

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

PRINTED: 05/13/2024
FORM APPROVED
OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 150082		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/03/2024	
NAME OF PROVIDER OR SUPPLIER DEACONESS HOSPITAL INC				STREET ADDRESS, CITY, STATE, ZIP CODE 600 MARY ST EVANSVILLE, IN 47710			
(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
A 0000 Bldg. 00	<p>This visit was for the investigation of a federal hospital complaint.</p> <p>Complaint Number: IN00430099 - Federal deficiency unrelated to the allegations is cited at A0395.</p> <p>Date of survey: 4/3/24</p> <p>Facility Number: 005074</p> <p>QA: 04/19/2024</p>			A 0000			
A 0395 Bldg. 00	<p>482.23(b)(3) RN SUPERVISION OF NURSING CARE A registered nurse must supervise and evaluate the nursing care for each patient.</p> <p>Based on document review and interview, nursing services failed to document in the medical record (MR) the discontinuation of intravenous (IV) access on 3 of 10 patient medical records reviewed (P2, P4, and P5).</p> <p>Findings include:</p> <ol style="list-style-type: none"> Facility procedure titled, Skills: Intravenous Therapy: Discontinuation-CE/NCPD, published April 2023, indicated on page 2, 26. Document the procedure in the patient's record. Review of P2's MR indicated IV placed on 2/4/24 at 1:32 am to the right forearm. P2 DC'd (discharged) from facility on 2/8/24. MR lacked documentation of IV site discontinuation. 			A 0395	<p>CORRECTIVE ACTION PLAN CMS Substantiated Complaint #IN 00430099 Date: 04.03.2024</p> <p>Deficiency: Corrective Action to be Taken; <i>If already corrected, give steps taken and date of correction</i> <i>Describe how the facility reviews all clients in the facility that could be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected.</i> Prevention of Future Deficiencies:</p>		05/14/2024

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

TITLE

(X6) DATE

Shawn McCoy

CEO

05/10/2024

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>3. Review of P4's MR indicated IV placed on 3/3/24 at 2:33 pm to the right brachial. P4 DC'd from facility on 3/7/24. MR lacked documentation of IV site discontinuation.</p> <p>4. Review of P5's MR indicated port a cath to right chest accessed on 2/25/24 at 7:00 am and de-accessed by P5 on 2/29/25 at 1:00 am. MR indicated port a cath re-accessed on 2/29/24 at 2:00 am. P5 DC'd from facility on 3/2/24. MR lacked documentation of port a cath de-access.</p> <p>5. In interview, on 4/3/24 at approximately 3:00 pm, A5 (Clinical Informatics) verified P2, P4, and P5 did not have discontinuation of IV access documented prior to DC (discharge) from facility. A5 verified P2, P4, and P5 did not require IV access for arranged medical care after discharge from facility.</p> <p>6. In interview, on 4/3/24 at approximately 6:10 pm, A1 (Accreditation and Regulatory Office) verified the document provided, titled Skills: Intravenous Therapy: Discontinuation-CE/NCPD, was a facility policy.</p>				<p><i>If prevention includes education, provide educational material and class records or attestations; if it includes monitoring, provide monitoring tool; if it involves a new policy, include the policy; if repairs or PMs are part of the plan, provide appropriate documentation.</i></p> <p>Monitoring: Describe how the corrective actions will be monitored to ensure the deficient practice will not reoccur, i.e., what quality assurance program will be put into place)</p> <p>Responsible Parties for columns 2 and 3 (Give Titles, not personal names):</p> <p>Target Date: Give specific dates (Maximum correction time is 30 days from date of survey. If the nature of the deficiency precludes completion within 30 days, the POC must be written in 30-day phases.)</p> <p>Status effective Date of Submission of POC (Completed or in-progress): <u>A395</u> 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. This RULE is not met as evidenced by: S 930 Based on document review and</p>		

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			interview, nursing services failed to document in the medical record (MR) the discontinuation of intravenous (IV) access on 3 of 10 patient medical records reviewed (P2, P4, and P5). Findings include: 1. Facility procedure titled, Skills: Intravenous Therapy: Discontinuation-CE/NCPD, published April 2023, indicated on page 2, 26. Document the procedure in the patient's record. 2. Review of P2's MR indicated IV placed on 2/4/24 at 1:32 am to the right forearm. P2 DC'd (discharged) from facility on 2/8/24. MR lacked documentation of IV site discontinuation. 3. Review of P4's MR indicated IV placed on 3/3/24 at 2:33 pm to the right brachial. P4 DC'd from facility on 3/7/24. MR lacked documentation of IV site discontinuation. 4. Review of P5's MR indicated port a cath to right chest accessed on 2/25/24 at 7:00 am and de-accessed by P5 on 2/29/25 at 1:00 am. MR indicated port a cath re-accessed on 2/29/24 at 2:00 am. P5 DC'd from facility on 3/2/24. MR lacked documentation of port a cath de-access. 5. In interview, on 4/3/24 at approximately 3:00 pm, A5 (Clinical Informatics) verified P2, P4, and P5 did not have discontinuation of IV access documented prior to DC		

