

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150044	(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2021
NAME OF PROVIDER OR SUPPLIER <b>BAPTIST HEALTH FLOYD</b>		STREET ADDRESS, CITY, STATE, ZIP COD <b>1850 STATE ST</b> <b>NEW ALBANY, IN 47150</b>		
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S 0000  Bldg. 00	<p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint number: IN00255543</p> <p>Substantiated: State deficiencies related to the allegations are cited</p> <p>Dates: 7/20/21 to 7/21/21</p> <p>Facility 005040</p> <p>QA: 8/3/21</p>	S 0000		
S 0912  Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>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</p>			

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 disclosed 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>descriptions with reporting responsibilities for all nursing staff positions.</p> <p>(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.</p> <p>(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 that nursing personnel followed established policies and standards for monitoring patient diet/intake by failing to record intake and/or lack of intake for 1 of 5 patients (P2).</p> <p>Findings include:</p> <p>1. The MR (medical record) of patient P2 lacked documentation of patient food and/or hydration intake for I&amp;Os (intake &amp; output) as follows:</p> <p>On 1/14/18 24 I&amp;Os lacked documentation of Day shift I&amp;O; Evening/PM and the NOC shift lacked documentation of intake. 24 Hour Intake Total was blank.</p> <p>On 1/15/18 I&amp;Os lacked documentation of an Intake Total for Day shift and Meal, Noon % was documented as 0 (zero). The MR lacked documentation of PM shift I&amp;O and the NOC shift intake section was blank. 24 Hour Intake Total: lacked documentation (area blank).</p> <p>On 1/16/18 I&amp;Os lacked documentation of Day and/or NOC shift I&amp;O; Evening/PM shift lacked documentation of intake. 24 Hour Intake Total: This area was blank.</p> <p>On 1/17/18 I&amp;Os lacked documentation of</p>	S 0912	<p><u>ISDH Plan of Correction 0912</u></p> <p>In 2019, Baptist Health Floyd educated inpatient nursing staff (RN, LPN, and Nursing Assistants) on the appropriate documentation of meal consumption and intake and output. Nurse Managers were assigned to audit documentation by using the MyRounding app. The medical records reviewed during this survey were related to dates of services from 2017 and 2018, which was prior to the education mentioned above.</p> <p>Baptist Health Floyd will take the following actions regarding documentation of Total Intake and Output and meal consumption identified in the Electronic Medical Record:</p> <p><u>Action Items:</u></p> <p>A. Re-deploy education to all inpatient nursing unit direct bedside NA, NA/US, LPN, and RN caregivers via DevelopYou for</p>	11/01/2021

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	<p>Day shift I&amp;O; Evening/PM shift lacked documentation of intake total, but indicated oral intake as 0 on both shifts. 24 Hour Intake Total: This area was blank; 24 Hour Net I&amp;O: lacked documentation/area was blank.</p> <p>On 1/18/18 I&amp;Os lacked documentation of PM and/or NOC shift I&amp;O; Day shift lacked documentation of Intake Total and/or Shift Net I&amp;O. 24 Hour Intake Total: This area was blank.</p> <p>2. On 7/21/21, beginning at approximately 11:30 AM, A4, Clinical Informatics Technologist, verified the MR findings.</p>		<p>completion by <b>10/31/2021</b> (excluding staff on FMLA who will be required to complete such education within a reasonable amount of time following return to work).</p> <p>B. This education will consist of the following:</p> <ol style="list-style-type: none"> <li>1. Nurses (RN's and LPN's): Verification of documentation of % of meal consumed and total I's and O's by end of shift (and/or documentation of NPO status or missed meal).</li> <li>2. Nursing Assistants: Documentation of % meal consumed and total I's and O's by end of shift (and/or documentation of NPO status or missed meal)</li> </ol> <p>C. Intake and Output card to be placed in each inpatient room for documentation of intake and output volumes and percentage of meals consumed. This data is to be entered into the patient's medical record. A new Intake and Output card will be placed nightly in each room. This process will begin on 9/1/2021.</p> <p>D. Meal consumption and total intake and output tool will be deployed to unit leadership with the following guidelines:</p> <ol style="list-style-type: none"> <li>1. Each inpatient nursing unit will complete 30 audits monthly (beginning 11/1/2021) for not less than 3 months with results submitted to Quality and Patient Safety Council (QPSC). At the end of 3 consecutive months with</li> </ol>	

