

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150009	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  05/23/2016
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NAME OF PROVIDER OR SUPPLIER  CLARK MEMORIAL HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1220 MISSOURI AVE JEFFERSONVILLE, IN 47130
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S 0000  Bldg. 00	<p>This visit was for the State investigation of a hospital complaint.</p> <p>State complaint #IN00181206 Unsubstantiated, lack of sufficient evidence. Unrelated deficiency cited.</p> <p>Date of survey: 5/23/16</p> <p>Facility number: 005009 QA: 6/27/16 jlh</p>	S 0000		
S 0912  Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE 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, 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. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job</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>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 nurse executive failed to assure personnel followed policy for Person Patient Items Loss Prevention for 3 of 4 patients (P1, P2 and P4) admitted to the hospital from the emergency department (ED).</p> <p>Findings:</p> <p>1. Review of the policy titled Personal Patient Items Loss Prevention indicated the following:</p> <p style="padding-left: 40px;">a. We will collect all non-valuable items and place them in a bag provided for this purpose. This bag will be transferred with the patient throughout the hospital stay.</p> <p style="padding-left: 40px;">b. Upon Admission: If the patient is admitted through the ED, belongings will be placed in a bag...sent with the patient upon admission...belongings will then be inventoried upon arrival by both</p>	S 0912	<p>The "Patient Personal Belongings – Lost Items Prevention" policy has been updated to further outline specific responsibilities for team members to take inventory and document patient belongings. The patient will be given a bag where he/she may place personal belongings upon arrival to the hospital. The team members will take inventory and document belongings at that time. The bag will follow the patient in the case of any transfers and will be inventoried at each receiving location where the belongings bag contents will be confirmed and documented. Team members will be educated on the policy and it will be added as part of the annual competency skills assessments. 30 charts will be audited for completion of inventory documentation (15 ED charts, 15 inpatient charts) per month beginning in September, 2016. The goal is 90%. The monitoring results will be reported</p>	08/19/2016

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	<p>ED and receiving unit personnel.</p> <p>c. Transfer: At the time of transfer to an assigned unit, the personal belong bag will be sent with the patient along with the inventory list. Upon arrival on nursing unit, the personal belonging bag will be given to the receiving HCA (health care associate) and the inventory sheet reviewed and signed by both the sending and receiving HCA.</p> <p>d. At the time of discharge, a review of the inventory list and the contents of the personal belonging bag shall be completed.</p> <p>e. Report of lost item shall be entered into the Midas Reporting System.</p> <p>f. The policy was last approved 06/2014.</p> <p>2. Review of patient medical records (MR) indicated the following:</p> <p>a. P1's MR indicated the patient came to the hospital through the ED on 6/28/15 at 0408 hrs, was admitted to the hospital that same date at 0636 hrs. The MR lacked documentation of a personal items inventory by the ED and receiving unit.</p> <p>b. P2's MR indicated the patient came to the hospital through the ED on 8/13/15 at 1043 hrs, was admitted to the hospital that same date at 1354 hrs and transferred to BHS (behavioral health</p>		to the SafePractice Quality Council for compliance oversight. Once the goal is reached, spot audits will be performed.				

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	<p>services) 8/15/15 at 1815 hrs. The MR lacked documentation of a personal items inventory by the ED and receiving unit on 8/13/15 upon admission from ED and lacked documentation of the personal inventory sheet having been reviewed and signed by both the sending and receiving HCA on 8/15/15 upon transfer to another unit.</p> <p>c. P4's MR indicated the patient came to the hospital through the ED on 9/21/15 at 1840 hrs and was admitted to the hospital BHS 9/22/15 at 0614 hrs. The MR lacked documentation of the personal inventory having been reviewed and signed by both the sending (ED) and receiving HCA.</p> <p>3. On 5/23/16 at 3:30pm A4, HIM (health information management) Manager, indicated the MR's for P1, P2 and P4 lacked documentation of patient personal belongings as per policy and procedure as identified above.</p>			