

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150021		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/27/2013	
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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S000000	<p>This visit was for investigation of one State hospital complaint.</p> <p>Complaint Number: IN00135284</p> <p>Substantiated; deficiencies related and unrelated to allegations are cited</p> <p>Facility Number: 005020</p> <p>Date: 9/27/13</p> <p>Surveyor: Linda Plummer, R.N., Public Health Nurse Surveyor</p> <p>QA: claughlin 10/24/13</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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S000868	<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:</p> <p>(3) include, but not be limited to, the following:</p> <p>(M) A requirement that a complete physical examination and medical history be performed:</p> <p>(i) on each patient admitted by a practitioner who has been granted such privileges by the medical staff;</p> <p>(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</p> <p>(iii) within forty-eight (48) hours after an admission.</p> <p>Based on review of the medical staff rules and regulations, patient medical record review, and staff interview, the medical staff failed to ensure the completion of an admission history and physical within 24 hours of admission for 1 of 5 patients (pt. #1).</p> <p>Findings:</p> <p>1. at 12:45 PM on 9/27/13, review of the medical staff rules and regulations (for " Inpatient Medical Record Completion " ), with a most recent medical staff executive committee approval of 6/14/11, indicated:</p>	S000868	ISDH Citation S 0868: Admission History and Physical completed within 24 hours of admission. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction. - Although the psychiatrist documented on August 22, 2013 that the patient chose not to see the medical doctor, all physicians who complete H&P's will be re-educated on documenting within 24 hours a patient's refusal to see the physician who completes the H&P. This will be completed by November 15,	11/15/2013			

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	<p>a. on page two under section " III Documentation Requirements " , it reads: " A. History and Physical 1. History and Physical Completion a. A medical history and physical examination must be completed no more than 30 days prior to, or within 24 hours after, inpatient admission or registration but prior to surgery or a procedure... "</p> <p>2. review of patient medical records indicated that patient #1:  a. was admitted on 8/21/13  b. had a note written by a " technician " on 8/22/13 at 1043 hours that read: " ...Pt choose not to see the medical doctor... "  c. was discharged on 8/26/13  d. had a history and physical dated 8/30/13 that read in the " Assessment/Plan " section: " No H &amp; P was done on this patient, either [pt] left prior to being seen, MD was not contacted or pt refused exam "</p> <p>3. interview with staff member #55, the director of nursing for the adolescent behavioral health unit, at 1:15 PM on 9/27/13 indicated:  a. there should have been a note written by the medical doctor if the patient refused a history and physical on 8/22/13, not just a note by a technician  b. other attempts at performing a</p>		<p>2013.- During each shift beginning September 30, 2013 and during staff meetings on October 15, 16, 18, 22, 23 and 24, the Program Manager re-educated nursing personnel and mental health technicians that each time a patient declines an H&amp;P, the physician must be notified and then they must document the declination. The patient is placed on the H&amp;P list daily to be seen until an H&amp;P is completed. Staff were educated on the requirement to ask the patient daily until discharge if they will consent to the H&amp;P. How are you going to prevent the deficiency from recurring in the future? - The RN Lead reviews all H&amp;P's that are refused and completes daily audits to ensure the process is followed.- These audits will occur daily until 100% compliance is sustained for 3 consecutive months.- The results will be tracked on the Internal Measures of Success (MOS) Dashboard. Who is going to be responsible for numbers 1 and 2 above; i.e. director, supervisor, etc.? - The Nursing Director has direct oversight and is ultimately responsible. By what date are you going to have the deficiency corrected? 11/15/13</p>				

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	history and physical should have been made on the remaining days of hospitalization for pt. #1 c. it is unclear how a history and physical was missed for pt. #1			

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S000912	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(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:</p> <p>(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.</p> <p>Based on policy and procedure review, patient medical record review, and staff interview, the nurse manager failed to ensure the implementation of facility policy related to the requirement of</p>	S000912	ISDH Citation S 0912: Receiving parental/guardian permission prior to administering psychotropic medications to minors. How are you going to correct the deficiency? If already	10/24/2013			

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	<p>receiving parental/guardian permission prior to administering psychotropic medications to minors for 1 of 5 patients (pt. #4).</p> <p>Findings:</p> <p>1. at 12:45 PM on 9/27/13, review of the policy and procedure " Informed consent for Administration of Medications to Minors (&lt;17 YRS) " , with a last approved date of 4/2013, indicated:</p> <p>a. under " Policy Statement " , it reads: " It is the policy of Parkview Behavioral Health to obtain consent from parents, and or guardian ' s prior to the administration of psychotropic medications to minors... " </p> <p>b. under " Procedure " , it reads: " A. Upon receiving a physician order for a psychotropic medication for a minor, the nurse will contact the patient ' s parent or guardian by telephone...F. If the minor patient is admitted on psychotropic medications, the nurse should obtain written consent at the time of admission. "</p> <p>2. review of patient medical records indicated that patient #4:</p> <p>a. received Depakote 750 mgs on 8/21/13 at 2330 hours and on 8/22/13 at 1948 hours</p> <p>b. received Lamictal 25 mgs on</p>		<p>corrected, include the steps taken and the date of correction. - Parental consent was obtained prior to the administration of the psychotropic medication to the minor, however the consent was not dated until two days after permission was given. - The Medication Consent Log was developed on September 30, 2013, to ensure that two staff (at least one RN) are verifying on each shift that medication consents are obtained and include the date and time. - Program Manager re-educated nursing personnel and mental health technicians on obtaining medication consents and educated them on the medication log during each shift beginning September 30, 2013 and during staff meetings on October 15, 16, 18, 22, 23 and 24th. How are you going to prevent the deficiency from recurring in the future? - Nurse Leaders will conduct daily shift audits until 100% compliance is sustained for 3 consecutive months.- The results will be tracked on the Internal Measures of Success (MOS) Dashboard. Who is going to be responsible for numbers 1 and 2 above; i.e. director, supervisor, etc?- The Nursing Director has direct oversight and is ultimately responsible.By what date are you going to have the deficiency corrected? 10/24/13</p>		

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	<p>8/21/13 at 2330 hours and on 8/22/13 at 0703 hours and 1548 hours</p> <p>c. received Paxil 40 mg on 8/22/13 at 0842 hours</p> <p>d. received Geodon 140 mg on 8/21/13 at 2330 hours</p> <p>e. had parent/guardian authenticated documents (form titled: " PBH Medication Information Sheet Anti-Psychotic Medications - Atypical " for the phone permission of Geodon dated 8/23/13 at 2001 hours, and for Paxil on 8/23/13 at 2001 hours</p> <p>f. had parent/guardian authenticated documents (no form title, form #2645 dated 3-09) for Lamictal on 8/23/13 (no time noted), and for Depakote on 8/23/13 (no time noted)</p> <p>3. interview with staff member #55, the director of nursing for the adolescent behavioral health unit, at 1:15 PM on 9/27/13 indicated:</p> <p>a. facility policy was not followed related to psychotropic medications given to patient #4 on 8/21/13 and 8/22/13 prior the the permission given on 8/23/13, as per signed parent/guardian documents on that date</p>						