

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/31/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PARKVIEW REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46805
--	---

(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>The visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN 00103484</p> <p>Substantiated: Deficiencies cited related to the allegations.</p> <p>Date: 5-31-12</p> <p>Facility Number: 005020</p> <p>Surveyor: Brian Montgomery, RN, BSN Public Health Nurse Surveyor</p> <p>QA: cloughlin 07/13/12</p> <p>12/19/12: revised due to IDR</p>	S0000		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/31/2012
NAME OF PROVIDER OR SUPPLIER PARKVIEW REGIONAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46805		
(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	
S0744	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4 (e)(1)</p> <p>(e) All entries in the medical record shall be:</p> <p>(1) legible and complete; Based upon document review, the facility failed to ensure that medical record (MR) entries were complete in accordance with medical staff bylaws for 3 entries in 1 of 5 MR reviewed.</p> <p>Findings:</p> <p>1. The Medical Staff policy/procedure Inpatient Medical Record Completion (approved 6-11) indicated the following: "Entries in the medical record will be dated, timed, legible and authenticated."</p> <p>2. The documentation for patient P25 titled Patient Code Status and Restraint Orders Med/Surg failed to indicate a date or time when signed by the physician and indicated the following: "All entries must be dated and timed."</p> <p>3. The documentation for patient P25 titled Physician Certification Statement of Medicare/Medicaid Ambulance Transportation Services failed to indicate a time when signed by the physician and indicated the following: "All entries must be dated and timed."</p>	S0744	<p>410 IAC 15-1.5-4 (e)(1) Medical Record Service:2 - Doctor did not date/time restraint order3 - No time on ambulance transportation formHow are you going to correct the deficiency? Conducted baseline audit for date/time on physician orders by 8-17-12. Audit analysis identified specific physician specialties for educational focus 7-25-12. Provide specific physician education through group meetings and email by 8-17-12. Provide general physician education via Medical Staff Fax News and physicians' lounge message board by 8-17-12. Parkview Health is in the process of implementing EPIC (electronic medical record). Computerized physician order entry is part of the implementation which includes electronic entry of date and time. Hospital inpatient acute care is scheduled for February 2013. How are you going to prevent the deficiency from recurring in the future?Ongoing monitoring will occur to ensure compliance of 90% and above. Who is going to be responsible for steps A and B above? The Hospitalist Program Director and Medical Staff</p>	08/17/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/31/2012
NAME OF PROVIDER OR SUPPLIER PARKVIEW REGIONAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46805		
(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	
			Specialty Representatives. The Quality Management Department conducts the medical record audits. By what date are you going to have the deficiency corrected? Action plan completed by 8-17-2012 Ongoing monitoring will occur to ensure compliance of 90% and above.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/31/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PARKVIEW REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46805
--	---

