

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150051	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/07/2021
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NAME OF PROVIDER OR SUPPLIER IU HEALTH BLOOMINGTON HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 601 W SECOND ST BLOOMINGTON, IN 47403
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S 0000 Bldg. 00	<p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00327990</p> <p>Substantiated: Deficiency related to the allegations is cited. An unrelated deficiency is cited.</p> <p>Survey Date: 7/7/21</p> <p>Facility Number: 005047</p> <p>QA: 7/12/2021</p>	S 0000		
S 0556 Bldg. 00	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(b)</p> <p>(b) There shall be an active, effective, and written hospital-wide infection control program. Included in this program shall be system designed for the identification, surveillance, investigation, control, and prevention of infections and communicable diseases in patients and health care workers.</p> <p>Based on document review and interview, the hospital failed to ensure for an effective infection control process for identification, surveillance, investigation, control and prevention of the COVID-19 novel coronavirus, a communicable disease, for 4 of 8 patients (P1, P2, P4 and P5).</p> <p>Findings include:</p>	S 0556	<p>Deficiency ID: S_556 Completion Date 07.27.21 Plan of Correction Text: Request for IDR: Yes <i>IDR request is based on clarification from the CDC/CMS on the screening process for everyone entering a Healthcare Facility for Signs & Symptoms of</i></p>	07/27/2021

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>1. Review of the document titled Infection Prevention: Coronavirus Update, dated 1/29/2020, indicated the following: Continue asking every patient if they have traveled outside the country and/or developed a new cough/respiratory symptoms in the last 21 days.</p> <p>2. A. The medical records (MR) of patients P1, P2, P4 and P5 lacked documentation of the patient having been screened for COVID-19 signs/symptoms (S&S) upon admission. B. The MR of patient P2 indicated the following: The patient was admitted to the hospital 3/9/20 and transferred/discharged to a swing bed unit in another facility on 3/28/20. The MR lacked documentation of the patient having been screened for COVID-19 S&S upon admission, prior to surgery and/or prior to 3/16/20. Between 3/18/20 and 3/28/20, the patient's temperature fluctuated from within normal limits (WNL) to 101.8 degrees Fahrenheit (F). Oxygen saturation (SPO2) fluctuated from 92% on room air (RA) on 3/26/20 to the need for supplemental oxygen at 3L (liters)/NC (nasal cannula) to maintain SPO2 above 92% on 3/28/20, as per doctor order 3/9/20. The MR lacked documentation of the patient having been COVID screened or tested prior to transfer/discharge. C. On 3/31/20, patient P2 was re-admitted to the hospital with complaint of cough, shortness of breath (SOB) and fever. The MR indicated the patient had tested positive for COVID.</p> <p>3. Review of facility complaints indicated a family member complained that patient P2 contracted COVID 19 in the hospital. Review of follow-up per Infection Prevention notes, date of investigation not documented, indicated the following: City/hospital A admission 3/28/20. Morning of 3/29/20 patient developed a fever of 102.4</p>		<p><i>COVID-19 per the recommendations stated here:</i> <u>Infection Control: Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) CDC</u> <i>Establish a process to ensure everyone entering the facility is assess for symptoms of COVID-19. Options include (but are not limited to): individual screening on arrival at the facility to ensure absence of fever and symptoms of COVID-19, absence of a diagnosis of SARS-CoV-2 infection in the prior 10 days, and confirm they have not been exposed to others with SARS-CoV-2 infection during the prior 14 days. The guidelines do not include guidance on documenting the screening, just that a process is in place. Re-evaluate admitted patients for signs and symptoms of COVID-19: Screening for fever and symptoms should also be incorporated into daily assessments of all admitted patients. All fevers and symptoms consistent with COVID-19 among admitted patients should be properly managed and evaluated (eg. Place any patient with unexplained fever or symptoms of COVID-19 on appropriate Transmission-Based Precautions and evaluate).</i> CMS COVID-19 Focused Infection Control Survey Tool:</p>		

