

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

PRINTED: 10/10/2023
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150023		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 09/05/2023	
NAME OF PROVIDER OR SUPPLIER UNION HOSPITAL INC				STREET ADDRESS, CITY, STATE, ZIP COD 1606 N SEVENTH ST TERRE HAUTE, IN 47804			
(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 the investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00307434: Deficiency related to the allegations is cited.</p> <p>Survey Date: 09/05/2023</p> <p>Facility Number: 005022</p> <p>QA: 9/12/2023 & 9/13/2023</p>			S 0000			
S 0912 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE 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 descriptions with reporting responsibilities for all nursing staff</p>						

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

TITLE

(X6) DATE

Stephanie Strohl

System Accreditation Coordinator

10/02/2023

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>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 nursing staff followed facility policy related to incident reports for 1 of 5 patients (patient P5).</p> <p>Findings include:</p> <p>1. Facility policy titled "PATIENT/VISITOR INCIDENT, ADVERSE EVENT, GOOD CATCH (NEAR MISS) REPORTING." Policy # 330, last reviewed 04/2019, stated on page 1: "This policy is to establish the responsibility and mechanism for reporting of incidents, adverse events, and Good Catches (near miss), disruption of vital services, or happenings which are not consistent with the routine operation of the facility or routine care of a particular patient, and which occur within the hospital and/or buildings and grounds of all entities shall be reported in a timely manner."</p> <p>2. Review of incident reports filtered for the Emergency Department (ED) for April -December 2019 indicated the following: (A) There was no incident report completed for patient #5 involving leaving the Emergency Department against medical advice (AMA).</p> <p>3. Review of patient #5 medical record indicated the following: (A) Nursing documentation dated</p>			S 0912	<p>How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction</p> <p>1.9.28.23 Revised online event reporting form related to Against Medical Advice (AMA) filings, reducing number of unnecessary fields and dropdown options.</p> <p>2.9.29.23 Revised <i>Discharge of Patient</i> policy to include requirement to complete incident reports for pediatric patient (<18 years of age) who leave AMA. (See attachment A)</p> <p>3.10.2.23 The ER Director and Nursing Director sent educational flyer, using various media options, to nursing staff and house supervisors related to: Appropriate steps and documentation expectations related to AMA events. (See attachment B)</p> <p>4.10.3.23 – Topic related to AMA documentation and reporting requirements will be covered during staff daily huddles for next</p>		10/16/2023

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	<p>09/21/2019 indicated at 2250 hours FM1 (P5 Family) verbalized understanding of against medical advice (AMA) and the risks of not transferring P5 to F2 for further testing. FM1 and P5 eloped from the ED, stated he/she would not sign the AMA paperwork.</p> <p>4. Interview on 09/05/2023, at approximately 1130 hours, A3 (Chief Nursing Officer) indicated he/she was unable to obtain an incident report for P5.</p>				<p>seven (7) days.</p> <p>How are you going to prevent the deficiency from recurring in the future?</p> <p>1.Monthly audits will be completed on 100% of pediatric patients (<18 years of age) discharged with AMA disposition code to ensure event filing and documentation is completed.</p> <p>2.Audit results will be added to the event reporting summary and reported to the Quality Steering Committee (QAPI) for monitoring.</p> <p>Who is going to be responsible for numbers 1 and 2 above; i.e., director, supervisor, etc.?</p> <p>Nursing Director and Vice President of Patient Care Services</p> <p>By what date are you going to have the deficiency corrected?</p> <p>October 16, 2023</p>		