

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150002	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____	X3) DATE SURVEY COMPLETED 07/25/2016
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NAME OF PROVIDER OR SUPPLIER METHODIST HOSPITALS INC	STREET ADDRESS, CITY, STATE, ZIP CODE 600 GRANT ST GARY, IN 46402
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S 0000 Bldg. 00	<p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00202798</p> <p>Substantiated: deficiency related to the allegation is cited.</p> <p>Date: 7/25/16</p> <p>Facility Number: 005002</p> <p>QA: 8/1/16 jlh</p>	S 0000		
S 1904 Bldg. 00	<p>410 IAC 15-1.6-6 REHABILITATION SERVICES 410 IAC 15-1.6-6(a)</p> <p>(a) If the hospital provides rehabilitation, physical therapy, occupational therapy, audiology, speech pathology, or other therapy services, the service shall meet the needs of the patients served, within the scope of the service offered, in accordance with acceptable standards of practice.</p> <p>Based on document review and interview, the facility failed to ensure the provision of care in accordance with facility policy and procedure for 9 of 9 (1-9) patient medical records reviewed.</p> <p>Findings:</p>	S 1904	<p>410 IAC 15-1.6-6(a) Action Item: Outpatient Rehab staff was re-educated on the following policies: PTO-COP-21 (moist heat), PTO-COP-40 (TEN)and PTO-COP-33 (E-stim). All daily documentation will include a statement regarding the condition of the skin before and after</p>	08/05/2016

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>1. Policy #PTOP-COP_40, TENS (transcutaneous electrical nerve stimulation), revised/reapproved 11/15, indicated therapy staff is to inspect the treatment area prior to application of the TENS unit and record the information on patient's chart.</p> <p>2. Policy #PTOP-COP_21, Moist Heat Packs, revised/reapproved 11/15, indicated therapy staff is to inspect the treatment area prior to application of moist heat packs and record the information on patient's chart.</p> <p>3. Review of Physical Therapist Physical Therapy Job Description indicated principal duties and responsibilities included documenting assessments and interventions accurately and timely.</p> <p>4. Review of patient medical records indicated patients 1-9 received treatment of heat with interferential stim (meaning moist heat packs with TENS unit application) and the Physical Therapy Outpatient Daily Notes lacked assessment of patient's skin in the treatment area prior to application of the moist heat packs and the TENS unit. The dates of service were: A. 5/20/16, 5/24/16, 5/26/16, 6/1/16 and 6/3/16 for patient 1.</p>		<p>treatment. Responsible Person: Manager Outpatient Rehab Completion Date: Education was provided on 8/2/16. Prevent Recurrence: Conduct chart audits for 30 days (5 charts a week) of patients that received-stim/moist hot heat treatments to verify documentation of condition of the skin before and after e-stim/moist hot heat treatment in the daily note. If 100% compliant after 30 days, random chart audits will continue to verify required documentation is present in the daily note. If any outliers are identified, targeted education will be initiated. Ongoing non-compliance will be addressed through established HR processes. Responsible Person: Manager, Outpatient Rehab (or designee) Goal: 100% Start Date: 8/5/16</p>				

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	<p>B. 5/19/16, 5/20/16, 5/25/16 and 6/8/16 for patient 2.</p> <p>C. 5/23/16, 5/24/16, 6/2/16, 6/6/16, 6/15/16, 6/17/16, 6/20/16, 6/24/16 and 7/1/16 for patient 3.</p> <p>D. 5/23/16 for patient 4.</p> <p>E. 5/24/16 for patient 5.</p> <p>F. 6/22/16, 6/24/16, 6/28/16, 6/30/16, 7/8/16, 7/11/16, 7/15/16 and 7/18/16 for patient 6.</p> <p>G. 6/8/16, 6/10/16, 6/13/16, 6/16/16, 6/20/16, 6/22/16, 6/24/16, 6/27/16, 6/29/16 and 6/30/16 for patient 7.</p> <p>H. 4/8/16, 4/11/16, 4/13/16, 4/26/16, 4/28/16, 4/29/16, 5/2/16, 5/3/16, and 5/5/16 for patient 8.</p> <p>I. 7/12/16 and 7/13/16 for patient 9.</p> <p>5. Staff 2 (Staff Physical Therapist) was interviewed on 7/25/16 at approximately 1149 hours and confirmed prior to application of moist heat packs or TENS unit treatment, the patient's skin should be assessed to make sure there are no open areas, wounds, or swelling. If there is no issue with skin integrity, staff may proceed with the treatment. In the Physical Therapy Outpatient Daily Notes, the words "heat with interferential stim" mean moist heat packs with TENS unit application.</p> <p>6. Staff 4 (Manager of Therapy Services) was interviewed on 7/25/16 at</p>			

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	approximately 1206 hours and confirmed policy states staff are to assess area of patient where moist heat pack and/or TENS unit treatment will be applied and they are to document this in the patient's electronic medical record. This was not documented as required by facility policy and procedure for the above-mentioned patients.				