

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150165	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 10/23/2013
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NAME OF PROVIDER OR SUPPLIER FRANCISCAN HEALTHCARE - MUNSTER	STREET ADDRESS, CITY, STATE, ZIP CODE 701 SUPERIOR AVE MUNSTER, IN 46321
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S000000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 005615</p> <p>Survey Date: 10/21/2013, 10/22/2013, & 10/23/2013</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 10/29/13</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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S000952	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6(d)</p> <p>(d) Blood transfusions and intravenous medications shall be administered in accordance with state law and approved medical staff policies and procedures. If the blood transfusions and intravenous medications are administered by personnel other than physicians, the personnel shall have special training for these procedures in accordance with subsection (b)(6). Based on review of blood transfusion policies and procedures, patient blood transfusion records, and staff interview, the nursing services failed to ensure blood transfusions were administered in accordance with approved medical staff policies and procedures for 6 of 9 transfusion records reviewed.</p> <p>Findings included:</p> <ol style="list-style-type: none"> On 10-22-13 between 12:30 PM and 12:50 PM, review of policy / procedure titled: "Administration of Blood and Blood Products," code: "AD-0006," effective date: "7/01/2013," read: "...Observe the patient every 60 minutes during the infusion, taking vitals.." and "Vital Sign Documentation Requirements...Post transfusion...60 minutes after completion..." On 10-22-13 between 12:50 PM and 	S000952	<p>Policy has been changed to reflect an updated effective date and staff are being trained 10/28/13 and 10/31/13 in skill days training sessions. Attachments uploaded are updated policy AD-006 Administration Blood and Blood Products Nursing Skills day transfusion test Nursing skills day checklist signed statement of deficiencies</p>	11/04/2013			

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	<p>2:30 PM, review of patient blood transfusion records revealed the following:</p> <p>a. Patient #L1 received a transfusion of packed red blood cells on 7-15-13. The transfusion was initiated at "10:10" and completed at "1300." Vital signs were not documented during the transfusion at 12:10 and 60 minutes after the transfusion was completed, at 14:00, as required by approved policy / procedure.</p> <p>b. Patient #L3 received a transfusion of packed red blood cells on 7-25-13. The transfusion was initiated at "09:59" and completed at "12:45." Vital signs were not documented during the transfusion at 11:59 and 60 minutes after the transfusion was completed, at 13:45, as required by approved policy / procedure.</p> <p>c. Patient #L4 received a transfusion of leukoreduced packed red blood cells on 7-19-13. The transfusion was initiated at "16:00" and completed at "18:43." Vital signs were not documented during the transfusion at 18:00 and 60 minutes after the transfusion was completed, at 1943, as required by approved policy / procedure.</p> <p>d. Patient #L6 received a transfusion of packed red blood cells on 8-10-13. The transfusion was initiated at "06:28" and completed at "09:00." Vital signs</p>			

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	<p>were not documented during the transfusion at 0828 and 60 minutes after the transfusion was completed, at 10:00, as required by approved policy / procedure.</p> <p>e. Patient #L7 received a transfusion of packed red blood cells on 8-7-13. The transfusion was initiated at "20:30" and completed at "22:50." Vital signs were not documented during the transfusion at 22:30 and 60 minutes after the transfusion was completed, at 23:50, as required by approved policy / procedure.</p> <p>f. Patient #L8 received a transfusion of packed red blood cells on 8-15-13. The transfusion was initiated at "23:08" and completed on "8/16/13" at "02:50." Vital signs were not documented during the transfusion on 8-16-13 at 01:08 and 02:08 and 60 minutes after the transfusion was completed, at 03:50, as required by approved policy / procedure.</p> <p>3. In interview on 10-22-13 between 12:50 PM and 2:30 PM, Staff Members #L4 and L5 indicated the blood transfusion policy recently changed. Hourly and 60 minute post transfusion vital signs were not required with the old policy. The staff members acknowledged the policy effective date of 7-1-13 and indicated that even though the effective date was 7-1-13, the policy</p>			

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	was not put into use until 8-30-13.			