STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	150042	A. BUILDING 00 B. WING	10/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
GOOD SAMARITAN HOSPITAL	520 S 7TH ST VINCENNES, IN 47591

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIE (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: IN00391762 - State deficiency related to the allegation is cited (tag 0930). Survey Date: 10/23/2023 Facility Number: 005038 QA: 11/13/2023 & 11/22/2023	S 0000		
S 0930 Bldg. 00	410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3) (b) The nursing service shall have the following: (3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient. Based on document review and interview, nursing personnel failed to follow contraindications for female external catheter for 1 of 5 medical records reviewed (Patient #2); and failed to replace and document genitourinary assessment for 1 of 5 medical records reviewed (Patient #2); and failed to complete a focused assessment every hour for 1 of 5 patients reviewed (Patient #2); and failed to turn patient every two hours for 1 of 5 medical records reviewed (Patient #2). Findings include:	S 0930	**How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.** a) In February 2023, GSH changed devices to the Caredry product. Staff education was completed in February 2023 on proper documentation and adhering to policy of skin assessment every four hours, or after soiling, and assessing device placement every 2 hours. Epic	12/22/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Wendy Mangin	Director of Corporate Compliance	12/04/2023

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	1. Facility policy titled "Female External Catheter: Use and Maintenance", Index Number F 06.05.03.21.13, last revised 1/2021, indicated Assessment and Planning: Nursing Considerations: Contraindications: 4. Bowel Incontinence with loose stools; 8. Skin irritation or breakdown at the female external catheter site. Evaluation: 1. Document in the electronic medical record: 3) Document placement verification and skin assessment every 2 hours. 2. Facility policy titled "Intensive Care Unit Nursing Standards", no policy number, last revised 6/5/2020, indicated a focused assessment related to the patient's condition will be documented every 1-hour. 3. Facility policy titled "Braden Scale/Prediction & Prevention of Pressure Injury and Altered Skin Integrity", Index: B 02.19.16, last revised 06/2022, indicated Evaluation: Document on the clinical multidisciplinary documentation system: 4. Braden score has been broken down by degree of risk factors to assist in preventative measures. Mild to Moderate Risk 13-18; 7. Turn every 2 hour minimum. 4. Initial Nursing Assessment for patient #2 dated 04/20/2022 at 1217 hours indicated patient skin was pale, with ecchymosis. Patient presented on admission with pure wick urinary device, female genitalia appeared red. Braden scale was a 17. Patient was incontinent of urine and stool. 5. Female Genitalia Nursing Assessment for patient #2 indicated redness from 04/20/2022 to 04/25/2022. 6. Genitourinary section of patient #2 medical record indicated external urinary catheter lacked		work design ticket entered with Deaconess Hospital in Evansville, IN to allow for better documentation concerning peri-care, suction parameters, and length of use for device. b) Re-educate staff on proper documentation when turning patient. Ensure staff documents specific directional placement of patient. c) Adhere to contraindications of use in the policy. **How are you going to prevent the deficiency from recurring in the future?** a) In February 2023, GSH changed devices to the Caredry product. Staff education was completed in February 2023 on proper documentation and adhering to policy of skin assessment every 4 hours, or after soiling, and assessing device placement every 2 hours. Epic work design ticket entered with Deaconess Hospital in Evansville, IN to allow for better documentation concerning peri-care, suction parameters, and length of use for device. b) Re-educate staff on proper documentation when turning patient. Ensure staff documents specific directional placement of patient. c) Adhere to contraindications of use in the policy. d) Chart audits to ensure	

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	assessments every 2 hours as required by policy and/or procedures from 4/20/2022 through 04/25/2022. 7. External Urinary Catheter Device Information lacked documentation of device being changed every 12 hours as indicated by facility policy and/or procedures from 04/23/2022 and 04/24/2022. 8. Patient observation charting lacked documentation of patient #2 repositioned every 2 hours as required by facility policy and/or procedure from 4/20/2022 through 4/24/2022. 9. Patient #2 Medical Record lacked documentation of hourly focused assessments from 4/20/2022 through 4/25/2022. 10. In interview on 10/23/2023 at approximately 1230 hours with A3 (Professional Practice), he/she confirmed nursing personnel failed to remove Patient #2 external urinary catheter due to contraindication, nursing also failed to assess skin around external catheter every 2 hours. A3 also confirmed nursing staff failed to document hourly focused assessment. 11. In interview on 10/23/2023 at approximately 1300 hours with A2 (Director of Corporate Compliance), he/she confirmed nursing personnel did not document patient #2 being turned every two hours.		compliance of documentation. **Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.?** Nurse Managers and shift coordinators will conduct chart audits and hold staff accountable. Clinical practice nurse specialist will ensure staff is educated by December 22, 2023. **By what date are you going to have the deficiency corrected?** December 22, 2023.	