

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/22/2013
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NAME OF PROVIDER OR SUPPLIER ST VINCENT SETON SPECIALTY HOSPITAL LAFAYETTE	STREET ADDRESS, CITY, STATE, ZIP CODE 1501 HARTFORD ST LAFAYETTE, IN 47904
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S000000	<p>This visit was for a State hospital licensure survey.</p> <p>Dates: 5/21/2013 through 5/22/2013</p> <p>Facility Number: 003495</p> <p>Surveyors: Albert Daeger, CFM, SFPIO Medical Surveyor</p> <p>Saundra Nolfi, RN PH Nurse Surveyor</p> <p>QA: claughlin 05/29/13</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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S000406	<p>410 IAC 15-1.4-2 QUALITY ASSESSMENT AND IMPROVEMENT 410 IAC 15-1.4-2(a)(1)</p> <p>(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:</p> <p>(1) All services, including services furnished by a contractor.</p> <p>Based on document review and staff interview, the facility failed to ensure 19 contracted services were part of its quality assessment and improvement (QA&I) program: CT Scanner, Mammography, Orthopedic Surgery, Ultrasound, Anesthesia Services, Audiology, Cardiac Catheterization Lab, Chemotherapy, EEG, EMG, Emergency Department, Hyperbaric Chamber, MRI, Nuclear Medicine, Occupational Therapy, Physical Therapy, Radiology - Therapeutic, Speech Pathology, and Inpatient Surgical Services.</p>	S000406	The QA/PI Program has been updated to include the quality monitoring activities of these contracted services. Quality indicators (monitors) for these contracted services have been incorporated into the quality dashboards. The Manager of Organizational Excellence is the responsible party.	06/14/2013	

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	<p>Findings included:</p> <ol style="list-style-type: none"> 1. St. Vincent Seton Specialty Hospital Quality Improvement Plan (Organizational Improvement Plan - last approved 12/2011) implements all service with direct or indirect impact on patient care quality shall be reviewed under the quality improvement program. 2. Master Services Agreement (last amended 8/7/12) between Franciscan St. Elizabeth Health (GLHS) and St. Vincent Seton Specialty Hospital Exhibit A-1 notes that all auxiliary services that are provided by GLHS include but not limited to the following: Surgery, Anesthesiology, Recovery, Radiological Services (CT Scans, MRIs, X-Rays, Interventional Radiology, Ultrasound), Endoscopy Services, Nuclear Medicine, Cardiology, Blood Bank, Emergency Services, Dietetic Counseling and other as they may be identified. Additionally, Laboratory, Pharmacy, Respiratory 			
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	<p>Services and Rehabilitation Services will be included when provided with the previously mentioned services.</p> <p>3. The 2012/2013 St. Vincent Seton Specialty Hospital Quality Dash Boards and 2012 Quarterly Quality Improvement reports were reviewed. The documentation evidence the following 19 services were not monitored and evaluated as part of the hospital's QA&I Program: CT Scanner, Mammography, Orthopedic Surgery, Ultrasound, Anesthesia Services, Audiology, Cardiac Catheterization Lab, Chemotherapy, EEG, EMG, Emergency Department, Hyperbaric Chamber, MRI, Nuclear Medicine, Occupational Therapy, Physical Therapy, Radiology - Therapeutic, Speech Pathology, and Inpatient Surgical Services. The 19 contracted services are provided by Franciscan St. Elizabeth Health.</p> <p>4. At 2:15 PM on 5/21/2013, staff</p>						

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	member #4 indicated the 19 contracted services were not being monitored and evaluated by St. Vincent Seton Specialty Hospital QA&I program.			

