

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

PRINTED: 11/10/2011

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 09/20/2011	
NAME OF PROVIDER OR SUPPLIER DAVIESS COMMUNITY HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 1314 E WALNUT ST WASHINGTON, IN47501			
(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	
S0000	<p>This visit was for the investigation of two (2) State complaints.</p> <p>Date of survey: 9-19-11 to 9-20-11</p> <p>Facility number: 005056</p> <p>Complaint numbers: IN00094115; Unsubstantiated; Lack of sufficient evidence. IN00093291; Substantiated; Deficiency related to allegation cited.</p> <p>Surveyor: Jennifer Hembree RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 10/17/11</p>		S0000				
S0926	<p>410 IAC 15-1.5-6 (b)(1)</p> <p>(b) The nursing service shall have the following:</p> <p>(1) Adequate numbers of licensed registered nurses, licensed practical nurses, and other ancillary personnel necessary for the provision of appropriate care to all patients, as needed, to include the immediate availability of a registered nurse.</p> <p>Based on document review and staff interview, the facility failed to ensure adequate staffing was maintained on the Behavioral Health Unit (BHU),</p>		S0926	Behavioral health program director and nurse manager to review and revise staffing matrix		11/24/2011	

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>when patients were placed on 1:1.</p> <p>Findings include;</p> <p>1. Review of document titled "STAFFING MATRIX" states "Matrix to be adjusted according to acuity-please adjust staff to accommodate one-on-one orders for suicide, fall risk."</p> <p>2. Review of staffing for the BHU for 6/25/11-7/9/11 indicated the following: (A) The unit had 14 patients on 6/26/11 with 2 of those patients being a 1:1. Per staffing matrix, the unit should be staffed with 3 licensed and 3 unlicensed staff each shift. Per staffing review, the staffing was not adjusted to accommodate the 1:1 patients. The unit was staffed with only 3.5 nursing assistants on dayshift and 3.5 on evening shift which would require personal care of 12 patients to be performed by 1.5 nursing assistants.</p> <p>3. Review of staffing for the BHU 9/11/11-9/17/11 indicated the following: (A) The unit had 1 patient on 1:1 from 9/11/11-9/15/11. (B) The unit had a census of 13 patients on 9/11/11 and did not add a staff member to accommodate the 1:1 on dayshift or evening shift. (C) The unit had a census of 14 patients on 9/12/11 and 9/13/11, 11 patients on 9/14/11 and 9/15/11. Per staffing review, the facility did not add a staff member to accommodate the 1:1 patient on any shift. (D) Per staffing matrix, the unit should be staffed with 3 licensed and 3 unlicensed on days, evenings and nights for census of 12-14 patients, and 3 licensed on days and evenings for 11 patients and 3 licensed and 2 licensed and 2.5 unlicensed on nights for 11 patients. The unit was staffed per matrix, however did not add a staff member to</p>				<p>to reflect the needs of our patient population taking into account both behavioral and medical acuity as well as observational intensity. Begin a pilot project with an acuity system to be used in an analysis of patient care and staffing numbers in order to provide safe standards in the delivery of care. Nursing leadership will utilize additional available staff to cover for needs in the behavioral health unit when revised staffing matrix reflects increased needs. Nursing leadership will develop on-call schedule for behavioral health staff to cover for emergency situations in event float staff not available. Train charge nurses, nurse managers and supervisors in revised matrix / acuity measures. Hospital will advertise and hire more staff for PRN and float pool to have staff to cover for increased acuity if evidenced by revised staffing matrix. Deficiency corrected by 12-24-11 Monitor PI measures/outcomes to evaluate appropriate staffing levels. Ongoing</p>		

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	<p>accommodate the 1:1 patient.</p> <p>4. Staff member #1 verified staffing at 1:05 p.m. on 9/21/11.</p>						