

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150113	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/22/2012
NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL OF ANDERSON AND MADISON COUN			STREET ADDRESS, CITY, STATE, ZIP CODE 1515 N MADISON AVE ANDERSON, IN 46011		
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S0000	<p>This visit was for investigation of one hospital licensure complaint.</p> <p>Complaint Number: IN00101852: Unsubstantiated: with one deficiency cited not related to the allegations</p> <p>Date: 3/22/12</p> <p>Facility Number: 005100</p> <p>Surveyor: Linda Plummer, R.N., Public Health Nurse Surveyor</p> <p>QA: claughlin 03/30/12</p>	S0000	Have noted the unsubstantiated finding.		

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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S0912	<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 patient medical record review, policy and procedure review, and staff interview, the nursing executive failed to ensure the implementation of both the pain policy and the PCA (patient controlled analgesia) pump policy, for 2 of 3 inpatients (pts. #3 and #4), and failed to</p>	S0912	Pain and PCA policies reviewed by Pain Council. Pain policy updated to provide time range for reassessment after analgesics are administered. Staff education provided by Director in a	04/27/2012			

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	<p>ensure consistency in policies related to the frequency of linen changes.</p> <p>Findings:</p> <p>1. at 12:45 PM on 3/22/12, review of the policy and procedure Patient Care Services Section: Care of the Patient Experiencing Pain (Policy Number H222), with a most recent revised date of 8/11: under "Action Steps" in section B. 7., it reads: "...for any IV pain medications, an evaluation of the effects of medications and pain level should occur within 30 minutes and for oral medications, an evaluation should occur within 60 minutes."</p> <p>2. at 2:05 PM on 3/22/12, review of the policy and procedure Patient Controlled Analgesia (PCA) Protocol (no policy number noted) with a most recent revised date of 10/09 indicated: on page 4 in section 5. C., it reads: "...The RN will check the patient on the PCA pump...3. 30 minutes after initiation 4. Then every 2 hours until PCA discontinued."</p> <p>3. Review of patient medical records at 11:30 AM and 1:45 PM on 3/22/12 indicated:</p> <p>a. pt. #3:</p> <p>A. had a PCA pump started at 4:52 PM on 10/27/11 and discontinued at 11:29 AM on 11/29/11</p> <p>B. had documentation in the medical record in the section "Patient Controlled Analgesia Records" that indicated checks were greater than every two hours (as required by policy) between 1930 hours and 2227 hours on 10/27/11; between 0106 hours and 0342 hours on 10/28/11; between 0342 hours and 0606 hours on 10/28/11; between 0606 hours and 0858 hours on 10/28/11; between 0858 hours and 1159 hours on 10/28/11; between 1159 hours and 1518 hours on 10/28/11; between 1724 hours and 2213 hours on 10/28/11; between 2332 hours on 10/28/11 and 0206 hours on</p>		<p>newsletter on 4/12/12. Additional education will be provided during a staff education fair 4/21-27. Staff education provided regarding frequency of required checks for patient with PCA provided in newsletter by Director on 3/22/12. Discussed during Charge Nurse meeting on 4/10/12. Will also be addressed during staff education fair 4/21-27. Documentation audits for pain reassessment and PCA checks will be conducted by unit managers weekly for one month, monthly for 6 months, then quarterly to ensure compliance. Care of The Medical-Surgical Inpatient policy statement on linen changes was changed to match the linen change statement in the Linen Utilization Policy on 4/9/12. Staff education provided in newsletter on 4/9/12. Information card created to place in patient rooms regarding linen change policy effective 4/12/12.</p>				

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	<p>10/29/11, and between 0335 hours and 0655 hours on 10/29/11</p> <p>b. pt. #4 lacked follow up after pain medication was given, as per policy (within 60 minutes), as indicated:</p> <p>A. on 10/28/11 at 2:33 AM, the patient rated their pain level at 4 with Roxycodone given--follow up was at 4:11 AM when the patient was charted as being "asleep"</p> <p>B. on 10/28/11 at 9:07 AM, the patient was given Roxycodone for pain at a level of 4--follow up was not until 11:54 AM when the pain level was 6</p> <p>4. at 11:25 AM on 3/22/12, review of the policy and procedure "Care of the Medical Surgical Inpatient" indicated:</p> <p>a. under "Policy Statements", in item #14. e., it reads: "Change linens daily"</p> <p>5. at 12:45 PM on 3/22/12, review of the policy and procedure "Linen Utilization Policy", indicated:</p> <p>a. under "Action Steps", it reads in section B. "Bed Changes": "...2. Non-soiled linen should be straightened daily and changed when caregiver determines a need for change. 3. Linens will be changed when requested by patient or family member unless medically contraindicated. 4. Do not change linen prior to patient transfer, surgery or discharge..."</p> <p>6. interview with staff members #10 and #13 at 2:00 PM and 3:50 PM on 3/22/12 indicated:</p> <p>a. it was thought that the PCA policy had been changed from an every 2 hours documentation to an every 4 hour documentation of pt pain levels while on PCA medication</p> <p>b. after further review, it was found that the policy, as stated in #2. above, is the one in effect</p>			

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	<p>and documentation for pt. #3 was not every two hours, as required by policy</p> <p>c. pain medication effectiveness follow up was beyond the 60 minute policy requirement for pt. #4</p> <p>d. the two policies related to linen changes for patients, listed in 4. and 5. above, are in conflict</p> <p>e. it is unclear that patients are instructed, or how they are informed, as to the infrequency of linen changes that the facility intends to implement</p>			