

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150074	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/28/2013
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NAME OF PROVIDER OR SUPPLIER COMMUNITY HOSPITAL EAST	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 N RITTER AVE INDIANAPOLIS, IN 46219
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S000000	<p>This visit was for the investigation of a State complaint.</p> <p>Complaint: IN00136513 Substantiated, State deficiencies related to allegations cited.</p> <p>Date of Survey: 10-28-13</p> <p>Facility number: 005068</p> <p>Surveyor: John Lee, R.N. Public Health Nurse Surveyor</p> <p>QA: claughlin 12/04/13</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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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 document review and interview, the nurse executive failed to ensure that nursing staff gave the correct discharge instructions to discharged patients for 1 of 9 medical records (MR)</p>	S000912	Under the direction of the VP of Acute Care Services the Director for Maternity Nursing executed the following action: Hysterectomy Discharge Instructions were added to EPIC	10/30/2013

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	<p>reviewed (Patient #1).</p> <p>Findings include:</p> <p>1. Review of policy / procedure D-013, Discharge of Patient From Inpatient Unit, indicated the following: "Discharge Instruction Sheet (For patient going home) 1. May be completed all or in part by physician. RN is responsible for completing sections not completed by physician." This policy / procedure was last reviewed / revised on 12-08-09.</p> <p>2. Review of patient #1's MR indicated the patient was admitted to the facility on 06-18-13 for an abdominal hysterectomy with bilateral salpingo oophorectomy. The patient was discharged to home on 06-20-13. Patient #1's MR indicated the patient was given Cesarean Section Postpartum Discharge Instructions on 06-20-13 at 1321 hours. The patient's MR lacked documentation that the patient had a cesarean section.</p> <p>3. On 10-28-13 at 1105 hours, staff #42 confirmed that patient #1's MR indicated the patient received Cesarean Section Postpartum Discharge Instructions. Staff #42 confirmed that when a patient is discharged, nursing staff are suppose to</p>		<p>discharge education for all maternity service nurses. The Maternity nurses were educated on where to locate and add electronic hysterectomy discharge instructions to the electronic medical record and the after visit summary. Monthly audits to review all hysterectomy discharges from maternity services will be conducted for eight consecutive months to assure that patients are receiving the hysterectomy discharge instructions at discharge. See uploaded hysterectomy discharge instructions.</p>		

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S001326	<p>print out the discharge instructions that relate to why the patient was admitted to the facility and the facility has discharge instructions for patients who have had an abdominal hysterectomy.</p> <p>410 IAC 15-1.5-10 UTILIZATION REVIEW & DISCHARGE PLANNING 410 IAC 15-1.5-10 (e)(4)</p> <p>(e) To facilitate discharge as soon as an acute level of care is no longer required, the hospital shall have effective, ongoing discharge planning that:</p> <p>(4) utilizes available community and hospital resources to provide appropriate referrals or make available social, psychological, and educational services to meet the needs of the patient.</p> <p>Based on document review and interview, the facility failed to follow established policy / procedures when a patient is discharged to home with home health care requirements by ensuring a list of Home Health Agencies (HHA) are available to the patient and document in the patient's medical record that the list was presented to the patient or to the individual acting on the patient's behalf for 2 of 4 medical records (MR) reviewed (Patient #1 & 7).</p>	S001326	The Director of Case Management updated the Discharge to Home Health Care Services policy. See uploaded policy and Home Health Provider listing. The Director of Case Management is responsible for auditing all Home Health Care discharges at CHE to start in the month of December and continue until compliance with this policy is achieved for at least eight consecutive months. A listing of appropriate discharges will be reported out of the EPIC medical record system for review and ongoing monthly audit.	11/04/2013

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	<p>Findings include:</p> <ol style="list-style-type: none"> Review of policy/procedure Discharge to Home Health Care Services indicated the following: "Statement of Purpose: To define the process of referring a patient to home health care companies for continued post acute care. This process applies to all patients new to home health care and all patients currently receiving home health care. Review of patient #1's MR indicated the patient was admitted to the facility on 07-04-13 for a post operative wound abscess and was discharged to home on 07-07-13. The physician ordered home wound care. Review of patient #1's MR lacked documentation that the patient was supplied with the official The case manager will supply the patient with the official Community Health Network home care list. The case manager will inform patient that the choice of which company to use is strictly the patient's choice. The patient will write their company of choice and sign the official homecare list. These lists will then become a part of the patient's permanent chart." This policy/procedure was last reviewed/revised on 11/2010. 				

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	<p>Community Health Network home care list and that the patient wrote their company of choice and signed the official homecare list.</p> <p>3. Review of patient #7's MR indicated the patient was admitted to the facility on 09-28-13 for deep vein thrombosis and was discharged to home on 09-30-13. The physician ordered home health care. Review of patient #7's MR lacked documentation that the patient was supplied with the official Community Health Network home care list and that the patient wrote their company of choice and signed the official homecare list.</p> <p>4. On 10-28-13 at 1108 and at 1350 hours, staff #43 confirmed that patient #1 and 7's MR lacked documentation of the official Community Health Network home care list being given to the patients.</p>			