(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
S0912	<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 upon document review, the nurse executive failed to ensure that the policy/procedure for Restraint-Seclusion was followed for 1 (P25) of 5 medical records (MR) reviewed.</p>	S0912	410 IAC 15-1.5-6 (a)(2)(B)(i)(ii)(iii)(iv)(v) Nursing Service:1) Restraint seclusion policy was not followed for 1-5 medical records reviewed2A) No doctor's order for wrist/ankle restraints on 1-13-12	08/17/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150021		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/31/2012	
NAME OF PROVIDER OR SUPPLIER PARKVIEW REGIONAL MEDICAL CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46805			
(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			
	<p>Findings:</p> <p>1. The policy/procedure Restraint-Seclusion (reviewed/revise 5-11) indicated the following: " Restraint-Seclusion is used only when there is an imminent risk of the patient harming self or others, including staff. If it is an emergency, staff can place the patient into restraint-seclusion and then obtain orders immediately, or as soon as reasonably possible, afterwards...Only a physician can order restraint-seclusion ...If the restraint-seclusion is removed (or additional elements are added to the current restraint-seclusion), a NEW order is necessary ...restraint-seclusion is assessed (circulation, sensation, movement, skin integrity) on an ongoing basis and documented at least every two hours ... "</p> <p>2. MR documentation for patient P25 failed to indicate the following: A. physician orders for restraints following the emergency application of wrist and ankle restraints on 1-13-12 at 0916 hours. B. documentation of physician notification regarding new restraint orders on 1-14-12 between 0230 hours until patient P25 was seen by a physician at 1710 hours following the emergency</p>		<p>at 9:16AM2B) No doctor's order for new restraint 1-14-12 between 2:30-17:102C) No nursing assessment of each restrained extremity2D) No assessment or documentation of roll belt2E) No time given on 1-13-12 when restraints were removed3) Policy failed to indicate roll belt was a restraint and required ongoing assessment and documentation. Documentation is required when restraint is discontinued. How are you going to correct the deficiency? Restraint/Seclusion order set and policy revision in process with final implementation date of 9-1-12. Targeted and general staff education on specific restraint/seclusion to conclude by 8-16-12.How are you going to prevent the deficiency from recurring in the future? Audits are conducted routinely and trends identified for ongoing training and compliance opportunities. Who is going to be responsible for steps A and B above? Director of Inpatient Services is responsible for restraint/seclusion policy compliance. The Quality Management Department conducts the restraint/seclusion audits.By what date are you going to have the deficiency corrected?8-16-12 General and targeted education 9-1-12 Order set and policy revisionsIDR (Internal Dispute Resolution): 4) Safe administration of drugs policy - need to discuss</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/31/2012
NAME OF PROVIDER OR SUPPLIER PARKVIEW REGIONAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46805		
(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	
	<p>application of wrist and ankle restraints.</p> <p>C. nursing assessment of each restrained extremity (color, pulse, sensation, movement, skin intact) from 1-09-12 at 1547 hours until 1-10-12 at 0347 hours, from 1-16-12 at 2000 hours until 1-17-12 at 0500 hours, and from 1-18-12 from 0451 hours until transfer at 1618 hours.</p> <p>D. periodic assessment and documentation of the roll belt restraint listed on the preprinted restraint orders dated 1-07-12 and documented once on 1-13-12 at 0916 hours when it prevented patient P25 from falling out of bed.</p> <p>E. the time on 1-13-12 when the restraints were removed from patient P25.</p> <p>3. The policy procedure Restraint-Seclusion (reviewed/revised 5-11) failed to indicate that a roll belt was a restraint requiring ongoing assessment and documentation when combined with other forms of restraint and/or a patient was physically or cognitively unable to release the belt and failed to ensure that documentation was required to indicate when the restraint-seclusion was discontinued.</p>		<p>unresolved, significant concerns with doctor.5) No documentation on medical record of Metoprolol XL 50 being administered for 5 days without doctor's notification. Dispute: Documentation is by exception in the medical record. Nursing documented medication not given as per policy. The physicians have access to the electronic medical record to view meds charted and not given. Multiple physicians were aware of daily blood pressures and documented daily in the progress notes. The surveyor was given a complete copy of the medical record which included the physician progress notes. Please note on Attachment A - Patient Timeline Documentation Grid reference from the chart indicating physician and nursing awareness of blood pressure. On 1-12-12 Physician ordered Clonidine TD patch which was applied and reapplied on 1-18-12. Clonidine TD patch medication has dual purpose for treatment of withdrawal and decreases blood pressure. The Safe Administration of Drugs Policy refers to discussion of any unresolved, significant concerns about the medication with the patient's physician before administering a medication. Attachment A: Patient Timeline Documentation Grid Attachment B: Safe Administration of Drugs policy</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/31/2012
NAME OF PROVIDER OR SUPPLIER PARKVIEW REGIONAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46805		
(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	
S0930	<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 upon document review and interview, the registered nurse failed to ensure that basic patient care was provided, evaluated and documented in accordance with standards of care for 1 (P25) of 5 medical records (MR) reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> During an interview on 5-31-12 at 1315 hours, staff A5 indicated that the electronic Medical Record (eMR) contains the Unit Standards of Care based on Perry AG, Potter PA: <u>Clinical Nursing Skills & Techniques</u>, 7th edition (revised 2010) and confirmed that the eMR included provisions for a daily bath and bed linen change. The MR indicated that the patient P25 did not consume adequate amounts of oral nutrition throughout the hospital stay and indicated that the licensed nursing staff failed to obtain a patient weight except on admission for purposes of monitoring 	S0930	<p>410 IAC 15-1.5-6 (b)(3) Nursing Service:1) eMR includes provisions for daily bath and bed linen change. 2) ADL did not indicate bath received or that bed linens were changedDispute Documentation in the electronic medical record (GE Centricity) clearly indicates daily bath and bed linen changes were completed. Please refer to the attached Patient Timeline Documentation Grid that notes Centricity documentation of bath and linen changed every day during patient stay. During the complaint survey, we are not certain that the surveyor reviewed the Centricity electronic medical record documentation that demonstrated daily bath and linen changes. However, the surveyor was given a complete hard copy of the medical record which included the electronic nursing documentation of activities of daily living (ADL) that demonstrates the patient had daily bath and linen change.Attachment A: Patient Timeline Documentation Grid3) No indication of oral nutrition</p>	08/17/2012	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 05/31/2012
NAME OF PROVIDER OR SUPPLIER PARKVIEW REGIONAL MEDICAL CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46805		
(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	
	<p>weight loss. The nursing staff reported the admission weight as the current patient weight at the time of transfer 12 days later.</p> <p>3. On 7-02-12 at 1714 hours, staff A2 confirmed that the facility lacked a policy/procedure ensuring that staff obtains a patient weight periodically for all patients with decreased or no documented nutritional intake.</p>		<p>except first day of stay and no weight obtained except on admission. Dispute Oral nutrition is clearly assessed and documented in the physician progress notes as well as the Centricity nursing documentation. Please refer to the attached Patient Timeline Documentation Grid which indicates daily documentation of nutritional status and intake. During the complaint survey, we are not certain that the surveyor reviewed the Centricity electronic medical record documentation that demonstrated daily nursing assessment of oral intake. However, the surveyor was given a complete hard copy of the medical record which included the electronic nursing documentation of oral intake and demonstrates the patient had daily assessment in the IO (intake and outputs) section. Physician progress notes also clearly documents the patient's nutritional status and plan. Attachment A: Patient Timeline Documentation Grid 4) No policy on obtaining patient weight periodically How are you going to correct the deficiency? In review of the record, the dietary/nutrition consult order was not triggered due to an order entry error. The consult would have triggered assessment/need for ongoing patient weights. Provided individual employee coaching and general nursing staff on the medical units on</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 05/31/2012
--	---	--	---

NAME OF PROVIDER OR SUPPLIER PARKVIEW REGIONAL MEDICAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46805
--	---

(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
			order entry. Contact Information Systems concerning order entry software issue. How are you going to prevent the deficiency from recurring in the future? Verify that Information Service issues have been corrected. Provide individual employee coaching and general nursing staff on the medical units on order entry. Who is going to be responsible for steps A and B above? Director of Inpatient Services By what date are you going to have the deficiency corrected? August 17, 2012	