

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  153037	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  08/17/2015
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NAME OF PROVIDER OR SUPPLIER  SOUTHERN INDIANA REHABILITATION HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 3104 BLACKISTON BLVD NEW ALBANY, IN 47150
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S 0000  Bldg. 00	<p>This visit was for the State investigation of a complaint.</p> <p>Complaint #: IN00172638 Substantiated, State deficiency related to the allegations is cited.</p> <p>Date of Survey: 08/18/15</p> <p>Facility Number: 006205 QA: CJL 09/14/15 IDR Committee met on 11-12-15. Change made to tag S0912. JL</p>	S 0000		
S 0912  Bldg. 00	<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,</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>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.</p> <p>(ii) Maintaining a current nursing service organization chart.</p> <p>(iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions.</p> <p>(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.</p> <p>(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 document review and interview, the nurse executive failed to ensure established standards and policies of nursing care were implemented for 2 of 2 incontinent patients (Pt#3 and Pt#4) and for following physician orders for 1 patient (Pt#2).</p> <p>Findings:</p> <p>1. Review of the policy titled Maintain and Restore Tissue Integrity, indicated: If patient is incontinent cleanse skin at time of soiling...perform skin checks with brief changes every two hours and PRN (as needed) after each incontinent episode. The policy was reviewed</p>	S 0912	<p>S912 Pt#2s MR output documentation lacked evidence of 4 hour timed voids as indicated by physician order. The deficiency was corrected by educating nursing staff about the documentation requirements at the nursing unit meetings that are being on October 20 &amp; 22, 2015. The deficiency we be prevented from reoccurring because the Director of Nursing will monitor for compliance. This deficiency was completed on 10/22/15. Pt#3's MR &amp; Pt#4's MR lacked evidence of post-incontinent care/perineal cleanse. The deficiency will be corrected by revising the nursing documentation in our electronic medical record to capture</p>	12/21/2015

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	<p>9/2012.</p> <p>2. Review of the document titled Standards of Care, indicated standards used in the facility follow Rehabilitation Nursing Practice, Association of Rehabilitation Nurses.</p> <p>3. On 8/18/15 at 11:00am, A5, Director of Nursing, indicated the nursing staff uses <u>The Specialty Practice of Rehabilitation Nursing: A Core Curriculum, 4th Ed.</u> as a protocol guide.</p> <p>4. Review of protocol within <u>The Specialty Practice of Rehabilitation Nursing: A Core Curriculum, 4th Ed</u> indicated, on page 110, I. #7. Change linens promptly and clean the skin after any episodes of bladder or bowel incontinence.</p> <p>5. Review of the following medical records (MR) indicated the following: a). Pt#2 was admitted to the facility 4/2/15 and discharged on 4/20/15. The MR indicated a physician order was entered on 4/9/15 at 14:17hrs for the patient to have timed voids every 4 hours while awake and IC (intermittent catheterization) volumes to stay below 300cc. Can advance the IC if the IC volumes stay below 300cc. b) Pt#2's MR output documentation</p>		<p>documentation on incontinence care. Director of Nursing will monitor so it does not reoccur. This deficiency will be presented to the electronic medical record over site committee on 11/12/15 for approval. The feature will be reviewed at the 12/10/15 over site committee meeting. Training will be completed during unit meetings on December 15 &amp; 17, 2015. Feature will be turned on 12/21/15. This deficiency will be completed by 12/21/15.</p> <p>#6 Pt#2's MR lacked evidence of timed voids every 4 hours as per physician order. The deficiency was corrected by educating nursing staff about the documentation requirements at the nursing unit meetings that are being on October 20 &amp; 22, 2015. The deficiency we be prevented from reoccurring because the Director of Nursing will monitor for compliance. This deficiency was completed by 10/22/15.</p> <p>#7 Pt#3 &amp; Pt#4 Lack of documentation of incontinent care. The deficiency will be corrected by revising the nursing documentation in our electronic medical record to capture documentation on incontinence care. Director of Nursing will monitor so it does not reoccur. This deficiency will be presented to the electronic medical record over site committee on 11/12/15 for approval. The feature will be reviewed at the 12/10/15 over site committee meeting. Training will</p>				

