

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

PRINTED: 03/20/2014  
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 10/17/2013	
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	
S000000	<p>This visit was for the investigation of one (1) State complaint.</p> <p>Date of survey: 10/17/13</p> <p>Facility number: 005056</p> <p>Complaint number: IN00132839 Substantiated; no deficiencies related to allegations are cited. Unrelated deficiency cited.</p> <p>Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 10/30/13</p>		S000000				
S000732	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4(d)(1)(2)(3)(4)</p> <p>(d) The medical record shall contain sufficient information to:</p> <p>(1) identify the patient; (2) support the diagnosis; (3) justify the treatment; and (4) document accurately the course of treatment and results.</p> <p>Based on document review and</p>		S000732	The electronic medical record has been updated. Isolation		11/04/2013	

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>interviews, the facility failed to ensure the electronic medical record (EMR) contained all pertinent information to the patients stay after discharge for 1 of 4 patients.</p> <p>Findings include;</p> <p>1. Review of patient #4 medical record indicated the following: (A) The patient had a diagnosis of MRSA cellulitis (B) The medical record lacked documentation that the patient was placed in isolation. (The order was found through order entry that the patient was in isolation, however this is not part of the medical record.)</p> <p>2. Staff members #4 and #5 verified at 2:15 p.m. on 10/17/13 that there was no isolation documented in the medical record of patient #4 and that the patient was on contact isolation based on information obtained from the order entry system.</p> <p>3. Staff member #6 indicated in interview at 2:50 p.m. on 10/17/13 that the order for contact isolation for patient #4 was found in "order management" in the computer and is not part of the patients medical record. Orders for isolation are in the medical record upon</p>				<p>Percautions documentation has been moved under the ADL's tab where it will be part of the permanent medical record. See attachment A Attachment B shows how isolation percautions will appear in the permanent electronic medical record after the patient has been discharged.</p>		

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	admission and at the time the order is received, however "drop off" the record once the patient is discharged.						