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S 0926 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(1)</p> <p>(b) The nursing service shall have the following:</p> <p>(1) Adequate numbers of licensed registered nurses, licensed practical nurses, and other ancillary personnel necessary for the provision of appropriate care to all patients, as needed, to include the immediate availability of a registered nurse.</p> <p>Based on document review and interview, the hospital failed to have adequate numbers of licensed registered nurses and other personnel to provide nursing care to all patients as needed in accordance to their staffing guidelines for 6 of 14 shifts for 1 (one) week on 1 unit (Progressive Care Unit).</p> <p>Findings include:</p> <p>1. Review of the hospital staffing grid and guidelines for the Progressive Care Unit (PCU), Effective 8/21/19, indicated the following for staffing of RN(s) (registered nurse) and NA(s) (Nursing Assistant) for census as noted:</p>	S 0926	<p>=95% compliance, QPSC will determine if monitoring continues or if compliance indicates periodic monitoring is appropriate.</p> <p>Non-compliance will be addressed individually with applicable staff using the just culture algorithm.</p> <p>Person Responsible: Service Line Director of Education, Development, and Innovation</p>	11/01/2021

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	<p>Census 30-32: Day shift: 8 RNs and 3 NAs. Night shift: 8 RNs and 3 NAs.</p> <p>2. Review of the One Week Staffing Pattern Worksheet for the PCU completed for the week of 7/14/21, 7/15/21, 7/16/21, 7/17/21, 7/18/21, 7/19/21, and 7/20/21, indicated the unit lacked documentation of adequate numbers of nursing/patient care staff as follows:</p> <p>On 7/14/21 Day shift, with a census of 32, the unit was short 1 RN; on Night shift, with a census of 32, the unit was short 0.5 NA.</p> <p>On 7/17 Day shift, with a census of 32, the unit was short 1 RN; on Night shift, with a census of 32, the unit was short 1 NA.</p> <p>On 7/18/21 Day shift, with a census of 31, the unit was short 1 (one) RN and 1 NA (Nursing Assistant); on Night shift, with a census of 32, the unit was short 1 NA.</p> <p>3. On 7/20/21, beginning at approximately 1:30 PM, A6, Director of Nursing, verified staffing the hospital did not have adequate numbers of patient care staff on dates/times in accordance with their guidelines.</p>		<p>staff that should be present and participating in patient care. With personnel shortages and unit specific needs, Charge Nurses may vary from the staffing grid to allow for the proper staff mix to provide safe, quality care and impact patient outcomes."</p> <p>Consequently, our policy has consistently contemplated flexibility to staff when acuity and capacity warrants. We utilize a variety of methods to monitor staffing including managers evaluating staffing needs every four hours and bed huddles four times per day. To support staffing needs we have an established float pool made up of internal staff and external agency staff supporting all inpatient areas, including PCU, and we have been offering incentive pay (additional \$10/hour for licensed employees and additional \$5/hour for non-licensed employees). We have implemented the following additional actions to meet staffing needs:</p> <ul style="list-style-type: none"> <li>• Effective August 1, 2021 Department Manager will staff, when needed, based on patient census and acuity.</li> <li>• Effective August 1, 2021 Charge Nurses will staff, when needed, based on patient census and acuity.</li> <li>• Effective September 1, 2021 Charge Nurses will permanently be redeployed to staff applicable</li> </ul>	

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			<p>units .</p> <ul style="list-style-type: none"> <li>• Effective August 9, 2021 we added two agency nurses for PCU for a 12 week rotation.</li> <li>• Effective August 1, 2021 we increased incentive pay to double incentive pay (additional \$20/hour for licensed employees and additional \$10/hour for non-licensed employees).</li> <li>• Effective August 16, 2021 we increased incentive pay to triple incentive pay (additional \$30/hour for licensed employees and additional \$15/hour for non-licensed employees).</li> <li>• Effective September 1, 2021 we are offering a surge staffing shift bonus.</li> <li>• PCU has four RNs and one Nursing Assistant (NA) currently in orientation with expected completion dates by October 10, 2021. These individuals will then be included on the schedule in order to help fill any staffing shortages.</li> <li>• PCU has one RN and two NAs hired, starting by September 1, 2021. These individuals will then be included on the schedule , once orientation is complete, in order to help fill any staffing shortages.</li> <li>• Human Resources is holding hiring events as follows: 8/16/21 – Onsite new grad event 8/24/21 – Employer Information Table set up at IUS 9/3/21 – Onsite visit to Galen</li> </ul>	

