

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150163	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 04/14/2014
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NAME OF PROVIDER OR SUPPLIER SAINT CATHERINE REGIONAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2200 MARKET ST CHARLESTOWN, IN 47111
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S000000	<p>This visit was for the investigation of one (1) Statecomplaint.</p> <p>Dates of survey: 04/14/14</p> <p>Facility number: 004975</p> <p>Complaint number: IN00146466</p> <p>Substantiated; State deficiencies related to allegations cited. One unrelated deficiency cited.</p> <p>Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 04/17/14</p>	S000000		
S000322	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(H)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following: (H) Requiring all services to have</p>			

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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	<p>policies and procedures that are updated as needed and reviewed at least triennially.</p> <p>Based on document review and interview, the facility failed to review policies at least triennially for 4 policies reviewed.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Facility policy titled "Attendance/Absence Control" was last reviewed/revised 3/10. 2. Facility policies titled "EMPLOYEE ILLNESS WORK RESTRICTIONS", "EMPLOYEE HEALTH PROGRAM" and "COMMUNICABLE DISEASE REPORTING" were last reviewed/revised 12/09. 3. Staff member #1 (CNO) indicated the following in interview beginning at 10:30 a.m. on 4/14/14: (A) He/she verified that the policies had not been reviewed/revised since the date indicated on the policy (>3 years). 	S000322	<p>ISDH PLAN OF CORRECTION</p> <p>STATE TAG ID: S 322</p> <p>DATE DEFICIENCY WILL BE CORRECTED: 5/14/14</p> <p>WHAT IS THE PLAN OF CORRECTION: All the NAM (Nursing Administration Manual) Policies and Procedures will be reviewed and updated.</p> <p>HOW THE PLAN OF CORRECTION WILL OCCUR: The CNO and the Quality nurse will review all NAM Policies and Procedures to ensure they are appropriate and based on proven standards of practice for the given discipline. A NAM</p>	05/14/2014	

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			<p>Policy and Procedure Committee will be developed. It will include representatives from all the departments. This Committee will meet regularly to review and update all the NAM Policies and Procedures for the hospital.</p> <p>WHO IS RESPONSIBLE: Ginger Otterbach RN, CNO and Kimmie C.Perra RN, Quality Director; Kelli Braswell RN, ED Director; Beth Fisher RN, BHS Director</p> <p>WHEN THE PLAN OF CORRECTION WILL BEGIN: 4/15/14</p>		

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S000556	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(b)</p> <p>(b) There shall be an active, effective, and written hospital-wide infection control program. Included in this program shall be system designed for the identification, surveillance, investigation, control, and prevention of infections and communicable diseases in patients and health care workers.</p> <p>Based on interview and document review, the facility failed to provide evidence that all staff and patients were identified and treated for scabies according to CDC Guidelines, the</p>	S000556	<p>HOW THE DEFICIENCY REOCCURRANCE WILL BE PREVENTED: Quarterly NAM Policy and Procedure meetings will ensure that all the policies and Procedures in the building will be maintained in compliance and reviewed at least triennially.</p> <p>REVIEWED/REVISED: 4/14</p>	04/15/2014	

