

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  152028	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	X3) DATE SURVEY COMPLETED  01/26/2016
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NAME OF PROVIDER OR SUPPLIER  VIBRA HOSPITAL OF NORTHWESTERN INDIANA	STREET ADDRESS, CITY, STATE, ZIP CODE 9509 GEORGIA ST CROWN POINT, IN 46307
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A 0000  Bldg. 00	<p>This visit was for one Federal hospital complaint investigation.</p> <p>Complaint Number: IN00190320 Substantiated: deficiency cited related to allegations.</p> <p>Date: 1/26/16</p> <p>Facility Number: 012131</p> <p>QA: cjl 02/03/16</p>	A 0000		
S 0000  Bldg. 00	<p>This visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN00190320 Substantiated: deficiency cited related to allegations.</p> <p>Date: 1/26/16</p> <p>Facility Number: 012131</p> <p>QA: cjl 02/03/16</p>	S 0000		

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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S 0930 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>Based on document review and staff interview, nursing staff failed to supervise and evaluate the nursing care for each patient related to completing Accuchecks and administration of insulin per physician orders for 1 of 5 (#1) closed patient medical records reviewed.</p> <p>Findings:</p> <p>1. Policy TJC: LD 04.03.07, NR 01.01.01, Guidelines for Nursing Care, revised/reapproved 3/24/2014, indicated on pg. 1, under Medical Record section, and on pg. 3, under Medication Administration Record (MAR) section, "Physician orders and documentation checked and chart signed off by nurse, every 12 hours...Med reconciliation completed, every night."</p> <p>2. Review of Incident Reports (IRs) and Patient/Family Complaints indicated:</p>	S 0930	The Chief Clinical Officer is responsible for ensuring the	03/26/2016

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	<p>A. on 12/27/15 at 2100 hours, an IR related to poor control of blood sugars was filed. Allegation was that Accuchecks were not being done as ordered and elevated blood sugars were not being appropriately controlled. Follow-up included physician writing new orders for insulin types and dosages with sliding scale coverage and education was provided to nursing staff and the patient.</p> <p>B. on 12/31/15 at 2100 hours, an IR related to insulin sliding scale not being followed for an elevated blood sugar. Follow-up included nursing staff being informed to follow insulin orders and orders were reviewed with physician.</p> <p>3. Review of patient #1's medical record confirmed:</p> <p>A. history and physical dated 12/21/15 stated patient had insulin dependent diabetes mellitus type 2. Physician order dated 12/27/15 was for Accuchecks before meals and at bedtime. Accuchecks were not done as ordered on 12/30/15, 12/31/15, 1/2/16 and 1/3/16, having been done only 3 times and not 4.</p> <p>B. physician order dated 12/21/15 was for moderate sliding scale for insulin coverage. The parameters for the moderate sliding scale were for blood sugar of: 60-150                      0 units of Regular</p>		<p>Registered Nurse supervises and evaluates the nursing care planned for and provided to each patient related to completing Accuchecks and administration of insulin per physician orders.</p> <p>The Chief Clinical Officer and/or Educator will educate 100% of the nursing staff on the following policies.</p> <ul style="list-style-type: none"> <li>· Hypoglycemia Order Set</li> <li>· Injection Insulin Preparation and Administration</li> <li>· Medication Administration Competency</li> <li>· Medication Orders, Administration, and Documentation</li> <li>· Patient Assessment and Documentation</li> <li>· Guidelines for Nursing Care</li> </ul>	

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	<p>Insulin 151-200 2 units of Regular Insulin 201-250 4 units of Regular Insulin 251-300 6 units of Regular Insulin 301-350 8 units of Regular Insulin 351-400 10 units of Regular Insulin &gt;400 12 units of Regular Insulin and call physician.</p> <p>C. lacked insulin coverage as ordered for elevated blood sugars of 216 and 285 on 12/23/15; 286 and 389 on 12/24/15; 206, 268 and 195 on 12/25/15; 154 and 336 on 12/26/15; 322, 318, 178 and 360 on 12/27/15; 276 and 162 on 12/28/15; 174, 191 and 184 on 12/29/15; 153, 196, 270, 224 and 208 on 12/30/15; 229 and 307 on 12/31/15; 241, 243, 182 and 227 on 1/1/16; 203, 232, 157 and 232 on 1/2/16; 167, 227 and 152 on 1/3/16; 169 on 1/4/16; 286, 213 and 196 on 1/5/16; 158 and 234 on 1/6/16; 242 and 248 on 1/7/16; 193, 207 and 196 on 1/8/16.</p> <p>4. Staff 5 (Director of Pharmacy) was interviewed on 1/26/16 at approximately 1525 hours, and confirmed patient #1 lacked blood sugar checks (Accuchecks) as ordered on several days and physician order dated 12/21/15 was for moderate</p>		<p>The Corporate IT department added the 12 hour chart check to the nursing worklist.</p> <p>The Chief Clinical Officer and/or Educator will educate 100% of the nursing staff on the 12 hour chart check template within the medical record.</p> <p>The Chief Clinical Officer is responsible for compliance with the following:</p> <ol style="list-style-type: none"> <li>Auditing 30 random diabetic entries per week for compliance. Random defined as reviews for glucose monitoring and medication administration on Mondays, Wednesdays, and Saturdays per individual patient. Auditing will consist of validating 100% of: <ul style="list-style-type: none"> <li>Blood glucose levels were tested per order;</li> <li>Blood glucose levels were treated per scheduled dose per order; and</li> <li>Blood glucose levels were treated per sliding scale dose per order.</li> </ul> </li> <li>Auditing 30 random entries per week for compliance with 12 hour chart checks. Random defined as reviews of chart checks for</li> </ol>	

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	sliding scale for insulin coverage. Blood sugars were repeatedly 151 or above that were not covered per the moderate sliding insulin coverage scale and physician orders were not followed as required per facility policy and procedure.		<p>Mondays, Wednesdays, and Saturdays per individual patient. Auditing will also consist of verification of 12 hour chart checks per the Guidelines for Nursing Care policy.</p> <p>The Chief Clinical Officer will review the results of the weekly audits with the House Supervisors. The Chief Clinical Officer and the House Supervisors will develop a corrective action plan for non-compliant employees.</p> <p>To prevent reoccurrence of the deficiencies, the Chief Clinical Officer will continue the random audit quarterly. The Chief Clinical Officer will present the audit results along with the corrective action implemented (aggregate) to the Quality Assurance, Performance Improvement and Medical Executive Committees quarterly, and to the Governing Board quarterly via the central secured repository, Governing Board Central for review. The Chief Clinical Officer will continue auditing per the recommendation of the Quality Assurance, Performance Improvement Committee.</p>	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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FORM APPROVED

OMB NO. 0938-0391

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