

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

PRINTED: 08/14/2024

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150057		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 07/08/2024	
NAME OF PROVIDER OR SUPPLIER FRANCISCAN HEALTH MOORESVILLE				STREET ADDRESS, CITY, STATE, ZIP COD 1201 HADLEY RD MOORESVILLE, IN 46158			
(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 Complaint. Complaint Number: IN00417302 - Deficiencies related to the allegations are cited at S 0930. Survey Date: 7/8/24 Facility Number: 005052 QA: 7/24/24			S 0000	Franciscan Health Mooresville Provider ID #: 005052 Date Survey Completed: 7/8/2024 Complaint #: IN00417302 IDOH Tag #: S930 410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3) How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction. Re-educate nursing staff on pain re-assessment via huddle-up education and unit meetings. See attached nursing education (huddle-up flyer). How are you going to prevent the deficiency from recurring in the future? Nursing departments will complete chart audits for pain re-assessment within 60 minutes of PRN pain medication. Chart audits will be documented in a centralized data storage platform. Nursing departments nursing managers will audit 5 medication administrations per month for 3 consecutive		

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

TITLE

(X6) DATE

Julie Marie Temperly Borns

Accreditation Coordinator

08/14/2024

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 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 30 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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			<p>months with a compliance rate of 95% for 3 consecutive months and quarterly thereafter for one year.</p> <p>Audit results to be complied on the Quality PI Dashboard and reported up through Nursing Clinical Practice Council and Provision of Care Committee quarterly.</p> <p>Who is going to be responsible for numbers 1 and 2 above, i.e., director, supervisor, etc.?</p> <p>Administrative Director of Operations is responsible for ongoing compliance for this action plan.</p> <p>Nursing Managers is responsible for department chart audits.</p> <p>Nursing Managers and Educators is responsible for staff re-education.</p> <p>By what date are you going to have the deficiency corrected? You must provide a specific date the deficiency will be or has been corrected (month, day, and year) in the "Completion Date" column. The maximum correction time allowed is thirty (30) days from the Notice of Noncompliance.</p> <p>August 30, 2024, for education and monitoring audits will be ongoing.</p> <p>If the nature of the deficiency precludes completion within the above-stated thirty (30) days, the</p>		

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S 0930 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE 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 documentation review and interview, nursing staff failed to reassess patient pain level scores after interventions for 2 or 5 MRs (Medical Records) reviewed (P1 & P3); and failed to document interventions based on patient pain level scores for 2 of 5 MRs reviewed. (P1 & P3)</p> <p>Findings include:</p> <p>1. The facility policy titled, "Assessment of Pain Guidelines", PolicyStat ID 13746235, last revised 8/14/2023, indicated on page 1, under Responsible Persons: All patient care givers are responsible to either report pain to an appropriate care provider and/or provide appropriate pain relief interventions based on scope and practice. On page 4, under Reassessment of Pain (After the administration of PRN pain medication): A. Reassess the patient's pain status after allowing for sufficient onset of action per medication route and patient's condition. Assess the patient for adverse effects of the medication (i.e., respiratory depression). B. Reassessment of the patient will</p>			S 0930	<p>Plan of Correction must be written in incremental thirty (30) day phases. N/A</p> <p>Franciscan Health Mooresville Provider ID #: 005052 Date Survey Completed: 7/8/2024 Complaint #: IN00417302 IDOH Tag #: S930 410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3)</p> <p>How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.</p> <p>Re-educate nursing staff on pain re-assessment and interventions based on pain level scores via huddle-up education and unit meetings. See attached nursing education (huddle-up flyer).</p> <p>How are you going to prevent the deficiency from recurring in the</p>		08/30/2024

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	<p>be within 60 minutes (from time that the prn medication is given) based on medication and route and as patient condition warrants. C. Reassessment documentation can be any one (1) of the following: 1. Select appropriate scale/tool for patient population and document associated score. 2. Annotate patient response to prn pain medication. 3. Response to pain intervention by using the drop down selection.</p> <p>2. MR documentation for P1 was reviewed and indicated the patient reported a pain rating of 9 out of 10 on 8/27/23 at 8:36 am and a pain score of 8 out of 10 at 3:19 pm on 8/27/23. This patient's reported pain scores lacked documentation and/or implementation of interventions.</p> <p>3. MR documentation for P3 was reviewed and indicated the patient reported his/her pain as an 8 out of 10 at 4:55 pm on 8/20/23. IV (intravenous) medications were administered at 5:15 pm on 8/20/23. MR documentation for P3 lacked a pain reassessment within 60 minutes of medications given per facility policy.</p> <p>4. In an interview on 7/8/24 at approximately 2:05 pm with A2 (Administrative Director Operations), he/she confirmed nursing staff should have documented pain interventions implemented and/or reassessments after medication interventions were given for P1 and P3 per facility policy, but did not.</p>				<p>future?</p> <p>Nursing departments will complete chart audits for pain re-assessment and interventions based on pain level scores within 60 minutes of PRN pain medication. Chart audits will be documented in a centralized data storage platform.</p> <p>Nursing departments nursing managers will audit 5 medication administrations and interventions based on pain level scores per month for 3 consecutive months with a compliance rate of 95% for 3 consecutive months and quarterly thereafter for one year.</p> <p>Audit results to be complied on the Quality PI Dashboard and reported up through Nursing Clinical Practice Council and Provision of Care Committee quarterly. Who is going to be responsible for numbers 1 and 2 above, i.e., director, supervisor, etc.?</p> <p>Administrative Director of Operations is responsible for ongoing compliance for this action plan.</p> <p>Nursing Managers is responsible for department chart audits.</p> <p>Nursing Managers and Educators is responsible for staff re-education.</p>		

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