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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150082 | X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____ | | X3) DATE SURVEY COMPLETED 01/10/2013 |
| NAME OF PROVIDER OR SUPPLIER DEACONESS HOSPITAL INC | | | STREET ADDRESS, CITY, STATE, ZIP CODE 600 MARY ST EVANSVILLE, IN 47747 | | |
| (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 | |
| S0000 | <p>This visit was for the investigation of one (1) State complaint.</p> <p>Date of survey: 01-10-13</p> <p>Facility number: 005074</p> <p>Complaint number: IN00115116 Substantiated, no deficiencies related to allegations cited. One (1) unrelated deficiency cited.</p> <p>Surveyor: Jennifer Hembree RN Public Health Nurse Surveyor</p> <p>QA: claughlin 01/18/13</p> | S0000 | | | |

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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| S0584 | <p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2 (f)(3)(A)</p> <p>(f) The hospital shall establish an infection control committee to monitor and guide the infection control program in the facility as follows: (3) The infection control committee responsibilities shall include, but not be limited to, the following:</p> <p>(A) Establishing techniques and systems for identifying, reviewing, and reporting infections in the hospital.</p> <p>Based on document review and staff interviews, the infection control committee failed to establish a system for identifying all infections, to include an outpatient department located in an adjacent building to the main hospital.</p> <p>Findings include:</p> <p>1. Review of patient #N1 medical record for 4/11/12 indicated the following: (A) He/she presented to the facility with a palpable abnormality and pain in the right breast. He/she had a needle biopsy performed at the facility on 4/6/12. (B) An ultrasound was completed which revealed "a hypoechoic irregular complicated cyst with indistinct margins measuring approximately 3 X 1 cm seen in the anterior region of the right breast..... This finding is most consistent</p> | S0584 | <p>Deficiency: S0584 Failure to establish system for identifying all infections in outpatient department –Deaconess Breast Center.Corrective Action to be Taken:1. Revise Navigation sheet used to document patient follow-up call after biopsy to include infection/complication specific questions for the patient. (See attached original and revised Navigation sheets.)2. Revise Navigation Policy and Procedure to include infection/complication specific questions and instructions if symptoms develop. (See attached original and revised Policy and Procedure: "Biopsy Results and Patient Navigation.)3. Revise discharge instruction sheet to include what to do if infection/complication symptoms develop to include to whom to report symptoms. (See attached original and revised</p> | 01/30/2013 | | | |

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| | <p>with an abscess." (C) The record indicated that M.D. #1 recommended draining the abscess and begin oral antibiotics. (D) Dicloxacillin 500 mg (an antibiotic) was ordered four times a day for 10 days.</p> <p>2. The facility infection control plan approved 2/1/12 states on page 4: "The hospital-wide infection control program for surveillance, prevention and control of infection is defined to include the following: A. Inpatient and Outpatient Areas Includes all areas with inpatient beds and areas where patient care services are provided on an outpatient basis."</p> <p>3. Staff member #N1 indicated the following beginning at 12:55 p.m. on 1/10/13: (A) He/she verified that patient #N1 did develop an infection after a procedure at the facility. (B) The department currently has no policy in place to address infections or coordination with the main campus for reporting. (C) The infection involving patient #N1 was not reported to the infection control department at the main campus.</p> <p>4. Staff member #N2 indicated the following in phone interview beginning at 2:15 p.m. on 1/10/13:</p> | | <p>discharge instruction sheets.) 4. Develop tool for reporting suspected and confirmed infections/complications to Infection Control Committee. Reports will be presented semi-annually to the hospital's Infection Control Committee by the Deaconess Breast Center Administrator. (See attached Reporting Tool.) 5. Develop Standard Operating Procedure (SOP) for compiling data from infection/complication specific questions on Navigation sheet and entering on Monthly Reporting Tool. (See attached SOP.)Prevention of Future Deficiencies:1. Meet with staff to train on all revisions to Navigation sheet. (See attached Staff Training Report.)2. Meet with staff to train on all revisions to Navigation Policy and Procedure and to provide copy of new Policy and Procedure to all employees. (See attached Staff Training Report.)3. Meet with staff to train on all revisions to discharge instruction sheet. (See attached Staff Training Report.)4. Meet with staff to train on use of reporting tool. (See attached Staff Training Report.)5. Meet with staff to train on SOP for compiling data from infection/complication specific questions on Navigation sheet and entering on Monthly Reporting Tool. (See attached Staff Training Report.)Responsible</p> | | |

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| | (A) The department would not know if there was an infection at the breast center if the physician did not culture the area. | | Parties: Kathy Dockery, Administrator, Deaconess Breast Center, is responsible for the implementation and oversight of all items 1-5 of this Plan of Correction, as well as monitoring of data compiled on the Monthly Reporting Tool. Target Date: The Target Date for all items 1-5 of this Plan of Correction is 01/30/2013. Status effective Date of Submission of POC: All items 1-5 were completed 01/30/2013. Kathy Dockery, Administrator of Deaconess Breast Center will present a Summary of this Plan of Correction to Deaconess Hospital's Infection Control Committee tomorrow, 02/06/2013, at 7:00 A.M. | | |