

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

PRINTED: 07/21/2021

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150021		X2) MULTIPLE CONSTRUCTION A. BUILDING <u>00</u> B. WING _____		X3) DATE SURVEY COMPLETED 06/16/2021	
NAME OF PROVIDER OR SUPPLIER PARKVIEW REGIONAL MEDICAL CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 11109 PARKVIEW PLAZA DRIVE FORT WAYNE, IN 46845			
(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	<p>This visit was for investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00246338</p> <p>Substantiated: Deficiency related to the allegation is cited.</p> <p>Dates of survey: 6/15/21 and 6/16/21</p> <p>Facility Number: 005020</p> <p>QA: 6/23/2021</p>			S 0000			
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 document review and interview, the Registered Nurse failed to supervise the care of providing patient baths and linen change daily for 4 of 6 medical records (MR) reviewed. (Patients #1, 2, 4, and 6).</p> <p>Findings include:</p> <p>1. Facility policy titled, "Standards of Care - Med-Surg", no # (number), last reviewed/revised 7/2017 indicated the following: "...ADLs [Activities of Daily Living]...Daily bath and linen change QD [every day]..."</p>			S 0930	<p><u>ISDH PRMC Complaint</u> <u>#IN00246338 – Event Id #6CZ911</u> Date of complaint: June 15 & 16, 2021 Tag # or Deficiency ID: S930 Nursing Services; 410 IAC 15-1.5-6 NURSING SERVICE <i>Based on document review and interview, the Registered Nurse failed to supervise the care of providing patient baths and linen change daily for 4 of 6 medical records (MR) reviewed. (Patients</i></p>		07/21/2021

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>2. Review of patient #1's medical record indicated the following:</p> <p>(A) The patient was admitted on 10/17/17 at 2335 hours and discharged on 10/21/17 at 1518 hours.</p> <p>(B) The medical record lacked documentation of baths or patient refusing baths for 2 out of 4 days for the following dates: 10/18/17 and 10/20/17.</p> <p>(C) The medical record lacked documentation of linen change or patient refusing linen change for 2 out of 4 days for the following dates: 10/18/17 and 10/19/17.</p> <p>3. Review of patient #2's medical record indicated the following:</p> <p>(A) The patient was admitted on 10/13/17 at 2009 hours and discharged on 10/16/17 at 1244 hours.</p> <p>(B) The medical record lacked documentation of baths or patient refusing baths for 2 out of 3 days for the following dates: 10/14/17 and 10/16/17.</p> <p>(C) The medical record lacked documentation of linen change or patient refusing linen change for 2 of 3 days for the following dates: 10/14/17 and 10/15/17.</p> <p>4. Review of patient #4's medical record indicated the following:</p> <p>(A) The patient was admitted on 6/11/21 at 2049 hours and a current patient.</p> <p>(B) The medical record lacked documentation of baths or patient refusing baths for 1 out of 4 days for the following dates: 6/13/21.</p> <p>(C) The medical record lacked documentation of linen change or patient refusing linen change for 1 of 4 days for the following dates: 6/13/21.</p> <p>5. Review of patient #6's medical record indicated the following:</p>				<p>#1, 2, 4, and 6).</p> <p>1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.</p> <p>a. A multidisciplinary team was promptly assembled to review the ISDH findings and develop an action plan.</p> <p>b. Nursing reviewed and modified their unit standards of care to assure best practice and allow more flexibility in prioritizing hygiene needs for patients.</p> <p>i. The standard of care for Daily Baths (complete or partial) was updated with the following guidelines:</p> <ul style="list-style-type: none"> · Daily CHG (chlorhexidine gluconate) baths will be given to patients with central lines, foleys, and patients in contact transmission-based precautions · Patients that do not meet the above criteria for CHG baths should receive a complete bath every other day. · Linen changes are to be completed with each bath and as needed <p>ii. Nursing also clarified and defined "partial bath"</p> <ul style="list-style-type: none"> · Consisting of bathing only body parts that would cause discomfort if left unbathed, such as the hands, face, axilla, and perineal area. · Patients that do not meet 		

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	<p>(A) The patient was admitted on 6/7/21 at 1816 hours and a current patient.</p> <p>(B) The medical record lacked documentation of baths or patient refusing baths for 2 out of 9 days for the following dates: 6/11/21 and 6/12/21.</p> <p>(C) The medical record lacked documentation of linen change or patient refusing linen change for 2 out of 9 days for the following dates: 6/11/21 and 6/12/21.</p> <p>6. During an interview on 6/16/21 at 3:50 p.m., A14 (Registered Nurse/Nursing Manager of 7 Medical Unit), he/she verified the medical record information for Patients #1, 2, 4 and 6. A14 verified that the current practice was to offer patients a bath and linen change daily and to document the patient bath/linen changes and/or refusals in the patient's medical record.</p>				<p>criteria for a CHG bath, should receive at minimum a partial bath daily and a complete bath every other day.</p> <p>c. Nursing education on the new standard of care and the definition of a partial bath has been planned for all nurses and techs.</p> <p>d. The Linen Supervisor established a process to conduct weekly audits on the 7th floor clean linen carts to verify appropriate linen replenishment.</p> <p>2. How are you going to prevent the deficiency from recurring in the future?</p> <p>a. Nurse leaders review the daily care summary on the "Nursing Safety and Quality Metrics" dashboard. Each afternoon the nurse leads run the report and identifies patients that do not have hygiene addressed for the day. They pass this information on during the evening shift change. During the evening shift the nurse leads run the report again to ensure that hygiene needs passed on at shift change have been addressed.</p> <p>b. The Linen Supervisor conducts weekly audits on the 7th floor clean linen carts to verify appropriate linen replenishment.</p> <p>3. Who is responsible for numbers 1 and 2 above?</p>		

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					<p>a. The PRMC Nursing Director, Medical Services is accountable to assure compliance with this action plan.</p> <p>4. By what date will the deficiency be corrected?</p> <p>a. Nursing education will be complete by 7/21/2021.</p> <p>b. Ongoing monitoring of hygiene compliance/documentation occurs weekly until there is 90% compliance for 3 consecutive months.</p> <p>c. Linen audits began on 7/6/2021 and will continue until there is 90% compliance for 3 consecutive months.</p>		