

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150017	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/10/2012
NAME OF PROVIDER OR SUPPLIER LUTHERAN HOSPITAL OF INDIANA			STREET ADDRESS, CITY, STATE, ZIP CODE 7950 W JEFFERSON BLVD FORT WAYNE, IN 46804		
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S0000	<p>This visit was for investigation of one State hospital complaint.</p> <p>Complaint Number: IN00106913 Substantiated: deficiency cited related to the complaint</p> <p>Date: 9/10/12</p> <p>Facility Number: 005016</p> <p>Surveyor: Linda Plummer, R.N., Public Health Nurse Surveyor</p> <p>QA: claughlin 11/27/12</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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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 policy and procedure review, patient medical record review, and staff interview, the nurse executive failed to ensure that nursing staff followed the policy and procedure related to vital signs</p>	S0912	Following the visit by the Indiana State Department of Health Surveyor, the Director of the MSIC, met with the staff that cared for the patient. Discussion was held regarding the policy and	09/17/2012			

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	<p>every four hours, for 2 of 5 patients (pts. #1 and #4).</p> <p>Findings:</p> <p>1. at 1:00 PM on 9/10/12, review of the policy and procedure "Vital Signs, Routine For", with a last revised date of August 2011, and a policy number of 1.03.01., indicated:</p> <p>a. under "I. Position/Policy Statement", it reads: "The following guidelines will be utilized in taking vital signs. A. New Admissions: 1) Temperature, pulse, respiration, blood pressure and pulse oximetry on admission..."</p> <p>b. under "Position/Policy Statement", it reads: "...C. All In-Patients: 1) Temperature, pulse, respiration, blood pressure and pulse oximetry are taken at least once every 4 hours shift, or as per physician order. Vital signs are to be taken more frequently as patient condition warrants..."</p> <p>2. review of patient medical records at 10:40 AM and 1:00 PM on 9/10/12 indicated:</p> <p>a. pt. #1:</p> <p>A. was admitted to the MSIC (medical surgical intensive care) unit, at 6:00 PM on 2/24/12 with blood pressure and vital signs taken, except for a temperature check</p> <p>B. had a first temperature check</p>		<p>procedure requirements related to the documentation of vital signs every 4 hours. Adherence to the policy was reinforced. The Director of the MSIC will conduct quarterly audits to assure documentation requirements are being met. Audit results will be reported to the Nursing Quality Council and Hospital Quality Council.</p>				

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	<p>documented at 8:10 PM on 2/24/12, the day of admission, but not at the time of admission (2 hours and 10 minutes after admission)</p> <p>C. had temperatures taken in greater than every 4 hour increments as follows:</p> <ol style="list-style-type: none"> 1. on 2/25/12: between 11:07 PM (on 2/24/12) and 5:46 AM = 2 hours and 39 minutes late; between 7:50 AM and 12:30 PM = 40 minutes late 2. on 2/26/12: between 8:00 AM and 1:00 PM = 1 hour late 3. 2/27/12: between 9:21 PM (on 2/26/12) and 5:09 AM = 3 hours and 40 minutes late; 12:20 PM to 5:19 PM = 59 minutes late 4. on 2/28/12: between 11:49 PM (on 2/27/12) and 4:30 AM = 41 minutes late; 8:00 AM and 6:25 PM = 10 hours and 25 minutes late 5. on 2/29/12: between 11:00 PM (on 2/28/12) and 4:05 AM = 1 hour and 5 minutes late; 4:05 AM and 9:01 AM = 56 minutes late; 9:01 AM and 1:31 PM = 30 minutes late 6. on 3/1/12: between 7:38 PM (on 2/29/12) and 12:20 AM = 42 minutes late; 4:05 AM and 9:05 AM = 1 hour late; 7. on 3/2/12: between 4:15 PM (on 3/1/12) and 7:06 AM = 10 hours and 51 minutes late; 9:12 AM and 5:05 PM = 3 hours and 53 minutes late 8. on 3/3/12: between 8:00 PM (on 3/1/12) and 10:00 AM on 3/3/12 = 10 						

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	<p>hours late; 12 PM and 4:52 PM = 52 minutes late</p> <p>b. pt. #2 had temperature checks on 3/11/12 at 6:54 AM and 11:25 AM which was 31 minutes late and between 3:22 PM and 7:36 PM that was 14 minutes late</p> <p>3. Interview with staff member NB at 2:30 PM on 9/10/12 indicated:</p> <p>a. after review of the record for pt. #1, with the surveyor, in both the I & O (intake and output) documentation, as well as the nursing baseline notes, the patient's temperature was not taken every four hours, as required by facility policy</p> <p>b. in two insances on 3/2/12 and 3/3/12, a 10 hour or more late time was noted in taking the patient's temperature</p>			

