

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150126		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/21/2013	
NAME OF PROVIDER OR SUPPLIER FRANCISCAN ST ANTHONY HEALTH - CROWN POINT				STREET ADDRESS, CITY, STATE, ZIP CODE 1201 S MAIN ST CROWN POINT, IN 46307			
(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) COMPLETION DATE			
S000000	<p>This visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN00128585</p> <p>Unsubstantiated: Deficiencies cited unrelated to allegations.</p> <p>Date: 11/21/13</p> <p>Facility Number: 005107</p> <p>Surveyor: Jacqueline Brown, R.N., Public Health Nurse Surveyor</p> <p>QA: claughlin 12/06/13</p>	S000000					

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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S000930	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>Based on policy and procedure review, medical record review, and personnel interview, the registered nurse failed to supervise and evaluate the care planned for each patient related to implementation of physician orders for assessing and documenting daily weight according to policy and procedure for 3 of 5 (N1, N4, and N5) closed patient medical records reviewed.</p> <p>Findings:</p> <p>1. Policy titled, "General Nursing Guidelines - Rehab", revised/reapproved 11/1/10, was reviewed on 11/21/13 at approximately 1:00 PM, and indicated, "These protocols will be carried out for all clients unless Nursing judgement, therapy regimen or physician orders dictate otherwise. 1. Weights - All patients will be weighed on admission and then weekly unless ordered otherwise..."</p> <p>2. Policy titled, "Rehabilitation Unit</p>	S000930	<p>Process changes implemented to assure daily weights are performed as ordered and/or by policy in the inpatient rehabilitation unit. 1. On a daily basis, the night shift nurse will be responsible for assuring that physician ordered and other required patient weights are performed and documented. 2. During shift change hand-off, the day nurse will record the weights on the shift report sheet so that any patient weight concerns are followed up on. 3. The unit manager will audit 100% of patient records per week that have orders or other reasons for patient weights. The findings will be reported to the hospital Quality Council for a minimum of 6 months. Providing that 100% performance is demonstrated for weighing and documentation of weights, the Quality Council will make a determination regarding continuation of ongoing monitoring.</p>	11/21/2013	

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	<p>Standards of Patient Care" revised/reapproved 1/28/11, was reviewed on 11/21/13 at approximately 1:00 PM, and indicated under point 9., "Patient weights will be done on admission, then bi-weekly or as ordered and documented on the graphic record."</p> <p>3. Review of closed patient medical records on 11/21/13 at approximately 12:09 PM, indicated Patient:</p> <p>A. N1 (client named in complaint) was admitted to the Rehabilitation Unit on 4/10/13 for comprehensive rehabilitation. Documentation in the medical record included:</p> <p>a. per Physician Orders dated 4/10/13, "daily weights".</p> <p>b. per Daily Care Flowsheets confirmed patient's weight on admission 4/10/13 was 62.29 kg and on discharge 5/31/13 was 59.10 kg.</p> <p>c. lacked assessment and documentation of a daily weight on 4/11-5/19/13 and 5/21-5/30/13, approximately 48 days.</p> <p>d. per Registered Dietitian Progress Notes dated 5/6/13, "recommend obtain current weight...No repeat weights noted since April 10, 2013; would be useful to have this updated information."</p> <p>B. N4 was admitted to the Rehabilitation Unit on 4/24/13 for</p>						

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	<p>comprehensive rehabilitation.</p> <p>Documentation in the medical record included:</p> <ul style="list-style-type: none"> a. per Physician Orders dated 4/24/13, "measure weight daily in kg (kilograms)". b. per Daily Care Flowsheets confirmed patient's weight on admission 4/24/13 was 52.34 kg and on discharge 5/3/13 was 55.02 kg. c. lacked a daily weight in kg on 4/28/13. <p>C. N5 was admitted to the Rehabilitation Unit on 4/30/13 for comprehensive rehabilitation.</p> <p>Documentation in the medical record included:</p> <ul style="list-style-type: none"> a. per Physician Orders dated 4/30/13, "daily weights". b. per Daily Care Flowsheets confirmed patient's weight on admission 4/30/13 was 89.60 kg and on discharge 5/9/13 was 82.29 kg. c. lacked a daily weight on 5/6/13. <p>4. Personnel P1 was interviewed on 11/21/13 at approximately 12:56 PM and confirmed, there was an order for daily weights on admission to the rehabilitation unit for patient N1 and these were not documented in the patient's medical record, except for 4-10-13 and 5-20-13. Patients N4 and N5 also had orders for daily weights and they were lacking on</p>			

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	the above-mentioned dates. Facility policy and procedure was not followed.			