

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150165		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/27/2012	
NAME OF PROVIDER OR SUPPLIER FRANCISCAN PHYSICIANS HOSPITAL LLC				STREET ADDRESS, CITY, STATE, ZIP CODE 701 SUPERIOR AVE MUNSTER, IN 46321			
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S0000	<p>This visit was for a standard licensure survey.</p> <p>Facility Number: 005615</p> <p>Survey Date: 3/26 & 27/2012</p> <p>Surveyors: ReBecca Lair, LCSW Medical Surveyor</p> <p>Jacqueline Brown, RN Public Health Nurse Surveyor</p> <p>Lynnette Smith Medical Surveyor</p> <p>QA: claughlin 04/03/12</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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S0178	<p>410 IAC 15-1.3-2 POSTING OF LICENSE 410 IAC 15-1.3-2(a)</p> <p>(a)The license shall be conspicuously posted on the hospital premises in an area open to patients and public. A copy shall be conspicuously posted in an area open to patients and public on the premises of each separate hospital building of a multiple hospital building system.</p> <p>Based on observation, the facility failed to post the hospital license in an area conspicuous and open to patients and the public in 1 of 3 instances.</p> <p>Findings:</p> <ol style="list-style-type: none"> On March 27, 2012 at 9:45am, at the Radiology Services offsite area, and in the presence of Employee #A16, #A13 and #A9, it was observed that there was no posting of the hospital license. 	S0178	Hospital License was posted the same day. Dificency corrected on site at time of inspection. This was at the 7905 Calumet Ave Munster location that was recently added to our license.The manager Armin Pigula has confirmed license hung.In order to monitor the hospital license posting it will be added to the monthly safety/compliance walkthrough at all locations.	03/28/2012			

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S0606	<p>410 IAC 15-1.5-2 INFECTION CONTROL 410 IAC 15-1.5-2(f)(3)(D)(viii)</p> <p>(f) The hospital shall establish an infection control committee to monitor and guide the infection control program in the facility as follows: (3) The infection control committee responsibilities shall include, but not be limited to, the following: (D) Reviewing and recommending changes in procedures, policies, and programs which are pertinent to infection control. These include, but are not limited to, the following:</p> <p>(viii) An employee health program to determine the communicable disease history of new personnel as required by state and federal agencies.</p> <p>Based on policy and procedure review, personnel record review, and staff interview, the facility failed to implement its policy and procedure related to annual tuberculosis skin testing 4 of 12 (P1, P3, P5 and P10) personnel records reviewed.</p> <p>Findings:</p> <p>1. Policy Code: IC.Emp.0001 titled, "Employee Health - Pre-Employment Physical - Immunization Status" was reviewed on 3/27/12 at approximately 1:05 PM, and indicated on pg. 4, under section IX. Annual TB (Tuberculosis) Skin Testing, bulleted points, "Annual TB skin tests will be conducted according to</p>	S0606	<p>Meeting with Sue Feldman Infection Preventionist RN for the facility on 4/27/12 the following action plan was provided to nursing leadership 4/23/12 to review and approve the Infection Control committee was held 5/20/12, 1. Policy review with all department managers policy I.C. Emp 001 Employee Health - Pre Employment Physical- Immunization Status. 2. Staff responsible for administering and reading TB test will be required to attend recertification class.3. An audit will be conducted of employee health records quarterly and will be reported on the IC QA dashboard and reported to the Quality Committee.The re-training of staff administering the TB</p>	05/23/2012			

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	<p>CDC (Centers for Disease Control and Prevention) and Indiana State Health Department Guidelines. Employees will be skin tested in their birth month...Employees who do not receive the skin test and are over-due for same will not be allowed to work until the test result has been documented."</p> <p>2. Review of personnel records on 3/27/12 at approximately 10:08 AM, indicated:</p> <p>A. P1:</p> <p>a. per Tuberculosis Skin Test Screening Record, had a PPD (Purified Protein Derivative)test administered on 12/6/10 at 3:05 PM and the record indicated it should have been read "after 12/8/10 at 3:05 PM or before 12/9/10 at 3:05 PM" and was read on "12/9/10 at 3:45 PM". This was approximately 40 minutes after the time it should have been read.</p> <p>b. lacked an annual TB skin test for 2011.</p> <p>B. P3, per Tuberculosis Skin Test Screening Record, had a PPD test administered on 9/29/11 at 11:05 AM and the record indicated it should have been read "after 10/1/11 at 11:05 AM or before 10/1/11 at 11:05 AM" and was read on "10/1/11 at 8:20 AM". This was approximately 2 hours and 45 minutes before the time it should have been read.</p>		test was completed on 5/23/12.				

