

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 152021	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 08/28/2013
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NAME OF PROVIDER OR SUPPLIER ST VINCENT SETON SPECIALTY HOSPITAL LAFAYETTE	STREET ADDRESS, CITY, STATE, ZIP CODE 1501 HARTFORD ST LAFAYETTE, IN 47904
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S000000	<p>This visit was for investigation of a State complaint.</p> <p>Complaint: #IN00134559 Substantiated: State deficiency related to the allegations is cited.</p> <p>Facility Number: 003495</p> <p>Survey Date: 08/28/2013</p> <p>Surveyor: Sandra Nolfi, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 09/26/13</p>	S000000		
S000930	<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 on policy review, medical record review, complaint/grievance log review, and interview, the registered nurse failed to ensure care was provided according to policy regarding enteral tube feedings for 5 of 5 patients who received</p>	S000930	Clinical Supervisor sent e-mail to nursing team leads on August 29, 2013 to inform them of survey and issues with tube feeding documentation. The e-mail requested the nursing team leads to huddle the information as well as provide just in time training	10/31/2013

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>nutrition via a feeding tube (#P1, P2, P3, P4, and P5).</p> <p>Findings included:</p> <ol style="list-style-type: none"> The facility policy "Enteral Tube Feedings: Continuous and Intermittent Feeding", last revised 04/2013, indicated, "Additional Nursing Responsibilities related to enteral feeding: 1. Tube placement must be evaluated with each assessment, medication or feeding administration.... Residual must be checked before any feeding/medication administration if tube type allows. If residual greater than twice the feeding rate, medical provider must be notified. 3. Head of bed should be at least 30 degrees elevation at all times while feedings are infusing. 4. Tube should be flushed with 30 ml. [milliliters] of water a minimum of every 6 hours to ensure patency." The medical record for patient #P1, who was admitted 06/11/13 and transferred to an acute care facility on 06/22/13, and who received continuous feeding via a SBFT, was reviewed. The Care/Assessment Flow Sheets were reviewed and the following documentation regarding the tube feedings indicated: on 06/12/13 Meds/flush four times with no residual 		<p>with the bedside staff. Chart audits were also implemented at this time to monitor compliance and provide additional education as needed. Nursing team leads and clinical supervisor continue to provide on-going coaching and education to staff as indicated by audits.</p> <p>Communication/information was shared at the September staff meetings and reinforced at the October staff meetings scheduled for October 29, 30, and 31, 2013 as additional reminder for staff. Chart audits are conducted montly. The HR disciplinary process is implemented and enforced for associates that continully violate the hospital policy for tube feeding documentation. Penny Harper, Site Administrator is the responsible party.</p>				

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	<p>checks, on 06/13/13 Meds/flush five times with residual checks two times, on 06/14/13 Meds/flush four times with residual checks four times, on 06/15/13 Meds/flush four times with residual checks one time, on 06/16/13 Meds/flush five times with residual checks four times, on 06/17/13 Meds/flush five times with residual checks three times, on 06/18/13 Meds/flush six times with residual checks two times, on 06/19/13 Meds/flush six times with no residual checks, on 06/20/13 Meds/flush four times with residual checks three times, and on 06/21/13 Meds/flush six times with residual checks seven times.</p> <p>3. The medical record for patient #P2, who was admitted 06/11/13 and transferred to a rehab facility on 07/08/13, and who received continuous feeding via a SBFT, was reviewed. Five random, consecutive days of Care/Assessment Flow Sheets were reviewed and the following documentation regarding the tube feedings indicated: on 06/14/13 Meds/flush five times with residual checks two times, on 06/15/13 Meds/flush four times with no residual checks, on 06/16/13 Meds/flush six times with residual checks two times, on 06/17/13 Meds/flush three times with</p>			

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	<p>residual checks two times, and on 06/18/13 Meds/flush three times with residual checks three times.</p> <p>4. The medical record for patient #P3, who was admitted 05/21/13 and expired on 06/26/13, and who received continuous feeding via a SBFT, was reviewed. Five random, consecutive days of Care/Assessment Flow Sheets were reviewed and the following documentation regarding the tube feedings indicated: on 05/21/13 Meds/flush four times with residual checks two times, on 05/22/13 Meds/flush one time with residual checks one time, on 05/23/13 Meds/flush one time with residual checks one time, on 05/24/13 Meds/flush three times no residual checks, and on 05/25/13 Meds/flush five times with residual checks three times.</p> <p>5. The medical record for patient #P4, who was admitted 05/31/13 and transferred to a rehab facility on 08/07/13, and who received continuous feeding via a PEG tube, was reviewed. Five random, consecutive days of Care/Assessment Flow Sheets were reviewed and the following documentation regarding the tube feedings indicated: on 06/02/13 Meds/flush four times with residual</p>						

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	<p>checks one time, on 06/03/13 Meds/flush five times with residual checks two times, on 06/04/13 Meds/flush four times with residual checks one time, on 06/05/13 Meds/flush three times with residual checks two times, and on 06/06/13 Meds/flush three times with residual checks one time.</p> <p>6. The medical record for patient #P5, who was admitted 05/15/13 and transferred to a skilled nursing facility on 07/10/13, and who received continuous tube feeding, was reviewed. Five random, consecutive days of Care/Assessment Flow Sheets were reviewed and the following documentation regarding the tube feedings indicated: on 05/16/13 Meds/flush three times with residual checks two times, on 05/17/13 Meds/flush four times with residual checks one time, on 05/18/13 Meds/flush four times with residual checks three times, on 05/19/13 Meds/flush two times with residual checks one time, and on 05/20/13 Meds/flush five times with residual checks two times.</p> <p>7. At 1:30 PM on 08/28/13, staff member #N4 indicated nursing staff indicated the feeding tube practice was</p>						

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	<p>to check residuals twice a shift and with each medication administered.</p> <p>8. At 3:25 PM, staff member #N7 confirmed the tube feeding residual check practice and also confirmed the lack of documentation.</p> <p>9. 4:30 PM on 08/28/13, staff member #N6 confirmed the medical record findings and lack of documentation of feeding tube checks.</p>				