

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150163		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/14/2012	
NAME OF PROVIDER OR SUPPLIER SAINT CATHERINE REGIONAL HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 2200 MARKET ST CHARLESTOWN, IN 47111			
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S0000	<p>This visit was for the investigation of one State licensure complaints.</p> <p>Complaint # IN00102041 Substantiated: Deficiency related cited.</p> <p>Facility #: 004975</p> <p>Date: 03-14-12</p> <p>Surveyor:</p> <p>Billie Jo Fritch RN, BSN, MBA Public Health Nurse Surveyor</p> <p>QA: claughlin 05/16/12</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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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 on document review and interview, the nurse executive failed to ensure documentation in the medical record to explain the cause of bruising to 1 of 5 (P#1) patients and to ensure facility policy</p>	S0912	<p>I. How are we going to correct this?</p> <p>A. We have put in place the following check and balance system. Our Educator (Vicki</p>	04/20/2012	

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	<p>was followed related to complaints for 1 of 5 (P#1) patients.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of patient medical records on 3-14-12 indicated P#1 had bruises on his/her face noted 1-2-12 at 0900 hours; the patient's medical record lacked documentation of how or when the bruising occurred. 2. Review of facility documents on 3-14-12 lacked evidence that an incident report had been completed related to P#1's bruising or that an investigation occurred to ascertain the cause of the bruising. 3. Review of the patient medical record for P#1 indicated the family was upset related to the bruising and indicated the physician and house supervisor were notified; the facility documents lack evidence that a complaint form, including investigation and follow-up to the patient and/or family, was completed. 4. Review of facility policy titled COMPLAINT POLICY on 3-14-12 indicated the following: Verbal and written patient complaints will be given to the Chief Nursing Officer or the Chief Executive Officer. All employees are responsible for reporting complaints/concerns of customers by use of the Formal Complaint Form. If a 		<p>Deshong RN.) has started re-educating the staff on our policy for reporting patient and family complaints. This will also be a part of new employee orientation an annual competency for each employee.</p> <p>Bullet points:</p> <ul style="list-style-type: none"> · What triggers an incident report? · The chain of command for reporting the incident. · How all reports are to be investigated and by whom · The content such as, what action was taken to resolve the issue and the out come. · Was closure attained or not. · A complete list of all people involved, such as Family members, physicians, nurses and etc. <p>B. All reports will be reviewed by the quality control committees at the monthly meetings.</p> <p>C. All reports will be logged for review by auditing bodies such as JACHO, State and CMS.</p> <p>II. How are you going to prevent this from recurring?</p> <p>A. We have established a wound care team that must see and evaluate all skin irregularities; this covers every thing from skin discolorations, skin tears up to and including stage 4 decubitus.</p>				

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	<p>complaint is received via phone call, on site visit, verbal, or letter, refer the complaint to the Department Director/Manager; the Director/Manager will inform the Chief Executive Officer of any complaint involving threats of legal action, patient injury, safety or severe risk immediately.</p> <p>5. Interview with B#1 on 3-14-12 at 1445 hours indicated there are no patient or family complaints/grievances from the behavioral health unit from 10-1-11 to 3-14-12; B#1 indicated he/she called the previous CNO who confirmed there was no complaint investigation or form completed for P#1.</p> <p>6. Interview with B#1 and B#3 on 3-14-12 at 1500 hours confirmed the medical record of P#1 indicated a bruise on the right cheek is noted 1-2-12 at 0900 hours, confirmed the documentation indicates the patient's family was upset and the house supervisor and physician are notified, confirmed this was not treated as a complaint/grievance, confirmed the facility policy includes verbal complaints, and confirmed there is no incident report regarding the bruise or an investigation completed to ascertain how the bruise occurred.</p>		<p>B. Every patient must have a head to toe assessment completed on each shift by the nurse assigned to them. Any abnormalities noted and not investigated with a full report disclosing the findings in the patients chart, will be reported in that nurses personal file as patient neglect with appropriate actions taken.</p> <p>C. Patient safety is every ones responsibility, therefore any employee that see any new bruising on a patient or hear of any abnormal bruising must make an incident report to a director or house supervisor. Failure to report will be viewed as with holding mandated reporting of safety issues.</p> <p>III. Who is going to be responsible for this?</p> <p>A. Per our facility policy titled: Complaint policy, Verbal and written complaints will be given to the Chief Nursing Officer or the Executive Officer. All employees are responsible for reporting. Complaints/concerns of a customer by the use of the formal Complaint Form. This includes complaint received via telephone, verbal, notes or letters received by mail or on site visits.</p> <p>IV. By what date are you going to have the deficiency corrected?</p>				

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			A. This action plan was put into place 05/09/2010 and will be monitored as an on going requirement. The Chief Nursing Officer (Ron Wright RN) will meet with every director daily and make rounds on each unit to inquire of all employees of any unusual occurrences that have taken place.		