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	<p>degrees F. COVID positive 3/29/20.</p> <p>4. On 7/7/21, beginning at approximately 2:45 PM, A1, Consultant/Regulatory, indicated the facility did not have a policy or written procedure for screening patients for COVID during their hospital stay and that if there were significant changes noted in regular assessments, then the patient would be reassessed and followed up on as per their Assessment and Reassessment policy. A1 also indicated the hospital did not have a policy requiring COVID testing of patients being transferred to outside facility. Beginning at approximately 3:30 PM, A1 indicated that eMR (electronic medical record) documentation of patient's COVID screening assessments went live 2/11/20 and should have been documented in the MR.</p>		<p>Acute and Continuing Care – Entering the Facility/Triage/Registration/Visit or Handling includes the following guidance provided by CMS/IDH on 07.2020. The worksheet was revised on 12.2020. This worksheet was not available for reference during the time period of the complaint allegations; however, the information included on this worksheet are the standards that healthcare facilities continue to be held accountable per CMS & IDH: Does the facility have a screening process for those entering the facility (patients and visitors) to mitigate the risk of COVID-19 exposure (for example: exposure to COVID-19 screening questions and assessment of symptoms/illness). The guidelines do not include requirements specific to the screening process(es) to be documented within the medical record (see attachment A - COVID-19 Focused Infection Control Survey Tool: Acute and Continuing Care – Entering the Facility/Triage/Registration/Visitor Handling).</p> <p>Information from IDH: In reviewing the CDC's updated healthcare screening guidelines, we do require that every facility establish a process to ensure everyone (patients, healthcare personnel, and visitors) entering the facility is assess for</p>	

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			<p><i>symptoms, exposure to others with confirmed or suspected SARS-CoV-2 infection and that they are practicing source control. IDOH will not be requiring active temperature screening at hospital facilities but will continue to require this in long-term care facilities. This guidance does not require written documentation of the screening.</i></p> <p>Findings: <i>All findings related to lack of documentation are unsubstantiated based on the above reference guidelines. IU Health Bloomington had a COVID screening process in place (and still does), to screen all patients for COVID based on current guidelines upon entry to the facility. The initial screening is completed by the registration team and is not documented within the Medical Record, which is not required based on the above referenced guidelines. COVID electronic screening documentation is recorded upon completion of the ED RN Triage/PMHx, Admission History, Pre-procedure Admission History, OB Clinic/Initial Assessment, Surgery Center Patient HX, Medicare Visits (Full Admit, OB, Peds) (see attachment B – Electronic Admission Screening Form Crosswalk) which was shared during the onsite survey. During record review, the patients</i></p>	

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			<p><i>referenced in the findings (P1, P2, P4, P5) had COVID screening documented during the Pre-admission testing (PAT) process, which was witnessed during the onsite record review. The patients would have been verbally screened (see attachment C - COVID Screening Algorithms/Ticket to Ride) by the registration team upon presenting to the facility prior to their scheduled procedure.</i></p> <p><i>In reference to the ongoing screening process referenced with patient P2, changes in the patient condition which may or may not be indicative of COVID-19 would be captured via the nursing assessment/reassessment process (see attachment D – Assessment/Reassessment Policy). Patient P2 experienced some fluctuations in their vital signs during their hospitalization, which were attributed to an active wound infection post-operatively that was actively being treated with antibiotics, wound care, and surgical intervention. This was documented in the medical record by the provider.</i></p> <p><i>This is further demonstrated by the noted acute change in condition while the patient was in Swing Bed status at an IU Health Critical Access Hospital. The acute change was noted as part of the ongoing assessment and reassessment policy/process.</i></p>	

