

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 10/16/2013
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 investigation of two State hospital complaints.</p> <p>Complaint Number: IN00126821 Unsubstantiated for Lack of Sufficient Evidence</p> <p>IN00129434 Substantiated: deficiencies cited related to the allegations</p> <p>Facility Number: 005075</p> <p>Date: 10/15/13 and 10/16/13</p> <p>Surveyor: Linda Plummer, R.N., Public Health Nurse Surveyor</p> <p>QA: claughlin 10/24/13</p>	S000000			

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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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 policy and procedure review, patient medical record review, and staff interview, the facility failed to ensure that the medical record was accurate for one patient (pt. #1).</p> <p>Findings: 1. at 12:00 PM on 10/16/13, review of the policy and procedure "Medical Record Requirements", PolicyStat ID 86902, with a last review date of 08/2011, indicated: a. under "Policy Statement", it reads: "The medical record of care comprises all the data and information gathered about a patient's encounter. It functions as both a history of the encounter and as a method of communication among healthcare staff. The purpose of the medical record is to: Support the patient's diagnosis and condition. Justify the patient's care, treatment and services. Document the course and result(s) of the patient's care, treatment and services. Promote continuity of care among providers..."</p>	S000732	<p>S7321. Physicians who incorrectly documented will make an addendum to the patient's medical record correcting their documentation to reflect the true nature of the patient's condition. Correction to be made and entered into the medical record by November 15, 2013. 2. Ongoing education on the importance of proper documentation will be provided to the critical care physicians. In addition, we will review how to properly read the lab form to ensure accurate interpretation of results.3. The critical care department chair will be responsible for this plan of correction.4. The above plan of correction will be completed by November 15, 2013.</p>	11/15/2013
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	<p>2. Review of the medical record for pt. #1 indicated the patient was admitted to the ICU (intensive care unit) of the facility on 5/9/12 with documentation as follows:</p> <p>a. a urine drug screen done while the patient was still in the ED (emergency department) at 3:44 AM, and reported at 4:32 AM, was "+ Positive" for "Amphetamines"</p> <p>b. the same drug screen (as in E. above) was negative for Methamphetamines and all other drugs tested</p> <p>c. the ICU intern wrote an admission note at 6:05 AM on 5/9/12 that read: "...cocaine vs meth intox" "...Pt suspected to be withdrawing from some type of symptamimetic (sp); possibly meth...1. Acute Delirium...DX (diagnosis) Meth od (overdose)/vs withdrawal...3. Methamphetamine Abuse..."</p> <p>d. a H & P (history and physical) by an ICU MD was dated 5/9/12 at 6:20 AM and read: "...urine drug screen was positive for methamphetamine...Impression: At this point in time, the patient has a methamphetamine overdose..."</p> <p>e. the 5/10/12 11:16 AM discharge summary indicated: "...The patient has a history of being on Adderall. [pt's] urine drug screen was positive for methamphetamine and initially [pt] came</p>				

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	<p>in with an unknown history that [pt] may have been using methamphetamine inappropriately..."</p> <p>3. interview with staff member #51, the RN (registered nurse) manager of the ED, at 11:05 AM on 10/16/13 indicated:</p> <p>a. pt. #1 was not positive for Methamphetamine, as noted by three practitioners in the patient's ED record</p> <p>b. the patient was positive for Amphetamines as the patient is on Adderall for their ADHD (attention deficit hyperactive disorder) and would test positive when taking this medication</p> <p>c. the policy, as stated in 1. above, does not specifically address accuracy in the medical record, but this is an expectation by health professionals</p>				

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S000912	<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. (ii) Maintaining a current nursing service organization chart. (iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions. (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. (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 policy and procedure review, patient closed medical record review, and staff interview, the nurse executive failed to ensure the implementation of the restraint policy for one patient (pt #1).</p>	S000912	S9121. ED leadership along with ED Educator will develop and provide education regarding the expectations surrounding the process of ordering restraints and the documentation expectations	11/15/2013			

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	<p>Findings:</p> <ol style="list-style-type: none"> 1. at 4:00 PM on 10/15/13, review of the policy and procedure "Restraint or Seclusion", PolicyStat ID 216208, with a last reviewed date of 06/2012, indicated: <ol style="list-style-type: none"> a. on page 3 under "Non-Violent Restraint Order", it reads: "A. An order from the practitioner responsible for the care of the patient is required for restraint..." 2. review of the medical record for patient #1 indicated that: <ol style="list-style-type: none"> a. while in the ED (emergency department) on 5/9/12, nursing staff documented at 5:45 AM that restraints were present "right soft wrist, left soft wrist" due to the patient's attempts at removing medical devices, and continued agitation b. there was no order for the initiation of wrist restraints for pt. #1 c. the restraints continued until the order to discontinue them was received at 5:31 PM on 5/9/12 when the patient was in the ICU (intensive care unit) 3. interview with staff member #50, the RN (registered nurse) and director of clinical and nursing quality, at 9:35 AM on 10/16/13 indicated that: <ol style="list-style-type: none"> a. after a thorough review of the medical record for pt. #1, no order for the 		<p>for a patient in restraint. Education to be disseminated to all ED nurses by 11/15/13 with completed proof of competency by 12/15/13. Documentation to be placed in employee's education file.2. The aforementioned education will also be provided to ED physician group with the same timeline(s) for completion. Documentation of competency to be given to Medical Affairs for inclusion in each physician's file.3. Education addressing restraints will be presented on a yearly basis in the form of a Web Based Training (WBT) to all ED staff. Completion of WBT will be documented in SEED. 4. Staff will be expected to demonstrate competency to ED Educator regarding knowledge of restraint policy, expectations and procedures in the form(s) of return demonstration and recall on a yearly basis.The above plan of correction will be completed by November 15, 2013. The ED Manager and Educator will be the responsible parties to ensure that all of the items on this plan will be completed.</p>		

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	initiation of restraints in the ED on 5/9/12 can be found b. facility policy related to the requirement of an order for restraint was not followed by nursing staff				