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	<p>indicated voids and IC done as follows: 4/9/15 14:20hrs IC 350cc; 4/10/15 05:00hrs 700cc, 10:30hrs 400cc &amp; 18:00hrs 300cc; 4/11/15 02:00hrs 800cc, 06:15hrs 600cc, 11:30hrs 550cc, 17:30hrs 550cc, &amp; 22:30hrs 500cc; 4/12/15 06:10hrs 750cc, 11:00hrs 525cc, 17:00hrs 550cc, &amp; 22:30hrs 650cc; 4/13/15 05:50hrs 700cc, 10:30hrs 400cc, 14:00hrs 200cc, 18:00hrs post void 248cc, Post Void 550cc, &amp; 21:30hrs 500cc; 4/14/15 05:00hrs 800cc, 17:00hrs Pre-cath/void 375cc, IC 475cc &amp; 22:00hrs 1000cc; 4/15/15 05:00hrs 1000cc, 15:00hrs Pre-cath/void 250cc, 18:20hrs Pre-cath/void 347cc, IC 400cc, &amp; 22:30hrs Pre-cath/void 598cc, IC 700cc; 4/16/15 0300hrs Pre-cath/void 812cc, IC 800cc, 06:00hrs Pre-cath/void 683cc, IC 650cc, 14:00hrs Pre-cath/void 507cc, IC 700cc, &amp; 22:00hrs IC 450cc; 4/17/15 06:00hrs 650cc, 11:05hrs 400cc, 16:35hrs 300cc, &amp; 21:45hrs 350cc; 4/18/15 05:00hrs 500cc, 13:30hrs Pre-cath/void 410cc, IC 450cc, &amp; 22:00hrs 600cc; 4/19/15 06:00hrs 800cc, 17:00hrs 475cc, &amp; 21:30hrs 400cc; 4/20/15 06:15hrs 800cc.</p> <p>Pt#2's MR output documentation lacked evidence of 4 hour timed voids as indicated by the physician order.</p> <p>c) Pt#3 was admitted to the facility 4/20/15 and was noted incontinent of bladder as follows: 4/22/15 at 02:09hrs;</p>		<p>be completed during unit meetings on December 15 &amp; 17, 2015. Feature will be turned on 12/21/15. This deficiency will be completed by 12/21/15.</p>	

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	<p>4/24/15 at 16:55hrs; 4/25/15 at 02:20hrs, 02:21hrs, &amp; 23:03hrs; 4/26/15 at 06:18hrs &amp; 12:38hrs; 4/28/15 at 14:00hrs; 4/29/15 at 02:00hrs &amp; 06:32hrs; 4/30/15 at 06:35hrs; 5/1/15 at 02:10hrs; 5/2/15 at 09:00hrs; 5/3/15 at 02:00hrs &amp; 14:13hrs; 5/4/15 at 09:00hrs; 5/5/15 at 01:30hrs, 06:50hrs, &amp; 14:25hrs; 5/6/15 at 01:00hrs &amp; 23:07hrs; and on 5/7/15 at 06:34hrs.</p> <p>d) Pt#3's MR lacked evidence of post-incontinent care/perineal cleanse for the following dates &amp; times: 4/22/15 02:09hrs; 4/24/15 16:55hrs; 4/25/15 02:20hrs, 02:21hrs &amp; 23:03hrs; 4/26/15 06:18hrs &amp; 12:38hrs; 4/28/15 14:00hrs; 4/29/15 02:00hrs &amp; 06:32hr; 4/30/15 06:35hrs; 5/1/15 02:10hrs; 5/2/15 09:00hrs; 5/3/15 02:00hrs &amp; 14:13hrs; 5/4/15 09:00hrs; 5/5/15 01:30hrs, 06:50hrs, 14:25hrs; 5/6/15 01:00hrs, 23:07hrs; &amp; 5/7/15 06:34hrs.</p> <p>e) Pt#4 was admitted to the facility 4/25/15 and was noted incontinent of bladder as follows: 5/5/15 at 00:00hrs, 01:40hrs, &amp; 23:45hrs; 5/7/15 at 05:01hrs.</p> <p>f) Pt#4's MR lacked evidence of post-incontinent care/perineal cleanse for the following dates &amp; times: 5/5/15 00:00hrs, 01:40hrs, &amp; 23:45hrs;&amp; 5/7/15 at 05:01hrs.</p> <p>6. On 8/18/15 at 1:00pm, A3, Nursing, indicated Pt#2's MR lacked evidence of</p>			

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	<p>timed voids every 4 hours as per physician order.</p> <p>7. On 8/18/15 at 3:45pm, A6, Hospital Educator, indicated the MR does not show if/when incontinent care was provided or if linens needed were changed and confirmed lack of documentation of incontinent care for Pt#3 &amp; Pt#4.</p>			