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	<p>C. P5, lacked an annual TB skin test for 2011.</p> <p>D. P10, per Tuberculosis Skin Test Screening Record, had a PPD test administered on 3/30/11 at 10:10 AM and the record indicated it should have been read "after 4/1/11 at 10:00 AM or before 4/2/11 at 10:00 AM". The time of 10:00 AM is incorrect and should read 10:10 AM. The test was read on "4/1/11 at 10:00 AM". This was approximately 10 minutes before the time it should have been read.</p> <p>3. Personnel A3 was interviewed on 3/27/12 at approximately 12:51 PM and confirmed the above-mentioned personnel records were lacking correctly read TB skin tests and/or annual TB skin tests as required per facility policy and procedure.</p>				

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S0754	<p>410 IAC 15-1.5-4 MEDICAL RECORD SERVICES 410 IAC 15-1.5-4(f)(5)</p> <p>(f) All inpatient records, except those in subsections (g), shall document and contain, but not be limited to, the following:</p> <p>(5) Evidence of appropriate informed consent for procedures and treatments for which it is required as specified by the informed consent policy developed by the medical staff and governing board, and consistent with federal and state law.</p> <p>Based on policy and procedure review, document review, medical record review, and staff interview, the facility failed to ensure that informed consents for treatment were completed as required per facility policy and procedure for 4 of 4 patients having an incomplete informed consent (N7, N13, N17 and N18) in closed patient medical records reviewed.</p> <p>Findings:</p> <p>1. Policy Code: AD-028 titled, "Informed Consents" was reviewed on 3/27/12 at approximately 12:42 PM, and indicated on pg.:</p> <p>A. 1, under Statements of Policy section, point D, "It is the physician's responsibility prior to a procedure and before obtaining written consent to explain any proposed treatment or</p>	S0754	<p>Lisa Leckrone is responsible for assigning the audit to the Quality department for the Cardiac Cath lab and Interventional Radiology Informed consents. The results of this audit will be presented to the Quality Committee quarterly by the manager of Cath Lab Mark Booth. Mark Booth will educate staff on informed consents for completeness and proper execution this will be completed 5/18/12. Dr. Sanders our Vice President of Medical Affairs will address any non compliant physician issues identified in the audits. A letter to the non compliant physicians was sent by Dr. Sanders along with the medical staff rules and regulations pertaining to Informed Consents. Also information on the regulation. A physician Quality newsletter will also be sent to physician with the citation identified during our State</p>	05/01/2012			

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	<p>procedure to the patient, and, when appropriate, the family..."</p> <p>B. 3, under Surgical Treatment/Special Procedures and Anesthesia Consents section, point 2(a), "The physician performing the surgery or procedure is responsible for discussing with the patient the risks, benefits, potential complications and alternatives of the contemplated surgery/procedure, and obtaining the patient's informed consent.. The physician is responsible for documenting these discussions and the patient's informed consent in the patient's medical record..."</p> <p>2. Policy Code: AD-007 titled, "Charting Standards" was reviewed on 3/27/12 at approximately 2:25 PM, and indicated on pg. 1, under Policy section, points B and C(11 and 15), "An entry is a recording of encounters or observations related to the patient, which include but shall not be limited to...professional contact between the patient and healthcare provider...which shall include the date, the time and author authentication. The author of each entry shall authenticate his or her entry...empty lines or spaces may not be left...notations should be charted and authenticated by the actual caregiver."</p> <p>3. Review of Medical Staff Rules and Regulations on 3/27/12 at approximately 2:25 PM, indicated on pg. 7, under</p>		inspection.				