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	<p>standard for use as identified by the chief nursing officer for 1 behavioral health unit (BHU).</p> <p>Findings include:</p> <p>1. Staff member #1 (Chief Nursing Officer- CNO) indicated the following in interviews beginning at 10:30 a.m. on 4/14/14:</p> <p>(A) The facility has no policy for the treatment/control of scabies.</p> <p>(B) He/she handled the scabies issue and not the Infection Control Officer.</p> <p>(C) He/she made the decision in January to have patients checked for a rash when an employee on BHU was diagnosed with scabies. The decision was not based on any literature or policy. There was no documents maintained of the checks.</p> <p>(D) The BHU had an issue with scabies again in March with both patients and staff and he/she used CDC guidelines to treat staff and patients.</p> <p>(E) All patients on BHU and all staff were treated for scabies in March. There was no documents maintained to track the treatment activities. Some staff went to their own physicians and did not turn in documents.</p> <p>2. Staff member #2 (Infection Control Officer) indicated in interview beginning at 10:30 a.m. on 4/14/14 that the scabies</p>		<p>POLICY:</p> <p>The Quality Care Review Committee shall have responsibility for investigating epidemics and will be directed by the Infection Control Nurse and/or designee.</p> <p>PROCEDURE:</p> <p>1.The hospital Infection Control Nurse, or designee, will determine whether the situation is a probable epidemic that poses a threat to the health of other patients and employees and/or whether it warrants immediate investigation.</p> <p>1.If the epidemic appears to be large, or requires far-reaching decisions, the Infection Control Nurse may elect to call an emergency meeting of the entire Quality Care Review Committee.</p> <p>1.Disciplines to be included in immediate planning and action will be determined at the onset. These may include any or all of the following:</p>				

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	<p>issue was handled by the CNO because he/she was busy with other duties.</p> <p>3. Review of CDC document for control and treatment of scabies states under "Control and Treatment" on page 1 of 2: ".....Identify and treat all persons (e.g. staff, relatives, patients, etc.) having prolonged, direct skin-to-skin contact with an infested person before he/she was treated."</p> <p>4. Review of infection control meeting minutes for December-present indicated the scabies issue was not addressed at the January meeting.</p> <p>5. CNA job description states under position summary: "Performs various patient care duties and related non-professional services necessary in caring of the personal needs and comfort of the patients." The document states under essential position functions: "Turns, positions and toilets patients....." and "Ambulates patients....."</p> <p>6. Review of Emergency Department (ED) record for staff member #14 (CNA BHU) indicated he/she was diagnosed and received a prescription for treatment and instructions for scabies at 11:48 a.m. on 1/23/14.</p>		<ul style="list-style-type: none"> · Quality Care Review Committee members. · Attending medical staff who provide care for the involved patient(s). · Nursing Management of involved patient units. 1. Establish existence of an outbreak. · Clarify the nature and extent of the potential problem. · Verify the diagnosis and attempt to classify the mode of transmission. · Consider reliability of reporting sources. · Consider clinical vs. laboratory findings. · Search for additional cases. · Orient the outbreak as to time, place, person or procedure. Maintain chronological records. · Discuss proposed investigative steps and institute control procedure as indicated. 	

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	<p>7. Review of staffing documents indicated that staff member #14 was assigned to the BHU as a CNA on 1/23/14 beginning at 7:00 a.m.</p> <p>8. Review of patients #1-15 medical records (patients on BHU at time of staff member #14 diagnosis in January) lacked evidence that the patients were screened and/or treated for scabies.</p> <p>9. Review of ED employee charges/tracking, pharmacy documents for medications dispensed to employees, and personnel files indicated the following: (A) Personnel file review indicated that staff member #B21 (CNA) was treated for scabies on 1/27/14, staff member #B41 (CNA) was treated for scabies on 2/1/14 and staff member #B32 (CNA) was treated for scabies on 2/7/14. The documents lacked evidence that other employees besides staff members 14, B21, and B32 were checked and/or treated for scabies in January and February. (B) Numerous staff members were treated in March, however, the documents lacked evidence that BHU staff members #B1 (CNA), B2 (RN), B5 (Activities Director), B6 (CNA), B10 (CNA), B12 (LPN), B13 (RN), B14</p>		<ul style="list-style-type: none"> · Determine exact criteria for selection of subjects for possible epidemiological studies. · Determine and assign exact responsibility of each department; determine who will collect and record specific data. · Anticipate questions that may arise and develop consistent answers. Key individuals should be designated as available resource people to answer questions and keep personnel informed. <p>1. Any major decisions involving large numbers of patients, personnel, or considerable expense (such as "closing" a unit) will be made in conjunction with the investigating personnel, attending staff, and administration.</p> <ul style="list-style-type: none"> · If prophylactic or therapeutic medication is required, the prescribing physicians should be briefed on potential side-effects and therapeutic alternatives if allergies or other contraindications (i.e., pregnancy) to the "first-line" drug exist. All employee immunoprophylaxis and/or medication will be administered through Employee Health at no expense to the employee. 				

