

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152020	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED  03/15/2013
NAME OF PROVIDER OR SUPPLIER  ST VINCENT SETON SPECIALTY HOSPITAL, INDIANAPOLIS			STREET ADDRESS, CITY, STATE, ZIP CODE 8050 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260		
(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 is for a State hospital complaint investigation.</p> <p>Complaint: #IN00112620 -Substantiated; State deficiency related to the allegations is cited. #IN00105129- Substantiated; no deficiencies related to allegations cited.</p> <p>Survey Date: 03/15/13</p> <p>Facility: # 003350</p> <p>Surveyor: Linda Dubak, R.N. Public Health Nurse Surveyor</p> <p>QA: claughlin 04/30/13</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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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 document review, the facility failed to assure the nursing staff notified family of a fall as required by facility policy in one of five medical records reviewed. (PT#5)</p>	S000912	Staff education regarding fall prevention policy and reminder to staff to call families to notify them of fall was distributed on April 2, 2013 via the staff meeting slides. Additional follow-up education in	05/07/2013

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	<p>Findings include;</p> <p>1. Facility policy, Falls Prevention V. Fall Injury Rating Scale - to be noted in ERS reporting system, "In the event of a fall, the medical provider is immediately contacted. Patient is assessed by provider within one hour. Responsible party/family member is also notified within one hour of fall. However during the night shift, based on time of fall &amp; degree of injury, the patient's provider may determine if this call can wait until a more reasonable hour."</p> <p>2. Medical Record PT#5 review indicated, On 6/26/12 at 8:20 am, "while ambulating in the hall with therapy, the pt lost balance and fell onto knees. Therapy at side with hands on gait belt and chair which was behind pt. Staff assisted pt back to chair then rolled pt back to room. Pt then dazed look on face and eyes rolled back into head. Writer then called rapid response NP (nurse practitioner). Supervisor also aware. Will continue to monitor." No documentation was found that indicated the family was notified of this event.</p>		<p>regards to fall prevention and notification to families conducted May 6, 2013 to nursing staff and May 7, 2013 to all other direct patient care staff via morning huddles and additional powerpoint presentation. Have requested staff participation in a performance improvement team to review current fall prevention policy, risk score criteria, interventions, and best practice guidelines and make recommendations for improvement to leadership. Deadline for staff response to participate is May 10, 2013. Performance Improvement Team to begin in June 2013. Effective May 1, 2013, Risk Management will conduct post-fall analysis of all falls reported via the event reporting systems. Completed analysis will be shared with leadership and staff for continuous improvement opportunities. Posters have been hung in each patient room as reminders to staff, patients, and families that safety trumps privacy for patients assessed as "High Risk" and to please call for assistance when help needed ("Call-Don't Fall").The Site Administrator/CNO is the responsible party.</p>		