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S000748	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4 (e)(3)</p> <p>(e) All entries in the medical record shall be:</p> <p>(3) authenticated and dated promptly in accordance with subsection (c)(3). Based on review of the Medical Staff Rules and Regulations, medical record review, and interview, the facility failed to ensure all entries in the medical records were authenticated and dated according to facility requirements for 7 of 14 history and physicals (#N1, N2, N3, N4, N5, N6, and N8) and for 10 of 14 discharge summaries (#N1, N2, N3, N5, N6, N8, N10, N11, N12, and N14).</p> <p>Findings included:</p> <p>1. The facility's Rules and Regulations of the Medical Staff, last revised 01/2011, indicated, "4. Entries in medical records may only be made by authorized personnel. ...All entries shall be dated, timed, and authenticated by the author. ...11. The records of discharged patients shall be completed within a period of time that will in no event exceed thirty (30) days following discharge."</p> <p>2. The medical record for patient #N1, who was admitted on 10/19/12 and discharged on 12/04/12, indicated a</p>	S000748	<p>1. All Lafayette physicians shall be emailed and reminded of the Hospital policy regarding delinquent records and the importance of checking the electronic record (Sovera) for deficiencies at least once every 2 weeks.</p> <p>2. HIM Manager shall inventory charts in Sovera at least every two weeks and email those doctors that are approaching a delinquent date. Their office manager shall be copied on the email.</p> <p>3. Lafayette physicians shall be reminded of the St. Vincent Portal, and emailed instructions on its use. They shall be encouraged to sign up for the portal, so that they can access Sovera from their office.</p> <p>4. There is delay from the point of discharge to charts being available in the electronic record for completion, doctors will be reminded to sign all documents prior to the scanning process, hopefully limiting the authentications in Sovera to discharge summary only.</p> <p>5. HIM Dept shall prioritize the Lafayette charts, to assure they are</p>	06/14/2013	

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	<p>history and physical (H&P) dictated 10/20/12, but not authenticated, dated, or signed by the physician and a discharge summary dictated 12/04/12, but not electronically signed by the physician until 02/11/13.</p> <p>3. The medical record for patient #N2, who was admitted on 11/15/12 and was transferred on 11/28/12, indicated an H&P dictated 11/16/12, but not authenticated by the physician until 01/30/13 and a discharge summary dictated 11/29/12, but not electronically signed by the physician until 01/24/13.</p> <p>4. The medical record for patient #N3, who was admitted on 10/19/12 and expired on 12/05/12, indicated an H&P dictated 10/20/12, but not authenticated by the physician until 01/24/13 and a discharge summary dictated 12/06/12, but not electronically signed by the physician until 01/30/13.</p> <p>5. The medical record for patient #N4, who was admitted on 12/12/12 and was discharged on 12/24/12, indicated an H&P dictated 12/12/12, but not authenticated by the physician until 02/11/13.</p> <p>6. The medical record for patient #N5, who was admitted on 11/30/12 and was</p>		<p>scanned as soon as possible after receiving from Lafayette.</p> <p>6. Staff shall tag dictation for signature at the time it is placed on the inpatient chart.</p> <p>7. Seton shall enforce suspension policy for those doctors that do not comply with policy. The HIM Manager is the responsible party for tracking delinquent records. The MEC and BOD are responsible for enforcing the policy, bylaws, rules and regulations.</p>		

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	<p>discharged on 12/17/12, indicated an H&P dictated 12/01/12 and authenticated by the physician, but not dated or timed, and a discharge summary dictated 12/17/12, but not electronically signed by the physician until 01/30/13.</p> <p>7. The medical record for patient #N6, who was admitted on 12/10/12 and expired on 01/21/13, indicated an H&P dictated 12/11/12 and authenticated by the physician, but not dated or timed, and a discharge summary dictated 01/21/13, but not electronically signed by the physician until 04/03/13.</p> <p>8. The medical record for patient #N8, who was admitted on 02/06/13 and was discharged on 04/01/13, indicated an H&P dictated 02/07/13, but not authenticated, dated, or timed by the physician and a discharge summary dictated 04/02/13, but not authenticated, dated, or timed by the physician</p> <p>9. The medical record for patient #N10, who was admitted on 12/13/12 and was discharged on 12/27/12, indicated a discharge summary dictated 01/28/13, but not authenticated by the physician until 02/08/13.</p> <p>10. The medical record for patient #N11, who was admitted on 12/17/12 and was</p>				

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	<p>discharged on 12/31/12, indicated a discharge summary dictated 12/31/12, but not authenticated by the physician until 02/05/13.</p> <p>11. The medical record for patient #N12, who was admitted on 12/18/12 and was discharged on 01/11/13, indicated a discharge summary dictated 01/11/13, but not authenticated by the physician until 04/03/13.</p> <p>12. The medical record for patient #N14, who was admitted on 10/25/12 and was discharged on 02/04/13, indicated a discharge summary dictated 02/05/13, but not authenticated by the physician until 04/03/13.</p> <p>13. At 1:30 PM on 05/22/13, staff members #A1 and A4, who assisted with the medical record review, confirmed the lack of physician authentications, dating, and timing according to facility requirements.</p>				

