area to the right knee was still being treated. 2. Staff member #1 indicated in interview beginning at 4:00 p.m. on 10/10/12 that there was no incident report completed for the injury to patient #1's knee and that incident reports go to his/her department for review. 3. Facility policy #100464 and titled "EVENT (INCIDENT) REPORTING (General Hospital) last reviewed/revised 1/17/11 states under policy statement on page 1: ".....St. Mary's is committed to improving overall organization performance, which is monitored and measured through the collection and		Director educated staff on the requirement to document adverse events in the medical record, as well as completing an event report. All staff either attended the meeting or signed the meeting minutes. (Complete 11/6/12) 2 nd 30 Days The Registered Nurse assigned to care for this patient on 6/5/12 had retired from St. Mary's prior to the surveyor's visit on 10/10/12. However, on 12/3/12, the Registered Nurse resumed employment at St. Mary's Rehabilitation Institute. On that date, the Director of Rehabilitation Institute, provided a verbal counseling to the employee regarding the matter of incomplete documentation of 6/5/12. (Complete 12/3/12)Oversight for compliance with the plan of correction is the responsibility of the Senior Vice President/Chief Nursing Officer, Vice President, Regulatory Compliance, Risk, and Accreditation, Director, Rehabilitation Institute.	

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	analysis of data. The event reporting process is an important source of data for both those purposes. Event report data are studied and analyzed to determine the need for any immediate corrective action and/or whether there are any trends that represent real or potential problems in the design of processes and systems for the delivery of care or providing a service. The results of event analyses are utilized to promote changes in protocol, policy and procedure with the ultimate purpose of improving organization performance, including the safety and security of St. Mary's patients, visitors....." and under Definitions on page 1, the policy states "Event: An event is any incident, happening occurrence which is not consistent with the routine care of a particular patient or within normal operations of St. Mary's." Page 3 states under Event Notification: "Any person who discovers, or has knowledge of an event or incident, should report what occurred to his/her supervisor in addition to entering the data into the Hospitals's online (electronic) event reporting system or completing the appropriate event report form...." The policy states on page 5 under Electronic Event Reporting: "Any type of an event or incident is reported by entering the information into the electronic event reporting system. Access to this electronic reporting system is			

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	available throughout the hospital via the Intranet as well as a link from the Nursing Documentation system. Events involving patients or visitors are the responsibility of Risk Management Services."			