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			(discharge) from facility. A5 verified P2, P4, and P5 did not require IV access for arranged medical care after discharge from facility. 6. In interview, on 4/3/24 at approximately 6:10 pm, A1 (Accreditation and Regulatory Officer) pm, A1 (Accreditation and Regulatory Officer) verified the document provided, titled Skills: Intravenous Therapy: Discontinuation-CE/NCPD, was a facility policy. Registered Nurses demonstrate accountability for policy and procedures regarding the discontinuation of intravenous (IV) access upon discharge as outlined in Mosbys Policy- Skills: Intravenous Therapy: Discontinuation 1 Reviewed Mosbys Policy- Skills: Intravenous Therapy: Discontinuation and no changes to content necessary 2 Education dissemination to all RNs, LPNs and PCTs on D500- Ortho-Surgical Unit at Deaconess Gateway campus via Red Alert starting 4/29/2024 with goal of 100% for all scheduled employees. (Exhibit A) 3 Discussed Red Alert and deficiency during D500 Patient Care Tech unit-based council meeting on 5/2/2024 (Exhibit B) 4 Will discuss Red Alert and deficiency during D500 RN/LPN unit-based meeting scheduled to		

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			<p>occur 5/14/2024</p> <p>5 Red alert, deficiency, and documentation requirements discussed at daily AM and PM shift change huddles 4/29/2024-5/5/2024</p> <p>2. Monitor compliance of discontinuation of intravenous (IV) access of D500 patients at discharge via random audit of 30 per month, with goal compliance of 97% or greater for three consecutive months. Compliance will be reported monthly to Nursing Leadership and Regulatory Perpetual Readiness Committee. (Exhibit C) Follow up will occur with appropriate employee if noncompliance is found during audit process.</p> <p>2. D500 Department Manager 1 Review complete 4/26/2024</p> <p>2 Education complete (100%) 5/7/2024 (Exhibit C and D)</p>		

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S 0930 Bldg. 00	<p>QA: 04/19/2024</p> <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, nursing services failed to document in the medical record (MR) the discontinuation of intravenous (IV) access on 3 of 10 patient medical records reviewed (P2, P4, and P5).</p> <p>Findings include:</p> <p>1. Facility procedure titled, Skills: Intravenous Therapy: Discontinuation-CE/NCPD, published April 2023, indicated on page 2, 26. Document the procedure in the patient's record.</p> <p>2. Review of P2's MR indicated IV placed on 2/4/24 at 1:32 am to the right forearm. P2 DC'd (discharged) from facility on 2/8/24. MR lacked documentation of IV site discontinuation.</p> <p>3. Review of P4's MR indicated IV placed on 3/3/24 at 2:33 pm to the right brachial. P4 DC'd from facility on 3/7/24. MR lacked documentation of IV site discontinuation.</p> <p>4. Review of P5's MR indicated port a cath to right chest accessed on 2/25/24 at 7:00 am and de-accessed by P5 on 2/29/25 at 1:00 am. MR</p>			S 0930	<p>CORRECTIVE ACTION PLAN ISDH Substantiated Complaint #IN 00430099 Date: 04.03.2024</p> <p>Deficiency: Corrective Action to be Taken; <i>If already corrected, give steps taken and date of correction</i> <i>Describe how the facility reviews all clients in the facility that could be affected by the same deficient practice, and state, what actions the facility took to correct the deficient practice for any client the facility identified as being affected.</i></p> <p>Prevention of Future Deficiencies: <i>If prevention includes education, provide educational material and class records or attestations; if it includes monitoring, provide monitoring tool; if it involves a new policy, include the policy; if repairs or PMs are part of the plan, provide appropriate</i></p>		05/14/2024

