

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

PRINTED: 05/13/2016  
FORM APPROVED  
OMB NO. 0938-0391

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 04/11/2016	
NAME OF PROVIDER OR SUPPLIER  DAVIESS COMMUNITY HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 1314 E WALNUT ST WASHINGTON, IN 47501			
(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	
A 0000  Bldg. 00	<p>This visit was for Federal investigation of a complaint.</p> <p>Complaint #IN00194606 Substantiated; a deficiency related to the allegations is cited.</p> <p>Dates of Survey: 4/11-12/16</p> <p>Facility Number: 005056</p> <p>QA: cjl 04/18/16</p>		A 0000				
A 0837  Bldg. 00	<p>482.43(d) TRANSFER OR REFERRAL The hospital must transfer or refer patients, along with necessary medical information, to appropriate facilities, agencies, or outpatient services, as needed, for follow-up or ancillary care.</p> <p>Based on document review and interview, the hospital failed to transfer necessary medical information to a receiving facility for 1 of 10 patient (P1) medical records (MR) reviewed.</p> <p>Findings:</p>		A 0837	<p>A-0837 How: A discharge checklist has been built in the electronic medical record, which includes a list of required items that are to accompany the patient upon discharge, which also includes documentation box for additional</p>		05/10/2016	

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>1. Review of the policy titled Transfer of Patient, inter-facility and intra-facility indicated the following:</p> <p>a. Transfer of the patient will be ordered by the physician based on assessed need of treatment and/or services.</p> <p>b. Guidelines for Transfer of Patient to Nursing Home: 5. A completed transfer form, summary of care record, and medication reconciliation sheet...must be sent with the patient. 7. The following must accompany the patient: c. H&amp;P (history and physical); e. Other pertinent information.</p> <p>c. The policy was reviewed 3/2015.</p> <p>2. Review of P1's MR indicated the following:</p> <p>a. The patient was admitted to the hospital's BHU (behavioral health unit) on 2/2/16. On 2/10/16, the patient experienced a fall resulting in hip fracture, was transferred to a medical/surgical unit and underwent hip surgery on 2/11/16.</p> <p>b. On 2/16/16 a PEG (percutaneous endoscopic gastrostomy) tube was surgically placed for nutritional enteral feedings.</p> <p>c. The Discharge Assessment/Summary Report indicated</p>				<p>pertinent information or education sent with the patient. A copy of the new tab is attached to this response. Staff were also asked to review the "Transfer of Patient, Inter-facility and Intra-facility" policy requirements, along with the new "Discharge to" documentation tab.</p> <p>Prevent from reoccurring:</p> <p>Periodic review of medical records for documentation compliance and providing feedback to individuals as needed.</p> <p>Responsible: VP of Nursing and Nurse Managers</p>		

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	<p>on 2/22/16 at 15:47hrs, the patient was transferred to a SNF, the CDA (clinical documentation architecture) was sent and report was called to the receiving nurse at the SNF.</p> <p>d. The MR lacked documentation of an H&amp;P or feeding tube orders/instructions being sent/provided to the SNF.</p> <p>3. On 4/12/16 at 10:15am, A5, RN (registered nurse)/Quality PI (performance improvement), indicated it could not be determined from the MR for P1 that the H&amp;P or feeding tube instructions were sent or provided to the SNF.</p> <p>4. On 4/12/16 at 12:00pm, A2, Quality/Infection Prevention Manager, indicated the CDA is pulled from a Quick Links selection list within the MR. He/she indicated the list to include the following: Hospital Admission Diagnosis, Social History, Problems, Medications, Allergies, Results, Vital Signs, Plan of Care, Procedures, Encounters, Immunizations, Functional Status and Hospital Discharge Instructions.</p> <p>5. Review of the printed CDA document of P1 lacked documentation of an H&amp;P and lacked documentation of feeding type</p>						

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S 0000  Bldg. 00	<p>or feeding tube instructions.</p> <p>This visit was for State investigation of a complaint.</p> <p>Complaint #IN00194606</p> <p>Substantiated; a deficiency related to the allegations is cited.</p> <p>Dates of Survey: 4/11-12/16</p> <p>Facility Number: 005056</p> <p>QA: cjl 04/18/16</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>						

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	<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 descriptions with reporting responsibilities for all nursing staff positions. (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. (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 ensure 1 of 10 patients (P1) was transferred in accordance with policy and procedure.</p> <p>Findings:</p> <p>1. Review of the policy titled Transfer of Patient, inter-facility and intra-facility indicated the following:</p> <p style="padding-left: 40px;">a. Transfer of the patient will be ordered by the physician based on assessed need of treatment and/or</p>	S 0912	<p>S-0912</p> <p>How: A discharge checklist has been built in the electronic medical record, which includes a list of required items that are to accompany the patient upon discharge, which also includes documentation box for additional pertinent information or education sent with the patient. A copy of the new tab is attached to this response. Staff were also asked to review the "Transfer of Patient, Inter-facility and Intra-facility" policy requirements, along with the new "Discharge to" documentation tab.</p>	05/10/2016			

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	<p>services.</p> <p>b. Guidelines for Transfer of Patient to Nursing Home: 5. A completed transfer form, summary of care record, and medication reconciliation sheet...must be sent with the patient. 7. The following must accompany the patient: c. H&amp;P (history and physical); e. Other pertinent information.</p> <p>c. The policy was reviewed 3/2015.</p> <p>2. Review of P1's MR indicated the following:</p> <p>a. The patient was admitted to the hospital's BHU (behavioral health unit) on 2/2/16. On 2/10/16, the patient experienced a fall resulting in hip fracture, was transferred to a medical/surgical unit and underwent hip surgery on 2/11/16.</p> <p>b. On 2/16/16 a PEG (percutaneous endoscopic gastrostomy) tube was surgically placed for nutritional enteral feedings.</p> <p>c. The Discharge Assessment/Summary Report indicated on 2/22/16 at 15:47hrs, the patient was transferred to a SNF, the CDA (clinical documentation architecture) was sent and report was called to the receiving nurse at the SNF.</p> <p>d. The MR lacked documentation of an H&amp;P or feeding tube</p>				<p>Prevent from reoccurring:</p> <p>Periodic review of medical records for documentation compliance and providing feedback to individuals as needed.</p> <p>Responsible: VP of Nursing and Nurse Managers</p>		

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	<p>orders/instructions being sent/provided to the SNF.</p> <p>3. On 4/12/16 at 10:15am, A5, RN (registered nurse)/Quality PI (performance improvement), indicated it could not be determined from the MR for P1 that the H&amp;P or feeding tube instructions were sent or provided to the SNF.</p> <p>4. On 4/12/16 at 12:00pm, A2, Quality/Infection Prevention Manager, indicated the CDA is pulled from a Quick Links selection list within the MR. He/she indicated the list to include the following: Hospital Admission Diagnosis, Social History, Problems, Medications, Allergies, Results, Vital Signs, Plan of Care, Procedures, Encounters, Immunizations, Functional Status and Hospital Discharge Instructions.</p> <p>5. Review of the printed CDA document of P1 lacked documentation of an H&amp;P and lacked documentation of feeding type or feeding tube instructions.</p>						