

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 02/19/2014
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NAME OF PROVIDER OR SUPPLIER ST VINCENT DUNN HOSPITAL INC	STREET ADDRESS, CITY, STATE, ZIP CODE 1600 23RD ST BEDFORD, IN 47421
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(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
S000000	<p>This visit was for the investigation of one (1) licensure complaint.</p> <p>Date of survey: 02-19-14</p> <p>Facility number: 004779</p> <p>Complaint number: IN00138238 Substantiated: no deficiencies related to allegations are cited. Unrelated deficiency cited.</p> <p>Surveyor: Jennifer Hembree, RN Public Health Nurse Surveyor</p> <p>QA: claughlin 02/25/14</p>	S000000		
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: (H) Requiring all services to have policies and procedures that are updated as needed and reviewed at least triennially.</p>			

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>Based on document review and staff interview, the facility failed to follow the event reporting policy for 2 of 6 patients and it could not be determined that the facility followed the lost item policy for 6 of 6 patients.</p> <p>Findings include:</p> <p>1. Facility policy in place in 2012 titled "Event Reporting" states under policy on page 1: "The event (incident) report is used to document unexpected events, which may occur...." and "Examples of unexpected events include but are not limited to:.....Theft or loss of personal property."</p> <p>2. Facility policy titled "Lost and Found & Left Behind Articles" states under "lost" on page 1: "If an article is reported lost, the individual reporting the loss will be referred to the Environmental Services and a Lost Article Report Form (attached) will be filled out."</p> <p>3. Review of completed documents titled "LOST AND FOUND ITEMS" provided by staff member #2 indicated a description of the item was listed, however there was no patient name on the forms, therefore making it impossible to verify that the facility was</p>	S000322	<p>Plan of correction for Items 1 & 5:1. Corrective action: Event Policy revised to include reference to Lost & Found policy. Also states only items listed on the Patient Valuables form will be entered into the event reporting system.2. Preventive Action: a. Event Policy Revised b. Associate education.3. Responsibility: CNO & Quality Review4. Completion date: a. Policy revised 3/7/2014. b. Associate education during March 2014.Plan of correction for Items 2,3,4,6:1. Corrective action: Creation of both Lost & Found Form & Lost & Found Tracking Log2. Preventive Action: Form& Log will be used to identify and document lost & found items.3. Responsibility: Environmental Services Director & staff will oversee the process and create/maintain the form & log.4. Completion date:a. Form & Log created 03/10/2014b. Educator to Env Services, Nursing Leadership and other associates during March 2014.</p>	03/14/2014			

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	<p>completing the form for each lost item as indicated in their policy.</p> <p>4. Facility document titled "Lost and Found Items Reported to Environmental Services November 2011-current" indicated under "Description of Lost Item" that a patient lost a pair of prescription glasses the "last week of May 2012" and a patient lost a pair of prescription glasses 6/25/12.</p> <p>5. Review of facility incident reports indicated there was no incident report completed for the lost prescription glasses in May 2012 and in June 2012 as required by policy.</p> <p>6. Staff member #1 verified in interview beginning at 10:30 a.m. on 2/19/14 that the lost and found documents do not have an identifier and that there was not an incident report completed for the 2 patients with lost prescription eyeglasses in May and June 2012.</p>						