Indiana State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 005079 | | 04/09/2015 |

NAME OF PROVIDER OR SUPPLIER
INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOS

STREET ADDRESS, CITY, STATE, ZIP CODE
2401 UNIVERSITY AVE
MUNCIE, IN 47303

| (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) COMPLETE DATE |
|---|---|---|---|---|
| S 000 | INITIAL COMMENTS<br><br>The survey was for investigation of a State hospital complaint.<br><br>Complaint Number: IN00170325<br>Substantiated: Deficiency cited related to the allegations.<br><br>Date: 4-8/9-15<br><br>Facility Number: 005079<br><br>QA: cjl 05/08/15 | S 000 | | |
| S 930 | 410 IAC 15-1.5-6 NURSING SERVICE<br><br>410 IAC 15-1.5-6 (b)(3)<br><br>(b) The nursing service shall have the following:<br><br>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.<br><br>This RULE is not met as evidenced by:<br>Based upon document review and interview, a registered nurse failed to follow policies for pain assessment and medical record documentation policy and ensure that a patient's reports of pain were evaluated for 1 of 6 medical records (patient 27) reviewed.<br><br>Findings:<br><br>1. The policy/procedure Pain Assessment and Management in Adults and Older Patients (approved 1-14) indicated the following: "Pain is considered the "5th Vital Sign" and may be | S 930 | | 6/11/15 |

Indiana State Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 005079 | | 04/09/2015 |

NAME OF PROVIDER OR SUPPLIER
INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOS

STREET ADDRESS, CITY, STATE, ZIP CODE
2401 UNIVERSITY AVE
MUNCIE, IN 47303

| (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) COMPLETE DATE |
|---|---|---|---|---|
| S 930 | Continued From page 1<br>assessed and documented when vital signs are obtained. It is not intended to be a standard whereby each set of vital signs is accompanied by a pain assessment ...Acute pain -during acute episodes of pain and post-procedure/surgery-a minimum or (sic) every 4 hours and as needed specific to patient condition for 48 hours or until pain is managed to the pain goal ...pain management includes both pharmacological and non-pharmacological interventions ..."<br><br>2. The policy/procedure Documentation standards: Inpatient (approved 6-13) indicated the following: "Assess patient for presence of pain using appropriate pain scale to describe intensity ...when a previous nurse or caregiver has been documenting a specific issue ...subsequent caregivers will continue to document on this issue until it has been resolved. Registered Nurses are accountable for the patient assessment process. Whenever assessment documentation is delegated to an LPN or other non-licensed caregiver, the responsible RN will review the documentation and validate this review ..."<br><br>3. The medical record (MR) for patient 27 indicated that the patient's pain level was assessed at a level of 9/10 when vital signs were obtained by a patient care tech on 2-13-15 at 0700 hours and on 2-15-15 at 0700 hours and no MR documentation indicated a licensed nurse was notified or indicated a pharmacologic or non-pharmacologic intervention was provided in response to the patient's reports of pain.<br><br>4. During an interview on 4-9-15 at 1610 hours, the performance improvement coordinator A2 confirmed the MR for patient 27 failed to indicate the responsible nurse was notified about the | S 930 | | |

Indiana State Department of Health

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 005079 | | 04/09/2015 |

NAME OF PROVIDER OR SUPPLIER: INDIANA UNIVERSITY HEALTH BALL MEMORIAL HOS

STREET ADDRESS, CITY, STATE, ZIP CODE: 2401 UNIVERSITY AVE, MUNCIE, IN 47303

| (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) COMPLETE DATE |
|---|---|---|---|---|
| S 930 | Continued From page 2<br>patient's report of pain at 0700 hours on 2-13-15 and 2-15-15 or indicate a pharmacologic or non-pharmacologic intervention was provided by a nurse as a response to manage the reported pain. | S 930 | | |