

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  150006	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED  03/09/2016
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NAME OF PROVIDER OR SUPPLIER  LA PORTE HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 1007 LINCOLNWAY LA PORTE, IN 46350
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S 0000  Bldg. 00	<p>This visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN00179379</p> <p>Substantiated: deficiency related to allegations is cited.</p> <p>Date: 3/9/16</p> <p>Facility Number: 005006</p> <p>QA: cjl 04/20/16</p>	S 0000		
S 0930  Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>Based on document review and interview, the registered nurse failed to supervise and evaluate the plan of care related to lack of physician order for restraint or seclusion, documentation of discontinuation of restraint or seclusion and updating the patient safety care plan after discontinuation of restraint or</p>	S 0930	A performance improvement initiative regarding restraint use resulted in a plan of correction shared with the hospital Nursing Quality Committee on 03/15/2016. A multidisciplinary team formulated the plan of correction which consisted of nursing leadership, front line care providers, clinical informatics, and	05/09/2016

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>seclusion for 1 of 5 (#1) medical records (MR) reviewed.</p> <p>Findings:</p> <p>1. Policy #LP-PCD-REST-001, Restraint and Seclusion, revised/reapproved 3/17/14 indicated on pg:</p> <p>A. 3, point E., Restraints and seclusion are employed for the shortest length of time possible.</p> <p>B. 4, points H. and O., Restraints and seclusion are only used when ordered by a Practitioner...The patient's safety plan of care is to reflect the use of restraints or seclusion.</p> <p>C. 6 and 7, Use of Physical Restraints and/or Seclusion for Violent Behavior section, point F. Obtain/Provide an Order, 1. A restraint order must be obtained from a Practitioner prior to or within one hour of initiating restraints or seclusion.</p> <p>D. 9 and 10, point O. Discontinuation,</p> <p>2. Minimum documentation includes: a. Date and time of release from restraints/seclusion...d. Update care plan with alternative measures and post-restraint practices to prevent future episodes of violent behavior that might lead to a need for restraint.</p> <p>2. Review of patient medical records confirmed patient 1 was placed in</p>		<p>clinical educators working collaboratively to identify barriers to compliance. After a retrospective house-wide review of 2015 restraint documentation it was identified that the policy and documentation requirements were accurate, but consistent physician ordering and nursing documentation were lacking. All inpatients are being concurrently reviewed for appropriate order placement and accurate nursing documentation. Several actions were taken as a result of these deficiencies:Review of the existing hospital policy, LP-PCD-REST-001 Restraint and Seclusion, and Cerner documentation elements were completed to ensure compliance with Indiana State code.The existing nursing exam for restraint use was revised to emphasize nursing documentation elements for patient safety. A standardized resource binder for restraint use was developed and placed on each patient care unit providing more in-depth information on required documentation and safety practices. This information is also available to all colleagues on the hospital intranet shared drive.Education requirements for clinical staff were updated. The nurse managers completed mandatory education with all clinical staff on the new material through review of the standardized resource binder for</p>		

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	<p>seclusion with sitter present on 7/25/15 at 2324 hours, but lacked a physician order for seclusion. Four-way bilateral wrist and ankle restraints were implemented on 7/27/15 at 2045 hours for severe aggression and attempts to harm self/others, but lacked a physician order for restraint. MR lacked documentation of discontinuation of seclusion and discontinuation of restraint, as well as updates to the patient safety plan of care.</p> <p>3. Staff 6 (Clinical Educator 4th Floor Medical/Surgical/Telemetry/Pediatric &amp; Inpatient Orthopedics) was interviewed on 3/9/16 at approximately --1315 hours, and confirmed the above-mentioned episodes of restraint or seclusion lacked documentation of a practitioner order prior to implementation, and lacked documentation of the restraint or seclusion being discontinued and the patient safety plan of care being updated as required by facility policy and procedure.</p>		<p>restraint use followed by a written exam by 04/01/2016. The updated restraint education materials were also shared with the senior clinical instructor to be included in the new colleague orientation for all clinical staff. Annual restraint competency is required for all clinical staff. This includes written exam for knowledge and return demonstration of twice as tough, and soft wrist restraint application for skill. Re-education of physician requirements including order placement and appropriate guidelines for discontinuation outlined the current restraint and seclusion policy was emailed to all active, consulting, and courtesy physicians on 05/02/2016 and presented to the Medical Executive Committee on 05/09/2016 by the Vice President of Medical Affairs and Quality. Real time chart audits are ongoing. An automated daily report fires from the Cerner system to all clinical leaders identifying patients with a restraint order placed within the last 24 hours. A designated staff member reviews the restraint orders and documentation for accuracy. Any deficiency is reported to the unit manager who will contact the colleague involved to ensure they complete documentation guidelines. Compliance rates are shared at the monthly Restraint Committee meetings and are reported</p>		

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

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			quarterly to the hospital Quality Improvement Committee by the Director of Nursing Services beginning 05/2016.		