

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152020	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 01/14/2016
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NAME OF PROVIDER OR SUPPLIER ST VINCENT SETON SPECIALTY HOSPITAL, INDIANAPOLIS	STREET ADDRESS, CITY, STATE, ZIP CODE 8050 TOWNSHIP LINE RD INDIANAPOLIS, IN 46260
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S 0000 Bldg. 00	<p>This visit was for the investigation of two hospital licensure complaints.</p> <p>Complaint Number: IN00189254</p> <p>Substantiated; no deficiencies related to the allegations are cited. One deficiency unrelated to the allegations is cited.</p> <p>Facility Number: 003350</p> <p>Date: 1/13/16 and 1/14/16</p> <p>QA: cjl 02/03/16</p>	S 0000		
S 0912 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>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 nursing executive failed to ensure that nursing staff re assessed patients related to daily and weekly weight checks for 1 of 6 patients with open records, patient #6 and 1 of 4 closed medical records reviewed, patient #1.</p> <p>Findings Include: 1. Review of the policy: Nursing Assessment and Reassessment, policy number 477518, last reviewed/revised 7/2013, indicated on page two, Reassessment: The purpose of reassessment is to identify the ongoing status of the patient and response to the current plan of care...The Patient Plan of</p>	S 0912	Information regarding proper documentation of patient weights on the weight log communicated at the morning safety huddle on January 15, 2016. Information shared via daily nursing shift to shift huddles for two weeks thereafter. A follow-up email to nursing staff to reinforce importance of weight documentation sent via the nursing huddle notes on February 8, 2016. Communication with dietitians in regards to proper follow up with nursing staff to obtain weight when gap identified completed on January 26, 2016. Audit to monitor compliance implemented February 2016. Results of audits shared with nursing leadership.	02/01/2016

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	<p>Care is reviewed daily based on assessing the patient's problems and or nursing care needs.</p> <p>2. Review of the closed medical record for patient #1 (admitted 7/9/15 and discharged 9/2/15) indicated daily weights were noted on the "Weight Log" document, and underlined three times. The following dates lacked documentation on the weight log form of daily weights being noted: 7/11/15; 7/12/15; 7/15/15; 7/16/15; 7/28/15; 8/7/15; 8/18/15 and 9/1/15.</p> <p>3. Review of the open medical record for patient #6 indicated that weekly weights were required after admission on 11/4/15 and none had been documented since 12/3/16.</p> <p>4. At 3:50 PM on 1/14/16, interview with staff member #54, the 2 South nursing manager, confirmed that pt. #6 had:</p> <p>A. Documentation that weekly weights were to be obtained.</p> <p>B. No weekly weights had been documented since 12/3/16.</p> <p>C. The Nursing Assessment and Reassessment policy was not followed in regard to the requirement for reassessment of weekly weights for patient #6.</p>			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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