

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150089	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/27/2012
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NAME OF PROVIDER OR SUPPLIER INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 2401 UNIVERSITY AVE MUNCIE, IN 47303
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S0000	<p>The visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN 00084718</p> <p>Substantiated: Deficiencies related to the allegations cited..</p> <p>Date: 3/27/12</p> <p>Facility Number: 005079</p> <p>Surveyor: Brian Montgomery, RN, BSN Public Health Nurse Surveyor</p> <p>QA: claughlin 05/01/12</p>	S0000		

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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S0322	<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 policies and procedures that are updated as needed and reviewed at least triennially.</p> <p>Based on document review and interview, the hospital failed to ensure that its policy/procedures for complaints/grievances were updated to address a change in software information system.</p> <p>Findings:</p> <p>1. The policy/procedure Patient Complaints/Grievances (revised 8-10) failed to indicate the current process for documenting patient complaints or grievances using the Morrisey Concurrent Care Manager (MCCM) software information system (which replaced the Midas (McKesson) software information system on 12-01-2010).</p>	S0322	The policy/procedure "Patient Complaints / Grievances" has been revised to remove the brand name of the software system and replace it with a generic statement "System's Software for Patient Grievances" (attached).Policies are reviewed every 3 years. Closer attention to policy content will occur whenever an organizational change takes place. The Management Team has been advised to not include brand names in policies.The Director of Patient Relations is responsible for the review and accuracy of this policy/procedure.	05/07/2012

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	2. On 3-27-12 at 1445 hours, staff A1 confirmed that the policy/procedure failed to indicate the current system used at the facility for entering information regarding complaints and grievances.			

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S0930	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>Based upon document review and interview, the facility failed to ensure 2 patients (42 & 43) of 6 MR reviewed received nutritional supplements as ordered.</p> <p>Findings:</p> <ol style="list-style-type: none"> 1. The MR for patient 42 indicated an order dated 3-20-12 for nutritional supplements. 2. Documentation dated 3-20-12 by a registered dietitian indicated that the patient was unwilling to consume the ordered supplement due to product taste and there was no documentation of follow-up in the MR. 3. The MR for patient 42 failed to indicate that the patient was at any time given the supplement and then refused. 4. During an interview on 3-27-12 at 1330 hours, staff A4 confirmed that the 	S0930	<p>A reminder was included in the daily huddles performed each shift regarding the importance of documenting nutritional supplements and/or the documentation of the refusal by the patient .Shift Coordinators educated 100% clinical secretaries on the process of adding the supplements to the RN task list (attached).Shift Coordinators conduct daily audits on any patients that have supplements ordered.The Nurse Manager is responsible for ongoing compliance.</p>	05/11/2012	

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	<p>MR for patient 42 failed to indicate appropriate follow-up for the patient's concern regarding product taste.</p> <p>5. The MR for patient 43 indicated an order on 1-06-10 for a daily nutritional supplement and documentation failed to indicate that staff had provided the supplement to the patient prior to discharge on 1-10-10.</p> <p>6. During an interview on 3-27-12 at 1600 hours, staff A1 confirmed that the MR for patient 43 failed to indicate that the patient received the ordered nutrition or refused to consume the supplement when offered.</p>				