

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/23/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION ST VINCENT EVANSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 WASHINGTON AVE EVANSVILLE, IN 47750
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(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) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00325567</p> <p>Substantiated: Deficiency related to the allegations is cited.</p> <p>Survey Date: 2/23/21</p> <p>Facility Number: 005089</p> <p>QA: 3/2/21</p>	S 000		
S 712	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES</p> <p>410 IAC 15-1.5-4 (c)(1)</p> <p>(c) An adequate medical record shall be maintained with documentation of service rendered for each individual who is evaluated or treated as follows:</p> <p>(1) Medical records are documented accurately and in a timely manner, are readily accessible, and permit prompt retrieval of information.</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the hospital failed to ensure medical record (MR) documentation was accurate for 1 of 5 patients (#3) in one facility.</p> <p>Findings include:</p>	S 712		4/8/21

Indiana State Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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S 712	<p>Continued From page 1</p> <p>1. Review of the MR for patient #3 indicated the following: 1/18/19 Admission: The History and Physical (H&P) indicated the patient smoked < 1 pack cigarettes/week and the Social History indicated Smoking status: "Current Every Day Smoker". 1/25/19 Emergency Room (ER) visit and subsequent admission: The ER Physician Exam note indicated under substance Use: Unknown if ever smoked. 2/8/19 Rehabilitation admission: H&P documentation indicated the following: The patient is positive for tobacco 1 pack of cigarettes a day for 50+ years, without for the past 5 years. 2/10/19 ER visit with subsequent admission: ER Physician Exam: Smoking Status: current every day smoker. 2/18/19 Rehabilitation admission: H&P, HPI (history of present illness): The patient is positive for tobacco 1 pack of cigarettes a day for 50+ years, without for the past 5 years. 3/11/19 ER visit: ER Physician Exam: Smoking Status: never smoker. 3/26/19 ER visit: ER Physician Exam: Smoking Status: former smoker.</p> <p>2. On 2/23/21, A1, Risk Management, confirmed MR findings and discrepancies. A1 indicated he/she was unable to locate a hospital policy for accurate MR documentation.</p>	S 712		