

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

PRINTED: 08/26/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150100	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 08/05/2021
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NAME OF PROVIDER OR SUPPLIER ASCENSION ST VINCENT EVANSVILLE	STREET ADDRESS, CITY, STATE, ZIP CODE 3700 WASHINGTON AVE EVANSVILLE, IN 47750
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
S 0000 Bldg. 00	<p>This visit was for investigation of two state licensure hospital complaints.</p> <p>Complaint Number: IN00275298 Substantiated: Deficiency related to the allegation is cited.</p> <p>Complaint Number: IN00296059 Substantiated: No deficiencies are cited related to the allegations.</p> <p>Survey Dates: 8/4/21 and 8/5/21</p> <p>Facility Number: 005089</p> <p>QA: 8/11/21 & 8/12/21</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.</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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 disclosed 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>(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 nurse executive failed to ensure that nursing personnel followed standards of practice for monitoring patient diet/intake and for patient hygiene for 1 of 5 patients (P1).</p> <p>Findings include:</p> <p>1. The MR (medical record) of patient P1 lacked documentation of patient food and/or hydration intake and lacked documentation of post stool hygiene as follows:</p> <p style="padding-left: 40px;">Admission 4/9/18 - 4/19/18: The MR lacked documentation of hygiene after stools as follows: On 4/9/18 at 0955 hours; on 4/12/18 at 0800 hours; on 4/14/18 at 1350 hours; on 4/14/18 at 1615 hours; on 4/15/18 at 2017 hours; and on 4/17/18 at 1310 hours.</p> <p style="padding-left: 40px;">Admission 6/23/18 - 6/25/18: The MR lacked documentation of hygiene after incontinent stool on 6/23/18 at 1445 hours. The MR lacked documentation of nutrition having been provided as follows: On 6/23/18 the MR lacked</p>	S 0912	<p>S912 410 IAC 15-1.5-6 Nursing Services 410 IAC 15-15-6 (a)(2)(B)(i)(ii)(iii)(iv)(v)</p> <p>A team of Patient Care Techs will be formed to improve performance as it relates to peri care and meal documentation. Additionally, feedback will be provided to staff to include both positive reinforcement and opportunities for improvement. Completion date: 8/30/2021</p> <p>Monitoring: 10 patient records will be audited per week for 3 months, or until compliance goal is reached. Compliance goal: 95%</p> <p>Reporting: Data will be synthesized monthly and reported to Service Line Councils and at</p>	08/30/2021	

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	<p>documentation of the patient having received/consumed lunch (mid-day meal); on 6/24/18 the MR lacked documentation of lunch and dinner (evening meal); and on 6/25/18 the MR lacked documentation of the patient having received breakfast (morning meal) prior to discharge at 1011 hours.</p> <p>2. On 8/4/21, beginning at approximately 11:30 am, A3, Risk Manager, indicated patient hygiene following stools should be documented. A3 verified MR findings of patient P1 lacked documentation of hygiene after each stool. A3 also verified the MR of P1 lacked documentation of nutritional provision/intake as noted in review. A3 indicated intake should be recorded by nursing for each meal.</p>		<p>Clinical Services - Nursing Management Council.</p> <p>Responsible party: Clinical Nurse Specialists; CNO</p>		