

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150112	X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 09/25/2012
NAME OF PROVIDER OR SUPPLIER COLUMBUS REGIONAL HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 2400 E 17TH ST COLUMBUS, IN 47201		
(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	
S0000	<p>This visit was for the investigation of one State licensure complaint.</p> <p>Complaint Number: IN00115581 Unsubstantiated: Unrelated deficiency cited.</p> <p>Facility #: 005099</p> <p>Survey Dates: 09-25-12</p> <p>Surveyors: Billie Jo Fritch RN, BSN, MBA Public Health Nurse Surveyor</p> <p>QA: claughlin 10/01/12</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 facility policy related to IV therapy was followed for 1 of 5 (P#1) patients.</p>	S0912	Tag S 9121. How are you going to correct the deficiency. 1. a. The Emergency Department Manager was able to identify the staff person that started the IV. This person was contacted to	10/19/2012			

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	<p>Findings included:</p> <ol style="list-style-type: none"> Review of the medical record of P#1 on 9-25-12 indicated the patient received IV fluids and IV medications on 8-20-12, but lacked documentation of date/time of insertion, type and size of catheter, insertion site, number of attempts made, initials, and signature of person making venipuncture. Review of the facility policy titled IV (INTRAVENOUS) THERAPY on 9-25-12 indicated the following: Document IV start in patient's medical record: date and time of insertion, type and size of catheter, insertion site, number of attempts made, type of fluids infusing or saline lock, rate of flow, reason for pump if applicable, initials and signature of person making venipuncture. Interview with B#4 on 9-25-12 at 1440 hours confirmed there is no documentation of the IV start for P#1 during the 8-20-12 ED visit to include the date and time of insertion, type and size of catheter, insertion site, number of attempts made, initials and signature of person making venipuncture as required by facility policy. 		<p>document the insertion as a late entry. The documentation was completed and entered as a late entry and will be part of the permanent medical record.1. b. The Emergency Department Manager sent out a Communication Note on October 5, 2012 informing all ED staff that start IVs the requirement to document per policy. All ED staff that start IVs will be required to read and sign that they read this information.Content of note: All IV starts needs to be documented (date, time, insertion site, type and size of catheter, # of attempts made, types of fluids infusing or saline lock, rate of flow, reason for pump if applicable, signature of person making venipuncture). We had a State Board of Health citation regarding this. 1. c. Patient Care Policy: IV (intravenous) Therapy will be revised to reflect current documentation practice with the go -live on new electronic health record.2. How are you going to prevent the deficiency from recurring in the future?2.a. The Emergency Patient Care Coordinator (PCC) will audit ED records identifying missing documentation on an ongoing basis. This will include missing documentation of IV insertions. The PCC will notify the staff person responsible for missing documentation to complete the documentation as a late entry. The Emergency Department</p>		

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			<p>Manager will discipline any staff member that does not demonstrate an improvement with accurate and timely documentation.2.b. Retrospective chart audits will be performed each month. "IV insertion documented per policy" will be added as one indicator. Quarterly results will be presented to the ED Nurse Manager and the Director of Nursing. Action plan for improvement will be developed if not at 100%.3. Who is going to be responsible for numbers 1 and 2 above?For 1.a. Emergency Department ManagerFor 1.b. Emergency Department ManagerFor 1.c. Director of NursingFor 2.a. Emergency Department Patient Care CoordinatorFor 2. b. Emergency Department Manager4. By what date are you going to have the deficiency corrected? 1.a. October 06, 20121.b. October 15, 20121.c. October 19, 20122.a. October 5, 20122.b. October 19, 2012</p>		