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S0930	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>Based on policy and procedure review, patient medical record review, and interview, the registered nurse failed to ensure that a patient with a critically high temperature reading was evaluated and provided expediently with methods for reducing their temperature (pt. # 1).</p> <p>Findings:</p> <p>1. at 1:00 PM on 9/10/12, review of the policy and procedure "Vital Signs, Routine For", with a last revised date of August 2011, and a policy number of 1.03.01., indicated:</p> <p>a. under "Position/Policy Statement", it reads: "...C. All In-Patients: 1) Temperature, pulse, respiration, blood pressure and pulse oximetry are taken at least once every 4 hours shift, or as per physician order. Vital signs are to be taken more frequently as patient condition warrants..."</p> <p>2. review of patient medical records at 10:40 AM and 1:00 PM on 9/10/12 indicated pt. #1:</p>	S0930	<p>Following the visit by the Indiana State Department of Health Surveyor, the Director of the MSIC, met with the staff that cared for the patient. Discussion was held regarding the policy and procedure requirements related to the documentation of vital signs every 4 hours. Adherence to the policy was reinforced. The Director of the MSIC will conduct periodic audits to assure documentation requirements are being met. Audit results will be reported to the Nursing Quality Council and Hospital Quality Council. The patient involved in the complaint had been intubated and sedation had been turned down to assess the patient for neurological status. The patient became agitated and after meeting with the mother it was decided to increase the patient's sedation. In retrospect it appears that the patient was becoming septic and staff failed to recognize this change in condition. The Director of MSIC discussed the patient with the staff members involved in the care of the patient and reviewed</p>	09/17/2012	

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	<p>a. was admitted on 2/24/12 with weakness and abdominal pain and was found to have, per the "Death Summary", "Ischemic cardiomyopathy" and "Severe sepsis with peritonitis"</p> <p>b. on 3/3/12 at 12 PM had a temperature of 100.6 degrees axillary, and at 4:52 PM had an axillary temperature of 105.6 degrees</p> <p>c. had a physician's telephone order on 3/3/12 at 4:50 PM for "Tylenol 600 mg every 4 hours (liquid) per N/G (nasogastric) tube for temp pack in ice, sputum, urinalysis..."</p> <p>d. "placed ice packs under axilla and in groin area" was documented by nursing at 5:18 PM</p> <p>e. Tylenol 650 mg was given at 5:42 PM</p> <p>f. a cooling blanket was applied at 6:31 PM</p> <p>g. the next documented temperature check was at 6:32 PM (104.6 degrees with no site noted)</p> <p>h. at 6:45 PM, a physician was notified of patient's blood pressure (65/36) with "orders noted"</p> <p>i. an oral temperature at 6:59 PM was 103 degrees</p> <p>j. the next temperature check was documented at 8:00 PM with "105.1 F oral" noted</p> <p>k. at 10:00 PM, the patient's temperature was 101.5 degrees "oral"</p>		the signs and symptoms of sepsis. The unit has established a process that when there is a change in patient condition the charge nurse is made aware to assure that appropriate interventions are taken.				

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	<p>3. interview with staff member NB at 2:30 PM on 9/10/12 indicated:</p> <p>a. after review of the record for pt. #1, with the surveyor, it was unknown why:</p> <p>A. nursing failed to check the patient's temperature every four hours, as per facility policy and procedure (4 hours and 52 minutes between the noon 100.6 and the 4:52 PM 105.6 temperatures)</p> <p>B. nursing didn't check the patient's temperature more than every four hours with the patient's condition deteriorating, as per standards of practice and facility policy</p> <p>C. it took 28 minutes to institute the use of ice packs in the axilla and groin to help lower the patient's temperature</p> <p>D. it took 52 minutes after receiving an order to administer Tylenol for patient relief</p> <p>E. there was a more than 1 1/2 hour delay in placing a cooling blanket (4:52 PM to 6:31 PM)</p> <p>F. there was a more than 1 1/2 hour time frame between temperature checks between 4:52 PM and 6:32 PM</p> <p>G. there was a 1 1/2 hours time frame between the 6:32 PM temperature check and the 8:00 PM temperature check</p> <p>H. there was a 2 hour gap between the 8:00 PM temperature check and the 10:00 PM temperature documentation</p>			

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