

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151331	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/17/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HARRISON COUNTY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1141 HOSPITAL DR NW CORYDON, IN 47112
--	---

(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
S 0000 Bldg. 00	This visit was for a State licensure survey. Facility Number: 004773 Dates: 05/16/16 TO 05/17/16 QA: 6/9/16 jlh IDR Committe held on 07-27-16. Tag S0406 modified. JL	S 0000		
S 0406 Bldg. 00	410 IAC 15-1.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-1.4-2(a)(1) (a) The hospital shall have an effective, organized, hospital-wide, comprehensive quality assessment and improvement program in which all areas of the hospital participate. The program shall be ongoing and have a written plan of implementation that evaluates, but is not limited to, the following: (1) All services, including services furnished by a contractor. Based on document review and interview, the hospital failed to ensure 9 services EEG (electroencephalography), mammography, MRI (magnetic resonance Imaging), nuclear medicine, ophthalmic surgery, orthopedic surgery,	S 0406	Correction: PI monitor has been developed for the following services: EEG, mammography, MRI, nuclear medicine, ophthalmic surgery and orthopedic surgery which is included in the document upload. Correction: Off-Site #2,	06/17/2016

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151331	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/17/2016
NAME OF PROVIDER OR SUPPLIER HARRISON COUNTY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1141 HOSPITAL DR NW CORYDON, IN 47112		
(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	
	<p>off-site #2, off-site #3 and off-site #4) were included in quality assessment and performance improvement (QAPI) reviews for the past 4 quarters.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. Review of the document titled Plan for Improving Organizational Performance indicated the following: <ol style="list-style-type: none"> a. Our goal is to design our processes well and systematically measure, assess, and improve our performance to improve patient health outcomes. Performance is defined as what is done and how well it is done... b. Establish integrated and coordinated data measurement systems for all performance, utilization, and risk review activities. c. Collaborate across disciplines and departments to identify and prioritize areas for improvement... d. The Plan was approved 3/22/16. 2. Review of meeting minutes titled "PERF" dated 8/26/15 and 11/18/15 and meeting minutes titled "PI Council" dated 8/12/15, 11/11/15, 2/10/16 and 3/8/16 lacked documentation of quality data or review of the following services: EEG, mammography, MRI, nuclear medicine, ophthalmic surgery, orthopedic surgery, off-site #2, off-site #3 and off-site #4. 		<p>#3, and #4 are listed on the hospital license in error. These have been included on our licenses for numerous years and we have never completed a PI since they are not a department of the hospital. We are in the process of removing them from our license. See letter to ISDH included in the document upload. Responsible Party: Department Manager and PI/QA Manager</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151331	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/17/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HARRISON COUNTY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1141 HOSPITAL DR NW CORYDON, IN 47112
--	---

(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
S 0508 Bldg. 00	<p>3. On 5/18/15 at 4:20pm, A11, Administrative PRN (as needed), indicated the QAPI program had not reviewed the above 9 services in the past 4 quarters.</p> <p>410 IAC 15-1.5-1 DIETETIC SERVICES 410 IAC 15-1.5-1(b)(1)(A)(B)</p> <p>(b) The food and dietetic service shall have the following:</p> <p>(1) A full-time employee who: (A) serves as director of the food and dietetic services; and (B) is responsible for the daily management of the dietary services.</p> <p>Based on document review, observation and interview, dietetic services failed to ensure policy implementation of food storage for expired foods in patient refrigerators in 1 area (cardiac rehabilitation).</p> <p>Findings:</p> <p>1. Review of the policy titled Diet Kitchens indicated the following:</p>	S 0508	Correction: Nutrition Services Policy revised to include Cardiac Rehab rotation of stock and pulling of outdated foods in Cardiac Rehab. Monitor: Cardiac Rehab developed Performance Improvement (PI) monitor to check weekly for expired food/drinks. Responsible Party: Cardiac Rehab Manager	06/16/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151331	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 05/17/2016
--	---	---	---

NAME OF PROVIDER OR SUPPLIER HARRISON COUNTY HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1141 HOSPITAL DR NW CORYDON, IN 47112
--	---

(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
	<p>a. Diet Kitchens: included, but was not limited to, Cardiac Rehab (rehabilitation).</p> <p>b. Responsibility/Procedure: Dietary Staff "rotates stock, pulling outdated foods in Med/Surg, surgery, ED, ICU/TCU & OB".</p> <p>c. The policy lacked documentation of who was responsible for stock rotation in cardiac rehab.</p> <p>d. The policy was reviewed 2/14</p> <p>2. On 5/17/16 at 1:45pm during facility tour, the following was observed in the cardiac rehab unit, in the presence of A11 Administrative PRN (as needed), : In a patient nutrition refrigerator there were containers of juices stacked on and filling the shelves of the refrigerator from top to bottom and front to back. 3 juices noted to be outdated as follows: 2 grape juice with best by dates of May 13, 2016 and 1 best by May 14, 2016.</p> <p>3. On 5/17/16 at 1:45pm A11 indicated the juices should have been removed from the refrigerator stock and all food items should be rotated according to nearest expiration date.</p>			