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			<p><i>The patient's declining condition was readily identified by the nursing team and interventions and treatment were initiated per provider orders. The patient status was changed from Swing Bed to Inpatient and as the patient progressively worsened, the patient was transferred to a higher level of care and readmitted to IU Health Bloomington Hospital. In reference to the lack of COVID testing prior to transfer to the Critical Access Hospital Swing Bed, testing prior to transfer to an acute care facility was not required nor indicated at the time of transfer. The patient's COVID status, including any pending test results would be communicated to the receiving facility according to the transfer and safe handoff communication guidelines (see attachment E – Transfer Communication and attachment F – Safe Handoff). In summary, IU Health Bloomington believes that the findings related to the COVID-19 screening process and ongoing assessment were unjustified based on our compliance with the guidelines and processes in place. Please reference the following attachments for IDR: Attachment A - COVID-19 Focused Infection Control Survey Tool: Acute and Continuing Care – Entering the Facility/Triage/Registration/Visitor</i></p>	

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S 0712 Bldg. 00	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4 (c)(1)</p> <p>(c) An adequate medical record shall be maintained with documentation of service rendered for each individual who is evaluated or treated as follows:</p> <p>(1) Medical records are documented accurately and in a timely manner, are readily accessible, and permit prompt retrieval of information.</p> <p>Based on document review and interview, the hospital failed to ensure for an accurately written medical record for 1 of 1 patients (P2) who was transferred/discharged to another facility and readmitted.</p> <p>Findings include:</p> <p>1. The MR of patient P2 indicated the following: The patient was admitted to the hospital 3/9/20</p>	S 0712	<p><i>Handling</i> <i>Attachment B – Electronic Admission Screening Form Crosswalk</i> <i>Attachment C –Verbal COVID Screening Algorithms/Ticket to Ride</i> <i>Attachment D – Assessment/Reassessment Policy</i> <i>Attachment E – Transfer Communication of Communicable Diseases</i> <i>Attachment F – Safe Handoff Policy</i></p> <p>Deficiency S_712 Completion Date: 08.10.2021 Request for IDR: No Deficiency: 1. <i>Inaccuracies in the Discharge Summary (DCS) dated 03.28.20</i> 2. <i>Inaccuracies in the History/Physical dated 03.31.20</i> Plan of Correction Text:</p>	08/10/2021	

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	<p>and transferred/discharged to a swing bed unit in another facility on 3/28/20. Care Management Transitions of Care Plan note dated 3/27/20 at 13:53 hours indicated the patient was approved for admission to swing bed facility A (in city A). The Discharge Summary (DCS), dated 3/28/20, indicated the patient was accepted by an extended care facility in city B and was being transferred there "today". The DCS lacked documentation of an update/correction/clarification related to the location to which the patient was discharged/transferred. Additional MR documentation indicated the following: On 3/31/20, patient P2 was re-admitted to the hospital. The H&P (History & Physical) indicated the patient was transferred from "Paley" Hospital emergency room...Has been complaining of cough and shortness of breath with fever. Tested positive for "Kovic".</p> <p>2. On 7/7/20, beginning at approximately 2:30 PM, A5, Quality Data Coordinator, verified MR inaccuracies for patient P2. A5 indicated that "Paley" should have been facility/city A, verified the patient was not transferred to a facility in city B and also indicated that "Kovic" should have been COVID.</p>		<p><i>Re-education provided to the Medical Staff regarding the CMS Conditions of Participation and Indiana Code standards to maintain a medical record that is accurate, timely, and readily available to ensure care transition and coordination including validation of all entries within the medical record, including dictation to transcription accuracy, prior to authenticating the record.</i></p> <p>Prevent Recurrence: Random audits to be completed over the next 3 consecutive months on Provider A and Provider B to evaluate the overall accuracy of the medical record. Compliance data will be shared with the identified providers and Medical Staff Leadership to ensure compliance and sustainment. Continued trends will be shared with Medical Staff Leadership for follow up per the Medical Staff policies, Bylaws, Rules and Regulations, as applicable.</p> <p>Responsible for Corrective Action: Manager Medical Staff Services</p> <p>Completion Date: 08.10.2021</p>	