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S000870	<p>410 IAC 15-1.5-5 MEDICAL STAFF 410 IAC 15-1.5-5(b)(3)(N)</p> <p>(b) The medical staff shall adopt and enforce bylaws and rules to carry out its responsibilities. These bylaws and rules shall: (3) include, but not be limited to, the following:</p> <p>(N) A requirement that all physician orders shall be: (i) in writing or acceptable computerized form; and (ii) shall be authenticated by the responsible individual in accordance with hospital and medical staff policies.</p> <p>Based on policy and procedure review, medical record review, and interview, the facility failed to ensure physician orders were authenticated, dated, and timed according to policy in 13 of 14 closed inpatient medical records reviewed (#N1-N12, and N14).</p> <p>Findings included:</p> <p>1. The facility policy "Restraint: Application/Use of for Medical/Post Surgical Patient", last approved 05/2013, indicated, "7. A verbal or telephone order for restraint must be authenticated by the physician within 24 hours of the time the restraint was initially applied. ...D. Physician Responsibilities: 1. Physician, upon an examination of the patient, is to</p>	S000870	<p>1. All Lafayette physicians shall be emailed and reminded of the Hospital policy regarding delinquent records and the importance of checking the electronic record (Sovera) for deficiencies at least once every 2 weeks. 2. HIM Manager shall inventory charts in Sovera at least every two weeks and email those doctors that are approaching a delinquent date. Their office manager shall be copied on the email. 3. Lafayette physicians shall be reminded of the St. Vincent Portal, and emailed instructions on its use. They shall be encouraged to sign up for the portal, so that they can access Sovera from their office. 4. There is delay from the point of discharge to charts</p>	06/14/2013			

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	<p>enter a written order on patient's medical record within 24 hours of initiation of restraint(s). 2. Continued use of restraint(s) beyond the first 24 hours is authorized by physician through renewing original order or issuing a new order, if restraint use continues to be clinically justified."</p> <p>2. The facility policy "Telephone/Verbal Orders: Read Back and Verification of", last approved 05/2013, indicated, "F. The prescribing physician/LIP [licensed independent practitioner] must authenticate read back and verified telephone/verbal orders within 30 days of discharge. If the order is not read back and verified, it must be authenticated and dated within 48 hours."</p> <p>3. The medical record for patient #N1, who was admitted 10/19/12 and discharged 12/04/12, indicated telephone orders from 10/24/12 that were not authenticated, dated, or timed by the physician.</p> <p>4. The medical record for patient #N2, who was admitted 11/15/12 and was transferred on 11/28/12, indicated a telephone order from 11/16/12 that was not authenticated, dated, or timed by the physician and telephone orders from 11/19/12 that were not electronically</p>		<p>being available in the electronic record for completion, doctors will be reminded to sign all documents prior to the scanning process, hopefully limiting the authentications in Sovera to discharge summary only. 5. HIM Dept shall prioritize the Lafayette charts, to assure they are scanned as soon as possible after receiving from Lafayette. 6. Staff shall tag dictation for signature at the time it is placed on the inpatient chart. 7. Seton shall enforce suspension policy for those doctors that do not comply with policy. The HIM Manager is the responsible party for tracking delinquent records. The MEC and BOD are responsible for enforcing the policy, bylaws, rules and regulations.</p>		

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	<p>signed by the physician until 01/30/13.</p> <p>5. The medical record for patient #N3, who was admitted 10/19/12 and expired on 12/05/12, indicated telephone orders from 10/20/12 that were not electronically signed by the physician until 01/24/13 and a telephone order from 10/23/12 that was not electronically signed by the physician until 01/24/13.</p> <p>6. The medical record for patient #N4, who was admitted 12/12/12 and discharged 12/24/12, indicated a telephone order from 12/19/12 that was not electronically signed by the physician until 02/11/13.</p> <p>7. The medical record for patient #N5, who was admitted 11/30/12 and discharged 12/17/12, indicated two restraint orders, one from 0600 on 12/02/12 and one from 0600 on 12/05/12, that were not authenticated, dated, or timed by the physician. The record also indicated another restraint order from 12/06/12 that was authenticated by the physician, but not dated or timed.</p> <p>8. The medical record for patient #N6, who was admitted 12/10/12 and expired 01/21/13, indicated telephone orders from 12/13/12 and 12/17/12 that were not electronically signed by the physician</p>						

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	<p>until 04/02/13.</p> <p>9. The medical record for patient #N7, who was admitted 01/25/13 and discharged 02/07/13, indicated a telephone order from 01/28/13 that was not electronically signed by the physician until 03/12/13.</p> <p>10. The medical record for patient #N8, who was admitted 02/06/13 and discharged 04/01/13, indicated telephone orders from 02/07/13 that were not authenticated, dated, or timed by the physician.</p> <p>11. The medical record for patient #N9, who was admitted 02/19/13 and discharged 03/20/13, indicated telephone orders from 02/19/13 that were not authenticated, dated, or timed by the physician.</p> <p>12. The medical record for patient #N10, who was admitted 12/13/12 and discharged 12/27/12, indicated telephone orders from 12/13/12 that were not electronically signed by the physician until 04/02/13. and other telephone orders from 12/14/12 that were not electronically signed until 02/05/13.</p> <p>13. The medical record for patient #N11, who was admitted 12/17/12 and</p>						

