

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150021	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 04/19/2016
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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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S 0000 Bldg. 00	<p>This visit was for the investigation of a State hospital complaint.</p> <p>Complaint Number: IN 00177394</p> <p>Facility number: 005020</p> <p>Substantiated: No deficiency cited related to the allegation. An unrelated deficiency is cited.</p> <p>Date: 4/19/2016</p> <p>QA: 5/1916 jlh</p> <p>IDR Committee held on 10-06-16. Tag S0804 deleted, Tag S0868 added. JL</p>	S 0000		
S 0868 Bldg. 00	<p>410 IAC 15-1.5-5 MEDICAL STAFF 410 IAC 15-1.5-5(b)(3)(M)(i)(ii)(iii)</p> <p>(b) The medical staff shall adopt and enforce bylaws and rules to carry out its responsibilities. These bylaws and rules shall: (3) include, but not be limited to, the following:</p> <p>(M) A requirement that a complete physical examination and medical history be performed: (i) on each patient admitted by a</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>practitioner who has been granted such privileges by the medical staff; (ii) within seven (7) days prior to date of admissions and documented in the record with a durable, legible copy of the report and changes noted in the record on admission; or (iii) within forty-eight (48) hours after an admission.</p> <p>Based on document review, a psychiatric physician failed to see a patient within 24 hours who was detained on an Emergency Detention order for one of six patients reviewed.</p> <p>Findings:</p> <p>1. Behavioral Health Facility Policy Seventy-Two Hour Detention, PH Assessment of Patients, indicates the following:</p> <p style="padding-left: 40px;">4. A psychiatrist must see the patient within 24 hours of admission. This policy was last reviewed on 01/2014.</p> <p>2. On 6/30/2015 at 1359 hours, after being assessed by staff member #8, a Psychiatric Social Worker and staffed with staff member #9, a psychiatrist, the patient was detained on a 72 hour hold.</p> <p style="padding-left: 40px;">The patient was seen by a psychiatrist, staff member #7, on 7/01/2015 at 1929 hours, more than 24</p>	S 0868	<p>1.How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.</p> <p>The deficiency was corrected effective August, 2015. The psychiatrists were educated on August 5, 2015 regarding the Medical Staff policy relative to completing their psychiatric evaluations within 24 hours of a patients' admission. The psychiatrist, Staff Member #9, received additional education regarding the Medical Staff requirement on August 11, 2015. Beginning August 2015, 10% of inpatient admissions were audited monthly for compliance regarding Psychiatric Evaluations within 24 hours of admission. The audits occurred monthly until 100% compliance was reached for 6 consecutive months. This was achieved in April, 2016. We have continued these audits to date and have maintained 100% compliance through June, 2016.</p> <p>2.How are you going to prevent the deficiency from recurring in the future?</p>	04/19/2016			

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	hours after admission.		<p>Monthly audits will continue to occur to ensure compliance.</p> <p>3. Who is going to be responsible for numbers 1 and 2 above; i.e. director, supervisor, etc.? The Quality Management Department will be responsible for auditing the patient charts for compliance. The Parkview Behavioral Health Quality and Accreditation Specialist, in conjunction with the Behavioral Health Medical Director, will ensure appropriate education and corrective action occurs.</p> <p>4. By what date are you going to have the deficiency corrected? The deficiency has been corrected. As of April 2016, we reached 100% compliance for 6 consecutive months.</p>	