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	<p>indicated port a cath re-accessed on 2/29/24 at 2:00 am. P5 DC'd from facility on 3/2/24. MR lacked documentation of port a cath de-access.</p> <p>5. In interview, on 4/3/24 at approximately 3:00 pm, A5 (Clinical Informatics) verified P2, P4, and P5 did not have discontinuation of IV access documented prior to DC (discharge) from facility. A5 verified P2, P4, and P5 did not require IV access for arranged medical care after discharge from facility.</p> <p>6. In interview, on 4/3/24 at approximately 6:10 pm, A1 (Accreditation and Regulatory Office) verified the document provided, titled Skills: Intravenous Therapy: Discontinuation-CE/NCPD, was a facility policy.</p>				<p>documentation.</p> <p>Monitoring:</p> <p>Describe how the corrective actions will be monitored to ensure the deficient practice will not reoccur, i.e., what quality assurance program will be put into place)</p> <p>Responsible Parties for columns 2 and 3 (Give Titles, not personal names):</p> <p>Target Date: Give specific dates (Maximum correction time is 30 days from date of survey. If the nature of the deficiency precludes completion within 30 days, the POC must be written in 30-day phases.)</p> <p>Status effective Date of Submission of POC (Completed or in-progress):</p> <p><u>S930</u></p> <p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6 (b)(3) (b)</p> <p>The nursing service shall have the following: (3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient. This RULE is not met as evidenced by: S 930 Based on document review and interview, nursing services failed to document in the medical record (MR) the discontinuation of intravenous (IV) access on 3 of 10 patient medical records reviewed (P2, P4, and P5). Findings include:</p> <p>1. Facility procedure titled, Skills:</p>		

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			<p>Intravenous Therapy: Discontinuation-CE/NCPD, published April 2023, indicated on page 2, 26. Document the procedure in the patient's record. 2. Review of P2's MR indicated IV placed on 2/4/24 at 1:32 am to the right forearm. P2 DC'd (discharged) from facility on 2/8/24. MR lacked documentation of IV site discontinuation. 3. Review of P4's MR indicated IV placed on 3/3/24 at 2:33 pm to the right brachial. P4 DC'd from facility on 3/7/24. MR lacked documentation of IV site discontinuation. 4. Review of P5's MR indicated port a cath to right chest accessed on 2/25/24 at 7:00 am and de-accessed by P5 on 2/29/25 at 1:00 am. MR indicated port a cath re-accessed on 2/29/24 at 2:00 am. P5 DC'd from facility on 3/2/24. MR lacked documentation of port a cath de-access.</p> <p>5. In interview, on 4/3/24 at approximately 3:00 pm, A5 (Clinical Informatics) verified P2, P4, and P5 did not have discontinuation of IV access documented prior to DC (discharge) from facility. A5 verified P2, P4, and P5 did not require IV access for arranged medical care after discharge from facility. 6. In interview, on 4/3/24 at approximately 6:10 pm, A1 (Accreditation and Regulatory Officer) pm, A1 (Accreditation and</p>		

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			<p>Regulatory Officer) verified the document provided, titled Skills: Intravenous Therapy: Discontinuation-CE/NCPD, was a facility policy.</p> <p>Registered Nurses demonstrate accountability for policy and procedures regarding the discontinuation of intravenous (IV) access upon discharge as outlined in Mosbys Policy- Skills: Intravenous Therapy: Discontinuation</p> <p>1 Reviewed Mosbys Policy- Skills: Intravenous Therapy: Discontinuation and no changes to content necessary</p> <p>2 Education dissemination to all RNs, LPNs and PCTs on D500- Ortho-Surgical Unit at Deaconess Gateway campus via Red Alert starting 4/29/2024 with goal of 100% for all scheduled employees. (Exhibit A)</p> <p>3 Discussed Red Alert and deficiency during D500 Patient Care Tech unit-based council meeting on 5/2/2024 (Exhibit B)</p> <p>4 Will discuss Red Alert and deficiency during D500 RN/LPN unit-based meeting scheduled to occur 5/14/2024</p> <p>5 Red alert, deficiency, and documentation requirements discussed at daily AM and PM shift change huddles 4/29/2024-5/5/2024</p> <p>2 Monitor compliance of discontinuation of intravenous (IV)</p>		

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			access of D500 patients at discharge via random audit of 30 per month, with goal compliance of 97% or greater for three consecutive months. Compliance will be reported monthly to Nursing Leadership and Regulatory Perpetual Readiness Committee. (Exhibit C) Follow up will occur with appropriate employee if noncompliance is found during audit process. 2 D500 Department Manager 1 Policy review complete 4/26/2024 2 Education complete (100%) 5/7/2024 (Exhibit C and D) 3 Audit to start 5/8/2024 (Exhibit E - audit tool) 1 Complete 2 Complete		

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					3 In progress until 97% or greater compliance for 3 consecutive months		