

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150084	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/09/2012
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NAME OF PROVIDER OR SUPPLIER  ST VINCENT HOSPITAL & HEALTH SERVICES	STREET ADDRESS, CITY, STATE, ZIP CODE 2001 W 86TH ST INDIANAPOLIS, IN 46260
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S000000	<p>This visit was for the investigation of one State complaint.</p> <p>Complaint Number: IN00105112 Unsubstantiated: Lack of sufficient evidence; unrelated deficiency cited.</p> <p>Facility #: 005075</p> <p>Survey Dates: 05-09-12</p> <p>Surveyor: Billie Jo Fritch RN, BSN, MBA Public Health Nurse Surveyor</p> <p>QA: cloughlin 05/17/12</p>	S000000		
S000748	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4 (e)(3)</p> <p>(e) All entries in the medical record shall be:</p> <p>(3) authenticated and dated promptly in accordance with subsection (c)(3). Based on document review and interview, the executive failed to ensure all patient medical record entries are authenticated and dated promptly for 2 of</p>	S000748	This action plan was completed on June 4, 2012. The preoperative checklist form was revised to ensure accurate communication and decrease duplicate	06/05/2012

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>3 (P#1, P#2) patient medical records reviewed.</p> <p>Findings included:</p> <ol style="list-style-type: none"> <li>Review of patient medical records on 5-9-12 lacked evidence that 2 of 3 (P#1, P#2) patient medical record entries were signed on the Pre-Procedure Record.</li> <li>Review of facility policy titled MEDICAL RECORD REQUIREMENTS #86902 on 5-9-12 indicates the following: All medical record entries must be signed</li> <li>Interview with B#10 on 5-9-12 at 1555 hours confirmed that the Pre-Procedure Record for P#1 was not signed by the person entering the information; B#10 confirmed all medical record entries are to be signed by the author.</li> <li>Interview with B#9 on 5-9-12 at 1540 hours confirmed that the Pre-Procedure Record for P#2 was not signed by the person entering the information; B#9 confirmed all medical record entries are to be signed by the author.</li> </ol>		<p>documentation. This form is completed by the sending unit and received by the operating room department. Form revision was completed by the director of the cardiac unit and the surgical clinical nurse specialist. Form revision was completed on June 1, 2012. Nurses on the cardiac unit will receive education on the use of the form and requirements for medical records authentication during daily unit huddles and the June 2012 department staff meeting. All education will be provided by the nursing unit director and will be completed by June 29, 2012. Review of the preoperative checklist form is now incorporated in the verbal hand-off process. The operating room nurses will now ask the sending unit the following question when calling for patient transfer, "Is the preoperative procedure checklist completed?" The operating room nursing director will add this question to the operating room SBAR report tool, and provide the operating room department nurses with education on this process change by June 15, 2012. To ensure ongoing compliance the operating room will audit five random medical records per month for the next four months. Audit will include completion of the checklist including signature of author, date and time. 100% compliance is expected. Caridac unit nursing supervisors will audit</p>		

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			the medical records between July-October 2012. Follow-up education will occur with the sending unit RN for any incomplete records.		