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	<p>Section VIII Consent, points B and C, "All patients are entitled to be advised by his/her physician about his/her diagnosis, the nature and purpose of the proposed course of treatment in the reasonably known risks and consequences of the treatment/procedure, the reasonable medical alternatives, if any are available, and the probable prognosis if the treatment/procedure is not administered...The patient should be advised of sufficient information so as to be reasonably able to make a competent decision with respect to consenting or refusing the administration of the treatment/procedure."</p> <p>4. Review of closed patient medical records on 3/27/12 at approximately 11:16 AM, indicated patient:</p> <p>A. N7:</p> <p>a. underwent a thoracentesis on 2/29/12 per Coding Summary Sheet dated 3/3/12.</p> <p>b. lacked a complete "Authorization for and Consent to Surgical Operations, Diagnostic and Therapeutic Procedures" form dated 2/29/12 by the patient, with the procedure to be performed documented as "Left Thoracentesis", because the line(s) for:</p> <p>i. date, time, and physician signature for the statement "I have personally explained to the patient, or his or her legal</p>						

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	<p>representative, the information set forth in the above on..." were blank.</p> <p>ii. type of anesthesia was blank.</p> <p>c. underwent a thoracentesis on 3/2/12 per Coding Summary Sheet dated 3/3/12.</p> <p>d. lacked a complete "Authorization for and Consent to Surgical Operations, Diagnostic and Therapeutic Procedures" form dated 3/2/12 by the patient, with the procedure to be performed documented as "Left Thoracentesis", because the line(s) for:</p> <p>i. date and time of physician signature for the statement "I have personally explained to the patient, or his or her legal representative, the information set forth in the above on..." were blank.</p> <p>ii. type of anesthesia was blank.</p> <p>B. N13:</p> <p>a. underwent a closed percutaneous biopsy and insertion of intercostal catheter on 2/1/12 per Coding Summary Sheet dated 2/9/12.</p> <p>b. lacked a complete "Authorization for and Consent to Surgical Operations, Diagnostic and Therapeutic Procedures" form dated 1/31/12 by the patient, with the procedure to be performed documented as "Biopsy of the right lung with possible chest stent placement", because the line(s) for:</p> <p>i. date and time of physician signature for the statement "I have personally explained to the patient, or his or her legal</p>			

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	<p>representative, the information set forth in the above on..." were blank.</p> <p>ii. type of anesthesia was blank.</p> <p>C. N17:</p> <p>a. underwent a left heart catheterization; coronary arteriogram; left ventricular angiogram; and coronary angioplasty and stent placement in the left anterior descending artery on 3/5/12 per Operative Report dictated 3/5/12 at 12:34 PM.</p> <p>b. lacked a complete "Authorization and Consent for Cardiac Catheterization" form dated 3/4/12 by the patient, with the procedure to be performed documented as "Cardiac catheterization, left ventriculography, coronary angiography with possible percutaneous coronary intervention including, but not limited to, PTCA, possible coronary stent placement. Additional procedures including coronary device-based interventions, possible insertion of arterial closure device. Moderate conscious sedation", because the lines for date, time, and physician signature for the statement "I have personally explained to the patient, or his or her legal representative, the information set forth in the above on..." were blank.</p> <p>D. N18:</p> <p>a. underwent a bronchoscopy on 3/19/12 per Operative Report dictated 3/21/12 at 10:17 AM.</p>						

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	<p>b. lacked a complete "Authorization for and Consent to Surgical Operations, Diagnostic and Therapeutic Procedures" form dated 3/18/12 by the patient, with the procedure to be performed documented as "Bronchoscopy, possible biopsy", because the line(s) for:</p> <p>i. date, time, and physician signature for the statement "I have personally explained to the patient, or his or her legal representative, the information set forth in the above on..." were blank.</p> <p>ii. type of anesthesia was blank.</p> <p>5. Personnel A17 was interviewed on 3/27/12 at approximately 12:39 PM and confirmed the above-mentioned patient medical records were lacking complete Informed Consents per facility policy and procedure and Medical Staff Rules and Regulations. They had blank lines where the date, time, physician signature, and/or type of anesthesia administered were to be documented as described above.</p>				