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	<p>discharged 12/31/12, indicated a verbal order from 12/17/12 that was not electronically signed by the physician until 04/02/13 and another verbal order from 12/18/12 that was signed by the physician, but not dated or timed.</p> <p>14. The medical record for patient #N12, who was admitted 12/18/12 and discharged on 01/11/13, indicated telephone orders from 12/19/12 that were not electronically signed by the physician until 04/03/13.</p> <p>15. The medical record for patient #N14, who was admitted 10/25/12 and discharged on 02/04/13, indicated telephone orders from 10/25/12 that were not electronically signed by the physician until 04/13/13.</p> <p>16. At 1:30 PM on 05/22/13, staff members #A1 and A4, who assisted with the medical record review, confirmed the lack of physician authentications, dating, and timing according to facility policy requirements.</p>				

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S001022	<p>410 IAC 15-1.5-7 PHARMACEUTICAL SERVICES 410 IAC 15-1.5-7 (d)(2)(B)</p> <p>(d) Written policies and procedures shall be developed and implemented that include the following:</p> <p>(2) Ensure the monthly inspection of all areas where drugs and biologicals are stored and which address, but are not limited to, the following:</p> <p>(B) Appropriate storage conditions. Based on observation, manufacturer's labeling, and interview, the facility failed to ensure nutritional supplements received from pharmacy were stored according to manufacturer's directions.</p> <p>Findings included:</p> <p>1. During the tour of the second floor patient care unit at 9:05 AM on 05/22/13, accompanied by staff members A1 and A14, eighteen containers of nutritional supplements for tube feeding were observed on an open rack in the well-lit supply room. Manufacturer's labeling on the containers indicated "Contains light sensitive nutrients".</p> <p>2. During the tour of the second floor medication room at 9:20 AM on 05/22/13, accompanied by staff members A1 and A14, a 1.5 liter of Glucerna nutritional supplement for tube feeding</p>	S001022	<p>Purchased enclosed storage cabinets. Replaced shelving unit with enclosed storage cabinet. Removed nutritional supplements from shelving unit. Nutritional supplements now stocked in new enclosed storage cabinets. Compliance will be monitored with safety rounds. The Site Administrator/CNO is the responsible party.</p>	06/14/2013			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/22/2013
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	<p>was observed on an open counter. Manufacturer's labeling indicated "Contains light sensitive nutrients".</p> <p>4. An information sheet from January 1, 2013, provided by Abbott, the manufacturer of the facility's nutritional products, indicated, "Store product in the shipper as long as possible or store on covered shelves or in a closed cabinet prior to use."</p> <p>5. At 9:25 AM on 05/22/13, staff members A1 and A14 indicated the products were provided by pharmacy, but they were unaware of the storage requirements.</p>				

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S001118	<p>410 IAC 15-1.5-8 PHYSICAL PLANT 410 IAC 15-1.5-8 (b)(2)</p> <p>(b) The condition of the physical plant and the overall hospital environment shall be developed and maintained in such a manner that the safety and well-being of patients are assured as follows:</p> <p>(2) No condition shall be created or maintained which may result in a hazard to patients, public, or employees.</p> <p>Based on observation and staff interview, the facility failed to maintain the hospital environment and equipment in such a manner that the safety and well-being of patients, visitors, and/or staff are assured for the 1st floor North Tower Supply Room.</p> <p>Findings included:</p> <p>1. At 1:30 PM on 5/21/2013, the 1st floor North Tower Supply Room was toured. A storage wire rack containing assorted medical supplies was also observed storing cases of assorted sizes of batteries in plastic non-acid resistant containers above health care</p>	S001118	Batteries have been moved to the bottom shelf of the supply rack in an acid resistant container. Compliance will be monitored with safety rounds. The Site Administrator/CNO is the responsible party.	05/22/2013			

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	<p>equipment and supplies.</p> <p>2. At 2:30 PM on 5/21/2013, staff member #5 indicated the assorted batteries should not of been stored on the wired shelves with other patient health care supplies. The staff member indicated the storage of acid batteries posed a possible health concern to the other patient supplies.</p>				