

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150007	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  05/29/2014
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NAME OF PROVIDER OR SUPPLIER  COMMUNITY HOWARD REGIONAL HEALTH INC	STREET ADDRESS, CITY, STATE, ZIP CODE 3500 S LAFOUNTAIN ST KOKOMO, IN 46902
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(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
S000000	<p>This visit was for a State licensure survey.</p> <p>Facility Number: 005007</p> <p>Survey Date: 05/27/14 through 05/29/2014</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>Lynnette Smith Medical Surveyor</p> <p>QA: claughlin 06/09/14</p>	S000000		
S000362	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(d)(6)(A)(B)(C)(D) (E)(F)</p> <p>(d) The governing board is responsible for assuring that quality patient care is provided. In accordance with hospital policy, the governing board shall do the following:</p> <p>6) Ensure that the hospital does the following:</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>(A) Establish written protocols to identify potential organ and tissue donors.</p> <p>(B) Has written policies and procedures for the facilitation of organ and tissue donations, including procurement.</p> <p>(C) Inform families or authorized persons of potential organ and tissue donors of the option of donation on admission or at the time of death of a potential donor.</p> <p>(D) Use discretion and sensitivity in contacts with potential organ donor families.</p> <p>(E) Notify the appropriate procurement organization of potential organ donors.</p> <p>(F) Establish membership in the organ procurement and transplantation network if the hospital performs transplants.</p> <p>Based on document review and employee interview, the facility failed to notify the appropriate organ procurement organization, per contract, of all hospital deaths.</p> <p>Thus the facility failed to notify procurement organization of all potential organ donors.</p> <p>Findings:</p> <p>1. Review of the contract between the hospital and the Indiana Organ Procurement Organization (IOPO) indicated the hospital shall provide</p>	S000362	<p>The expiration record in Cerner has been changed to include a mandatory field for the IOPO confirmation number, and the IOPO phone number has been added directly under the required field to improved ease of use for staff. (COMPLETED 7/2/14)House supervisor will notify staff to call IOPO with every death that occurs when they deliver the "death packet" to the unit. (COMPLETED 7/2/14)A daily "death report" has been created in Cerner that will be audited on a daily basis to verify IOPO has been notified of every death. (COMPLETED 7/2/14)An educational flyer is being</p>	07/11/2014

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	<p>"Timely Referral to IOPO as soon as possible of every individual whose death is imminent or who has died in the hospital".</p> <p>2. Review of the documentation presented failed to show all deaths were reported. Donation 2013 Statistics and Benchmarks indicated 14 deaths occurred in January 2013 and only 13 deaths were reported. Also, 24 deaths occurred in September 2013 and only 23 deaths were reported. Thus the hospital failed to show evidence that all deaths were reported.</p> <p>3. Interview with Employee #A1 on May 28, 2014 at 10:15am verified all deaths were not reported.</p>		<p>developed specific to the workflow of this enhanced process. Will be included in weekly nursing education bulletin. (TO BE COMPLETED BY 7/11/14)</p>				