

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 151335		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/05/2012	
NAME OF PROVIDER OR SUPPLIER ST VINCENT DUNN HOSPITAL INC				STREET ADDRESS, CITY, STATE, ZIP CODE 1600 23RD ST BEDFORD, IN 47421			
(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 one (1) State complaint.</p> <p>Complaint number: IN00113472 Substantiated: Unrelated deficiency cited.</p> <p>Date of survey: 09-05-12</p> <p>Facility number: 004779</p> <p>Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>QA: cloughlin 09/24/12</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.

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S0712	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4 (c)(1)</p> <p>(c) An adequate medical record shall be maintained with documentation of service rendered for each individual who is evaluated or treated as follows:</p> <p>(1) Medical records are documented accurately and in a timely manner, are readily accessible, and permit prompt retrieval of information.</p> <p>Based on document review and staff interview, the facility failed to ensure an accurate discharge summary was completed for 1 of 4 patients (patient #1).</p> <p>Findings include:</p> <p>1. Review of patient #1 medical record indicated the following:</p> <p>(A) The patient had a fall on 5/18/12 and per x-ray report sustained a comminuted displaced fracture of the left humerus. Per nurses notes and nursing case management notes, he/she was discharged to longterm care facility #2 on 5/25/12.</p> <p>(B) The discharge summary was not accurate to events of discharge and diagnosis. The discharge summary was dictated on 5/23/12 indicating the date of discharge was 5/23/12. The summary listed the final diagnosis as a left humeral fracture, "nondisplaced". The last paragraph of page 1 of the discharge</p>	S0712	<p>1. Corrective Action: Physician completed corrective Discharge Summary 9/7/2012. The addendum included: a. Corrected diagnosis from non-displaced to displaced for left humeral fracture. Additional x-ray was performed following planned discharge date/time revealed displacement. b. Additional hospital course from original planned discharge date 5/23/2012 to correct discharge date 5/25/2012. The delay in the discharge was due to family appeal of discharge on 5/23/2012. c. Corrected location of discharge that was changed by family request. 2. Preventive Action: a. HIM staff educated to verify additional fields on the Discharge Summary report to include discharge date. b. Focused survey x 3 months for the physician involved in the deficiency. A random selection of 10 charts per month will be audited for: Correct</p>	10/05/2012	

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	<p>summary states "(He/she) sustained a compression fracture of (his/her) left proximal left humerus in the area of (his/her) surgical neck, noted without any displacement." The summary indicated the patient was discharged to longterm care facility #1.</p> <p>2. Staff member #4 verified in interview at 2:30 p.m. on 9/5/12 that the discharge summary for patient #1 was not accurate and there was no addendum dictated to the summary.</p>		<p>account number, correct admission date, correct discharge date.3. Responsibility: HIM Supervisor.4. Completion date: 10/05/2012</p>		