

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150017	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED 03/05/2013
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NAME OF PROVIDER OR SUPPLIER LUTHERAN HOSPITAL OF INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 7950 W JEFFERSON BLVD FORT WAYNE, IN 46804
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S000000	<p>The visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN 00123453</p> <p>Substantiated: Deficiencies cited related to the allegations.</p> <p>Survey Date: 3-04-13 to 3-05-13</p> <p>Facility Number: 005016</p> <p>Surveyor: Brian Montgomery, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 04/22/13</p>	S000000	nnnnnnn	

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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S000322	<p>410 IAC 15-1.4-1 GOVERNING BOARD 410 IAC 15-1.4-1(c)(6)(H)</p> <p>(c) The governing board is responsible for managing the hospital. The governing board shall do the following: (6) Require that the chief executive officer develops policies and programs for the following:</p> <p>(H) Requiring all services to have policies and procedures that are updated as needed and reviewed at least triennially.</p> <p>Based on document review and interview, the facility failed to ensure that all policy/procedures in use had been updated as needed and reviewed at least triennially.</p> <p>Findings:</p> <p>1. The Administrative Memorandum Policy Review (approved 5-12) indicated the following: "Administrative Memorandums will be reviewed ...as necessary or triennially, whichever is less."</p> <p>2. The Administrative Memorandum No Information (approved 3-05) failed to indicate that it had been reviewed in the past three years.</p> <p>3. Review of the policy/procedure Patient Complaint/Grievance Management (approved 5-12) and The Customer Concern Investigation Report (revised 3-04-13) failed to indicate the same process to forward the Customer Concern Investigation Report.</p> <p>4. During an interview on 3-05-13 at 1245 hours, staff A1 confirmed that the policy/procedure</p>	S000322	<p>1. The Administrative Memorandum Policy Review was reviewed and revised by the Director of Quality.2. The policy/procedure Patient Complaint/Grievance Management (approved 5-12) and The Customer Concern Investigation Report (revised 3-04-13) have been revised by the Director of Quality to indicate the same process to forward the Customer Concern Investigation Report.</p>	06/30/2013

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	Patient Complaint/Grievance Management had not been maintained.			

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S000712	<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 upon document review and interview, the facility failed to ensure that an accurate medical record (MR) was maintained for 1 of 6 surgical records (patient 37) reviewed.</p> <p>Findings:</p> <p>1. The policy/procedure Medical Record Access and Documentation Guidelines (approved 4-12) indicated the following: "Complete and accurate medical record documentation shall be developed and maintained ... "</p> <p>2. Review of the Perioperative Record for patient 37 dated 11-30-12 indicated the FM44's name on patient 37's Intraoperative Record in the section with patient 37's MR number, birthday and age.</p> <p>3. During an interview on 3-05-13 at</p>	S000712	The Director of Quality worked with Medical Records to correct the record in question. There were no other errors identified. A monthly medical record audit is conducted that addresses the accuracy of records - the correct patient on documents. The Director of Quality will continue to monitor.	05/29/2013			

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	1120 hours, staff A2 confirmed that FM44 had not been assigned a MR number at the facility.			

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S000744	<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 all entries in the medical record (MR) were complete for 6of 6 MR reviewed.</p> <p>Findings:</p> <ol style="list-style-type: none"> Review of 5 MR patient registration "face sheets" for patients 35 (dated 9-17-12 and 9-20-12) and patient 37 (dated 4-27-12, 11-30-12 and 12-05-12) lacked an entry under the heading Miscellaneous Required Questions (item 4) for documenting receipt of the Notice of Patient Rights. During an interview on 3-05-13 at 0900 hours, staff A2 confirmed that the 5 MR registration "face sheets" for patient 35 and 37 lacked an entry by staff or the patient or patient's representative. During an interview on 3-05-13 at 1102 hours, the registration manager staff A7 indicated that a copy of the facility document Patient Rights and Responsibilities was printed at the time of registration and confirmed that the patient registration "face sheet" lacked documentation to indicate that a copy of the Patient Rights was provided to the patient or the patient's representative. Review of the MR for patient 29 dated 3-04-13 failed to indicate that patient 29 or FM 30 had received a copy of the Notice of Patient Rights. 	S000744	The Director of Quality addressed this issue with the Director of Patient Registration and a new process was developed to assure that documentation of providing patients with a copy of the Notice of Patient Rights is completed with each registration. The Director of Patient Registration will conduct periodic audits to assure compliance and report the finding to the Quality Department.	05/01/2013			

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	<p>5. During an interview on 3-05-13 at 1435 hours, FM 30 indicated that he/she had received a copy of the Notice of the Patient Rights at the time of arrival to the patient room.</p> <p>6. The Admission Assessment for patient 37 dated 11-30-12 lacked documentation for the following: Arrived From, Transport Mode or Patient Education (including the entry to indicate that the patient or patient's representative had received a copy of the Notice of Patient Rights & Responsibilities).</p> <p>7. During an interview on 3-05-13 at 1600 hours, staff A2 confirmed that the MR lacked the indicated entries.</p>			