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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>150084 | X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____ | X3) DATE SURVEY COMPLETED<br><br>01/16/2014 |
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| NAME OF PROVIDER OR SUPPLIER<br><br>ST VINCENT HOSPITAL & HEALTH SERVICES | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2001 W 86TH ST<br>INDIANAPOLIS, IN 46260 |
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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) COMPLETION DATE |
|--------------------|--|---------------|--|----------------------|
| S000000            | <p>This visit was for one (1) State complaint investigation.</p> <p>Date of survey: 01/16/14</p> <p>Facility number: 005075</p> <p>Complaint number: IN00132277<br/>Substantiated; Deficiency cited.</p> <p>Surveyor: Jennifer Hembree, RN<br/>Public Health Nurse Surveyor</p> <p>QA: claughlin 02/04/14</p>  | S000000       |  |                      |
| S001504            | <p>410 IAC 15-1.6-2<br/>EMERGENCY SERVICES<br/>410 IAC 15-1.6-2(a)</p> <p>(a) If a hospital provides a community emergency service, the service shall meet the emergency needs of the patients served, within the scope of the service offered, in accordance with acceptable standards of practice, and be under the direction of a physician qualified by education or experience.</p> <p>Based on document review and staff interview, the facility failed to ensure patients treated in the emergency department (ED) received prescriptions</p> | S001504       | ED nursing leadership will involve ED physician leadership with the Plan of Correction. ED physician leadership will then provide physician education on | 02/18/2014           |

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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| NAME OF PROVIDER OR SUPPLIER<br><br>ST VINCENT HOSPITAL & HEALTH SERVICES |   |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2001 W 86TH ST<br>INDIANAPOLIS, IN 46260  |                      |   |
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|   | <p>for the correct dosage of medication for 1 of 5 patients treated in the ED.</p> <p>Findings include:</p> <p>1. Review of patient #1 medical record indicated the following:<br/>(A) He/she presented to the ED at 10:13 on 5/30/13 with chief complaint listed as right "thigh pain x 2 weeks..."<br/>(B) A prescription was given to the patient for Oxycodone 7.5 mg to be taken every 6 hours for 5 days. A problem was identified with the prescription given to the patient. Oxycodone is not supplied in 7.5 mg. It is supplied in 5 mg, 10 mg, 15 mg, 20 mg or 30 mg.<br/>(C) The patient had a documented allergy to Tylenol, therefore medication containing this dosage of Oxycodone could not be substituted.</p> <p>2. Staff member #3 verified in interview beginning at 11:00 a.m. on 1/16/14 that patient #1 received an incorrect prescription of Oxycodone 7.5 which is not supplied.</p> |   | <p>medication dosage availability by February 18, 2014, and ensure that the physicians understand that medication database contains drugs and dosages that may not be available in the United States. The above Plan of Correction will be completed by February 18, 2014. The ED Manager and the ED physician leadership will be the responsible parties to ensure that all items on this plan will be completed.</p> |                      |   |