

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150061	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 11/14/2011
NAME OF PROVIDER OR SUPPLIER DAVIESS COMMUNITY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1314 E WALNUT ST WASHINGTON, IN 47501		
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S0000	<p>This visit was for the investigation of one State licensure complaint.</p> <p>Complaint Number: IN00093948 Substantiated: Related deficiencies cited.</p> <p>Facility #: 005056</p> <p>Survey Dates: 11-14-11</p> <p>Surveyor: Billie Jo Fritch RN, BSN, MBA Public Health Nurse Surveyor</p> <p>QA: claughlin 01/13/12</p> <p>4/19/12 revised due to IDR</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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S1316	<p>410 IAC 15-1.5-10 UTILIZATION REVIEW & DISCHARGE PLANNING 410 IAC 15-1.5-10 (e)(2)</p> <p>(e) To facilitate discharge as soon as an acute level of care is no longer required, the hospital shall have effective, ongoing discharge planning that:</p> <p>(2) is initiated in a timely manner within time frames as established by written hospital policy;</p> <p>Based on document review and interview, the facility failed to follow facility policies related to discharge planning for 2 of 5 (P#1, P#2) patient medical records reviewed.</p> <p>Findings include:</p> <p>1. Review of facility policy titled PATIENT DISCHARGE PLANNING on 11-14-11 indicated the following: The patient and patient's family with permission of the patient and/or health care representative will participate in the discharge planning process. The plan will be monitored and revised as necessary throughout the hospital stay.</p> <p>2. Review of patient medical records on 11-14-11 lacked evidence that 2 of 5 (P#1, admitted to Med-Surg 6-18-11, transferred from Med-Surg 6-21-11 to the rehab unit; and P#2, admitted to Med-Surg 6-20-11, discharged from</p>	S1316	<p>1. In the patient's record, daily documentation of discharge planning activity for inpatients has begun. A documentation tab is being built in the electronic medical record that will address discharge planning including information to support that the patient and family were included in decision making process. A reporting audit tool will be developed for daily use and incorporation into standard operating procedures. This will occur by 02/21/2012.2. Review of facility policy titled Transfer of Patient, Inter-facility and Intra-facility reveals on page 1 that the patient's physician will explain the risks and benefits of the transfer to the patient and/or family to those patients who are being transferred to another facility (other than nursing home). This statement applies only to external transfers to other facilities. Internal transfers are addressed beginning on page 3</p>	02/21/2012			

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	<p>Med-Surg to home 6-23-11) were provided with discharge planning activities during their stays on the medical-surgical unit</p> <p>3. Interviews with B#2 and B#3 on 11-14-11 at 1415 hours confirmed the medical records for 2 of 5 patients (P#1 and P#2) lack evidence of discharge planning activities were coordinated with the patients or their families during their stays on the medical-surgical unit.</p> <p>4. Interview with B#4 on 11-14-11 at 1430 hours confirmed discharge planning is to begin on admission to the hospital; B#4 confirms the medical records of P#1 and P#2 lacked documentation of discharge planning activities during their stays on the medical-surgical unit</p>		<p>of the policy. Please see the underlined portions of the attached policy.</p>	

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S1504	<p>410 IAC 15-1.6-2 EMERGENCY SERVICES 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 medical record review and interview, it could not be determined that the facility met the emergency needs of 1 of 5 (P#1) patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> Review of P#1's emergency room visit medical record indicated the patient presented to the ED on 6-17-11 at 1800 hours following a fall at home. The ED physician assessment indicated tenderness of right leg, chronic weakness, plus pain in the right thigh. The patient was discharged to home 6-17-11 at 2011 hours; there was no documentation to indicate any further evaluation or assessment of the tenderness and pain in the right leg. Review of P#1's return emergency room visit on 6-18-11 at 1435 hours indicated the patient was unable to walk. Radiology testing was completed that 	S1504	<ol style="list-style-type: none"> On June 17, 2011, the nurse's notes in the patient's medical record reports a 2/10 constant pain located at the posterior head. At 1805 on June 17, 2011, the patient's medical record from the nurse reveals a 4/10 pain. At 1826 on June 17, 2011, the physician documented the presence of tenderness and chronic weakness and pain in the right thigh. On discharge, the patient's pain scale is documented 0/10. 2. The two Emergency Department medical records reviewed by state surveyor and facility nursing staff will be reviewed by the Chief Emergency Department Medical Director of the facility's contracted ER physician group to determine whether the standard of care was met. Any deviation from the standard of care will be documented and addressed by the Chief through Peer Review. Results of the review will be placed in the physicians' credentialing files.3. 3% of the 	02/27/2012			

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	<p>indicated "a subtle lucency noted on the plain film does correspond to a nondisplaced fracture which extends into the superomedial aspect of the acetabulum. A second fracture is identified involving the inferior pubic rami near the ischial tuberosity".</p> <p>3. Interview with B#2 on 11-14-11 at 1300 hours confirmed an x-ray or CT of the hip/pelvis was not conducted during the emergency department (ED) visit 6-17-11, the patient was discharged home on 6-17-11, the patient returned to the ED the following day (6-18-11) after being unable to walk, and radiology testing was completed indicating "a subtle lucency noted on the plain film does correspond to a nondisplaced fracture which extends into the superomedial aspect of the acetabulum. A second fracture is identified involving the inferior pubic rami near the ischial tuberosity".</p>		Emergency Dept Records for each ED Physician will be reviewed each month by the Emergency Department Medical Director or his designee(s) for quality monitoring of the delivery of appropriate care. This will be done for a minimum of the next six months.		