

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 005017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/30/2023
NAME OF PROVIDER OR SUPPLIER ELKHART GENERAL HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 600 E BLVD ELKHART, IN 46514		
(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) COMPLETE DATE
S 000	INITIAL COMMENTS This visit was for investigation of a state licensure hospital complaint. Complaint Number: IN00388117 - State deficiency related to the allegations is cited at S1510. Date of survey: 3/30/23 Facility number: 005017 QA: 5/01/2023	S 000		
S1510	410 IAC 15-1.6-2 EMERGENCY SERVICES 410 IAC 15-1.6-2(b)(2)(A)(B)(C) (b) The emergency service shall have the following: (2) Written policies and procedures governing medical care provided in the emergency service are established by and are a continuing responsibility of the medical staff. The policies shall include, but not be limited to, the following: (A) Provision for the care of the disturbed patient. (B) Provision for immediate assessment of all patients presenting for emergency and obstetrical care. (C) Provision for transfer of patients when care is needed which cannot be provided.	S1510		6/15/23

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S1510	<p>Continued From page 1</p> <p>This RULE is not met as evidenced by: Based on document review and interview, the facility failed to follow their policy related to pain assessment/reassessment of patients for 3 of 5 medical records reviewed. (Patients #1, 3 and 5).</p> <p>Findings include:</p> <p>1. Facility policy titled "STANDARDS OF PRACTICE, EMERGENCY DEPARTMENT" last reviewed/revised on 4/2021 indicated the following: PURPOSE: To define standards of patient care for the Emergency Department. POLICY/PROCEDURE: Q. Care Rounding: Care Rounds are performed every one (1) hour. They consist of connecting with the patient to ensure their needs are met. This should include at a minimum an assessment of pain.</p> <p>2. Facility policy titled "PAIN: ASSESSMENT AND MANAGEMENT" last reviewed/revised on 8/2019 indicated the following: PURPOSE: Ensure that all patients admitted to and/or receiving care are adequately assessed for the presence of pain at a rate (scale) determined by the patient and that pain, when present, is appropriately treated and managed in a safe manner. POLICY/PROCEDURE: 3. Reassessment/response to pain intervention occurs at a clinically appropriate time (approximately 60 minutes after pain intervention) based on patient condition and will include, at a minimum, intensity/severity/pain score. 9. Emergency Department (ED) will assess for and document the presence and rating of pain with initial triage assessment and prior to administration of pain medication(s). A. Assessment of pain will include the</p>	S1510		

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S1510	<p>Continued From page 2</p> <p>characteristics of pain. B. Reassessment/response to pain intervention occurs at a clinically appropriate time based on patient condition and need and will include, at a minimum, intensity/severity with other elements assessed per clinical nurse judgement. C. ED patients with complaints of pain will have their pain addressed using a variety of treatment modalities, including but not limited to, oral or parenteral medication; nonpharmacological interventions such as ice or positioning for comfort; or prescriptions for home treatment. Interventions will be documented in the medical record. D. Pain documentation is done in the patient's electronic medical record.</p> <p>3. Review of patient #1's medical record indicated the following:</p> <p>(a.) The patient arrived to the ED on 5/31/22 at 5:18 p.m. via EMS (Emergency Medical Services) for complaints of back pain and discharged to home on 5/31/22 at 11:20 p.m.</p> <p>(b.) The medical record indicated a pain assessment was completed on 5/31/22 at 6:21 p.m., the patient had a pain level of 9 out of 10.</p> <p>(c.) A review of Patient #1's Medication Administration Record indicated medications were administered that included but were not limited to the following:</p> <p>On 5/31/22 at 7:14 p.m., Tylenol 1000 milligrams by mouth. The medical record lacked documentation of pain level assessment prior to pain medication administration on 5/31/22 at 7:14 p.m. and/or a pain level reassessment 60 minutes after pain intervention at 8:14 p.m.</p> <p>(d.) The medical record lacked documentation of</p>	S1510			

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S1510	<p>Continued From page 3</p> <p>hourly pain level assessments while the patient was in the ED on 5/31/22.</p> <p>4. Review of patient #3's medical record indicated the following:</p> <p>(a.) The patient arrived to the ED on 5/31/22 at 5:21 p.m. for complaints of chest tightness due to possible allergic reaction to a bee sting and discharged to home on 5/31/22 at 8:17 p.m.</p> <p>(b.) The medical record indicated a pain assessment was completed on 5/31/22 at 5:21 p.m., the patient had a pain level of 6 out of 10.</p> <p>(c.) A review of Patient #3's Medication Administration Record indicated medications were administered that included but were not limited to the following:</p> <p>On 5/31/22 at 5:58 p.m., diphenhydramine 50 milligrams intravenous push injection. The medical record lacked documentation of pain level reassessment 60 minutes after pain intervention at 6:58 p.m.</p> <p>(d.) The medical record lacked documentation of hourly pain level assessments while the patient was in the ED on 5/31/22.</p> <p>5. Review of patient #5's medical record indicated the following:</p> <p>(a.) The patient arrived to the ED on 3/22/23 at 10:55 a.m. for complaints of abdominal pain and discharged to home on 3/22/23 at 4:36 p.m.</p> <p>(b.) The medical record indicated a pain assessment was completed on 3/22/23 at 11:09 a.m., the patient had a pain level of 8 out of 10.</p> <p>(c.) A review of Patient #5's Medication</p>	S1510			

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S1510	<p>Continued From page 4</p> <p>Administration Record indicated medications were administered that included but were not limited to the following:</p> <p>On 3/22/23 at 1:27 p.m., Dilaudid 1 milligrams intravenous push. The medical record lacked documentation of pain level assessment prior to pain medication administration on 3/22/23 at 1:27 p.m. and/or a pain level reassessment 60 minutes after pain intervention at 2:27 p.m.</p> <p>(d.) The medical record lacked documentation of hourly pain level assessments while the patient was in the ED on 3/22/23.</p> <p>6. During an interview with A1 (Risk Manager) on 3/30/23 at 1:10 p.m., he/she verified the facility policy titled "Standards of Practice, Emergency Department" last reviewed/revised on 4/2021 indicated that care rounding in the ED is to be performed every hour, which includes a pain level assessment hourly.</p> <p>7. During an interview with A2 (Safety & Accreditation Coordinator) and A3 (Quality Manager) on 3/30/23 at 4:25 p.m., they verified the medical record information for Patients #1, 3 and 5.</p>	S1510		