

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

PRINTED: 12/30/2019
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 150009		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 12/02/2019	
NAME OF PROVIDER OR SUPPLIER CLARK MEMORIAL HEALTH				STREET ADDRESS, CITY, STATE, ZIP CODE 1220 MISSOURI AVE JEFFERSONVILLE, IN 47130			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (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
S 0000 Bldg. 00	This visit was for the investigation of a state licensure hospital complaint. Complaint Number: IN00251029 Substantiated: Deficiency related to allegations is cited. Survey Date: 12/2/19 Facility Number: 005009 QA: 12/10/19			S 0000			
S 0912 Bldg. 00	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v) (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: (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.						

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 other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 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 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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	(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. Based on document review and interview, the facility failed to ensure nursing services followed their policies establishing the standards of nursing care and practice related to patient's personal property for 1 of 5 (P3) patient medical records (MRs) reviewed. Findings include: 1. Policy and Procedure review: A. Policies titled, "Personal Patient Items Loss Prevention", PolicyStat ID 2392170, effective 6/2014, and PolicyStat ID 5206488, effective 7/2018, indicated the following: When a patient is first received as a direct admit, personal items will be inventoried and placed in a bag provided for this purpose. If the patient is admitted through the ED (Emergency Department), belongings will be placed in a bag. This bag will be labeled...and placed at a designated location at bedside. This bag will be sent with the patient upon admission and belongings will then be inventoried upon arrival by both the ED and receiving unit personnel. Upon arrival on nursing unit, the personal belonging bag will be given to the receiving HCA (Health Care Associate) and the			S 0912	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (a)(2)(B)(i)(ii)(iii)(iv)(v) 1) Clark Memorial Health has amended its Patient Personal Property policy (ATTACHMENT A) to align accurately with its goal of helping patients preserve and maintain possession of their belongings. That policy now outlines in detail the actions that staff should take to help patients avoid loss of their belongings. Those actions include the following: a) Informing patients on arrival that the hospital is not responsible for lost or stolen items. That goal is achieved as follows: i) Providing patients or their representatives with written notice		01/11/2020

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	inventory sheet reviewed and signed by both the sending and receiving HCA. At the time of discharge, a review of the inventory list and the contents of the personal belonging bag shall be completed. B. Policies titled, "Clothing and Belongings", PolicyStat ID 2316475, effective 1/2015, and PolicyStat ID 4489645, effective 3/2018, indicated the following: Admission HCP (Health Care Provider)...Records all selected clothing and toiletry items on the Clothing and Belonging Record and enters a detailed list of belongings in KBC (electronic medical record system). At Time of Discharge: HCP...Returns all items to patient from personal belongings box in the treatment room or other private location immediately before the patient departs from the unit. Obtains the patient's signature on the Discharge Planning Record. Patient: Signs the Clothing and Belongings Record and the Cashier's receipt confirming that the items were received. 2. MR review for patient P3 indicated the following: The patient presented to the ED on 1/8/18, was admitted to the hospital and discharged on 1/10/18. The MR lacked documentation of patient's personal belongings inventory at admission. The Discharge Summary Report, dated 1/10/18 (time illegible) indicated "Belongings Returned" - "yes"; however, the form lacked documentation of what was included in the belongings and lacked documentation of the patient having signed for/received the belongings. 3. Review of Complaint/Grievance Reports for 1/1/18 through 6/30/18 indicated that on 1/9/18 a complaint of patient P3's personal items missing was reported.				of the hospital's personal property policy on a separate, easy-to-read form that is given to patients or their representatives on arrival (ATTACHMENT B). ii) Posting written notice in entry point waiting areas. b) Encouraging patients to give valuables to family or trusted friends to keep in their possession or take home. c) Advising patients to avoid placing valuable personal use items such as dentures, glasses, hearing aids, or cell phones in bed linens, on meal trays, or in disposable items such as napkins or tissues due to the likelihood that the items will be lost in the process of maintaining the sanitation of patient rooms. 2) In order to prevent recurrence of the deficiency found in the above-referenced survey, the hospital has undertaken the following measures: a) Thorough education of hospital staff on the contents and expectations contained in the revised Patient Personal Property policy. 3) Clark Memorial Health's Chief Nursing Officer—its nurse		

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	4. On 12/2/19, between approximately 15:30 hours and 16:00 hours, A1 (Quality Nurse Specialist) verified that the MR of patient P3 lacked documentation of a "Clothing and Belongings Record" and/or a patient belongings inventory having been created upon admission and lacked documentation of the patient having signed for receipt of personal items at discharge.		executive as defined in 410 IAC 15-1.5-6—is responsible for ensuring that the Patient Personal Property policy described in paragraph 1 above accurately reflects current hospital policy and that all remediation described in paragraph 2 above is effected completely and assiduously. The Chief Nursing Officer accomplishes that by: a) Personally directing staff education regarding the hospital's Patient Personal Property policy. b) Mandating that all clinical directors enforce that policy and correct deficient performance with immediate intervention. 4) All items of the hospital's correction action plan have been completed or will be completed within 30 days of receipt of Notice of Non-compliance, which Notice is dated December 12, 2019. a) Those items completed as of December 23 include the following: i) Revision of the Patient Personal Property policy as described above. ii) Creation of the printed notice provided to patients or their representatives upon arrival at the hospital.		

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			b) Those items that are scheduled for completion before January 11, 2020 are as follows: i) Posting of notice in entry point waiting areas advising patients or their representatives of the hospital's policy regarding personal property. ii) Education of staff regarding the new Patient Personal Property policy and the expectations attendant to that policy.		