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S 0948 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-7 (c)(5)</p> <p>(c) Drugs and biologicals shall be prepared for administration and administered as follows:</p> <p>(5) In accordance with currently acceptable standards of practice. Based on document review and interview, the hospital failed to ensure drugs were administered in accordance with currently acceptable standards related to method of administration and patient monitoring for 1 of 5 patients (P2).</p> <p>Findings include:</p> <p>1. Review of the package insert for Haloperidol Injection indicated the following: WARNING: Increased Mortality in Elderly Patients with Dementia-Related Psychosis. Cases of sudden death, "QTc interval-prolongation, and Torsades de Pointes" have been reported in patients receiving haloperidol. Higher than recommended doses...and intravenous administration of haloperidol appear to be associated with a higher risk of "QTc interval-prolongation, and Torsades de Pointes" ... HALOPERIDOL INJECTION IS</p>	S 0948	<p>College 9/14/21 – U of L Virtual Career Fair Direct mailer to all nurses in the Baptist Health Floyd local market area</p> <p>Responsible Party: Chief Nursing Officer</p> <p>0948 Baptist Health Floyd will take the following actions to ensure drugs are administered in accordance with currently acceptable standards related to method of administration and patient monitoring, specifically haloperidol injectable intravenous.</p> <ol style="list-style-type: none"> <li>1. Implement Omnicell dispense alert fire to staff when issuing haloperidol lactate injectable to a patient. Alert will state "If haloperidol administered Intravenous, an ECG should be monitored for QTc prolongation and arrhythmias." To be completed by 9/15/2021</li> <li>2. Remove haloperidol</li> </ol>	11/01/2021

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	<p>NOT APPROVED FOR INTRAVENOUS ADMINISTRATION. If haloperidol is administered intravenously, the ECG (Electrocardiogram) should be monitored for QTc prolongation and arrhythmias.</p> <p>2. Review of the medical record of patient P2 indicated the following: Renal Progress Note, 12/30/17 at 08:27 hours indicated in the Assessment/Plan, that the patient had a diagnoses of hypertension (HTN) and dementia. The Medication Administration Record (MAR) indicated that on 12/31/17 2MG (milligram) Haloperidol Lactate/Haldol IV (intravenous) was administered as per physician order at 14:50 hours. The "Code 4 Sheet - Date/Time Event Recognized "1450", "Narrative" documentation indicated the patient received Haldol and soon had seizure like activity and became Asystole. The MR lacked evidence of the patient's ECG activity having been monitored during administration.</p> <p>3. On 7/21/21, beginning at approximately 1:30 PM, A7, Director of Pharmacy, verified that Haldol (Haloperidol) is not approved for IV administration. A7 indicated that while it is not approved for IV use, it can be given IV and if so, the patient should be on an EKG/ECG monitor. On 7/21/21, beginning at approximately 3:00 PM, A1, Chief Nursing Officer, indicated patient P2 was not on the monitor at the time of the Haldol administration and Code, therefore no EKG/ECG strips were available for that time.</p>		<p>injectable IV route default in EHR. To be completed by 10/5/2021</p> <p>3. Removal of haloperidol from hospital's override list necessitating pharmacist verification prior to administration. To be completed by 10/5/21</p> <p>4. Patient safety alert surrounding intravenous haloperidol administration to be sent to nursing and medical staff. To be completed by 9/15/21</p> <p>5. Director of Pharmacy's designee will lead a monthly audit of documentation of patients receiving haloperidol IV and ECG / telemetry monitoring.</p> <p>a. Beginning on 10/1/2021, audit 25% of haloperidol intravenous administrations</p> <p>b. Report results monthly to Baptist Health Floyd Quality Patient Safety Council beginning 11/15/21</p> <p>c. Three consecutive months of 100% compliance with ECG or patient being on telemetry noted during patient review will no longer necessitate reporting to QPSC.</p> <p>Person Responsible: Director of Pharmacy and Chief Nursing Officer</p>	