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	<p>(CNA), B16 (LPN), B18 (LPN), B23 (CNA), B25 (CNA), B27 (LPN), B30 (RN), B36 (Social Worker), and staff members #9 (RN), 10 (CNA), 11 (CNA), 12 (RN), 13 (CNA) and 14 (CNA) were treated for scabies March-present.</p> <p>10. Review of documents provided by pharmacy for treatment dispensed to patients for scabies on BHU lacked evidence that patients #1-15 and patients #16, 18-21, 24-27, and 29 through 31 had medications dispensed for scabies treatment.</p> <p>11. Review of patients #16-30 medical records (patients on BHU when employee treatment began in March) indicated the following: (A) Patients #16 and #18-31 lacked evidence of screening or treatment for scabies. (B) Patient #17 medical record had evidence of screening with a rash found and treatment for scabies but lacked an order for the treatment.</p> <p>12. Staff member #7 (Medical Records Supervisor) indicated the following in interview beginning at 3:50 p.m. on 4/14/14: (A) There was only evidence of 1 patient (patient #17) being treated for scabies in the medical records.</p>		<p>Employees should be informed of the possible need for chemoprophylaxis and, if given, any potential side-effects.</p> <p>1.Patient care personnel may be requested to assist with data collection, culturing, or notification of employees.</p> <p>1.Human Resources will be apprised in writing of all potentially exposed personnel.</p> <p>1.Interdisciplinary meetings will be held as needed to review new developments, to update involved personnel regarding progress of the investigation, and to answer questions.</p> <p>1.All information released to news media will be cleared first with the Infection Control Nurse, or designee and Administration.</p> <p>1.The Indiana State Department of Health will be apprised of the epidemic if a reportable disease is involved.</p>	

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S000946	<p>13. Staff member #8 (RN House Supervisor and facility medical record informatics) verified in interview beginning at 4:30 p.m. on 4/14/14 that the medical record information as stated in #8 and #11 above.</p> <p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-7 (c)(4)</p> <p>(c) Drugs and biologicals shall be prepared for administration and administered as follows:</p> <p>(4) In accordance with the signed written orders of the practitioner or practitioners responsible for the patient's care. When verbal or telephone orders are used they shall be accepted only by personnel that are authorized to do so by the medical staff rules.</p> <p>Based on document review and staff interview, the facility failed to ensure physician orders were followed for 5</p>			S000946	<p>1. Upon conclusion of the investigation (after all data has been analyzed and when the situation has been fully clarified), a formal written report will be distributed to the involved department. Interim reports during a prolonged investigation will be distributed as appropriate.</p> <p>After the investigation is completed, the Quality Care Review Committee will review all aspects of the investigation in order to identify problems that can be averted in the future.</p> <p>REVIEWED/REVISED:4/14 PURPOSE:</p>		04/15/2014

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	<p>(patients #23, 25, 27, 28, and 30) of 5 patients with orders for scabies on the behavioral health unit (BHU).</p> <p>Findings include;</p> <ol style="list-style-type: none"> Patients #23, 25, 27, 28, and 30 medical records contained orders written on 3/28/14 for Permethrin cream (scabies treatment). The records lacked documentation that the order was completed. Staff member #8 (RN House Supervisor and informatics staff) verified in interview beginning at 4:45 p.m. on 4/14/14 that the medical records lacked evidence that the orders were followed as indicated above. 		<p>To guide the health care workers in accurate and safe administration of medications.</p> <p>POLICY:</p> <p>Medications shall be administered only upon the order of a member of the Medical Staff, an authorized member of the house staff, or other individuals who have been granted clinical privileges to write such orders. All medications shall be administered by, or under the supervision of appropriately licensed personnel in accordance with the Nursing, Medical Staff, Cardiopulmonary, and Radiology policies.</p> <p>The self-administration of medication by the patient shall be permitted on a specific written order by the authorized prescribing practitioner/physician and in accordance with established hospital policy.</p> <p>All drugs, which are administered to a patient, shall be charted on the patient's MAR to maintain accurate records and to ensure correct billing to the patient.</p>		

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			<p>Medications can be administered by the Medical staff, Nursing staff (RN and LPN), CPS, and Radiology staff.</p> <p>No one shall be required to administer a medication that is believed to be outside the scope of his or her practice or of such excessive dosage that it is considered unsafe. Incidents of this type should be reported to the supervisor and documented on a variance report.</p> <p>PROCEDURE:</p> <p>Pre Administration</p> <ol style="list-style-type: none"> 1. Verify the order on the medication record. 2. Check allergy information. Allergy information must be documented on the physician's order and on the MAR. 3. Make sure the label on the medication agrees with the medication order. Read the label again before opening the 	

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			<p>container or unwrapping the package.</p> <p>4. Observe package directions, i.e., shake well, dilute, etc.</p> <p>5. Pour liquids at eye level.</p> <p>6. Leave unit dose packages unopened until administration.</p> <p>7. The practitioner preparing or removing the medication is the one responsible for administering it. NO HAND-OFFS.</p> <p>ADMINISTRATION:</p> <p>1. No drugs are to be administered by anyone other than licensed personnel authorized to administer drugs and upon the order of a person lawfully authorized to prescribe.</p> <p>2. Administer medication within one (1) hour of designated time.</p> <p>3. Confirm the patient's identity by asking his/her name and checking the name on the identification band. The patient's</p>	

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			<p>birth date is the second identifier.</p> <p>4. Check for five "rights" each and every time a medication is administered:</p> <ul style="list-style-type: none"> · Right patient · Right dose · Right route · Right frequency · Right time <p>5. Check the patient's allergies.</p> <p>6. Educate the patient on medications being administered.</p> <p>7. Observe the patient until the medications is taken.</p> <p>Documentation:</p> <p>1. Initial and time medication(s) given in the appropriate square on the medication administration record (MAR)</p> <p>2. If the medication is withheld</p>	

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			<p>or the patient refuses, enter the time on the medication record and circle it to show that the medication was not administered.</p> <p>3. If a medication is new, assess the effect and patient response. Document the effect and response of the patient as indicated.</p> <p>Home Medications and Self-Administration of Medications:</p> <p>Home medications:</p> <p>1. It is preferable to send patient medications home with a family member, if this is not possible, the patient's medications will be sent to the pharmacy in the medication security bag. They will be secured in the Pharmacy until discharge. Medications left in the Pharmacy after discharge will be kept for at least one month. After this period the medications will be destroyed.</p> <p>2. Medications from home may not be administered to the patient in the hospital unless:</p> <p>a. There is a written order by the physician in the patient's chart to administer them.</p>		

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			<p>b. A hospital pharmacist has identified the medication.</p> <p>3. Home medications will be kept in the patient's medication drawer and administered by the attending nurse.</p> <p>Self-administration of "patients own" medications:</p> <p>1. The Physician must write a medication order for the medication's, dosage, frequency and route, as well as an order that the patient may "self-administer" the medication.</p> <p>2. A hospital pharmacist, prior to use must identify the medication.</p> <p>3. The medication administration record (MAR) will indicate that the medication from home is at the bedside.</p> <p>4. The patient will be instructed to notify the nurse when he or she has taken the medication and proper documentation will be done on the medication administration record.</p>	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150163	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 04/14/2014
NAME OF PROVIDER OR SUPPLIER SAINT CATHERINE REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2200 MARKET ST CHARLESTOWN, IN 47111		
(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	
			5. Prescription medications at the bedside must be labeled with the patient's name, medication, dosage, and instructions for taking the medication. OTC drugs may be labeled with the patient's name only.		