STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	150009	A. BUILDING 00 B. WING	06/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP COD
CLARK MEMORIAL HEALTH	1220 MISSOURI AVE JEFFERSONVILLE, IN 47130

(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 investigation of a state licensure hospital complaint. Complaint Number: IN00278678 Substantiated: Deficiencies related to allegations are cited. Survey Date: 6/29/22 Facility Number: 005009 QA: 7/8/2022	S 0000	August 8, 2022, Clark Memorial Health Hospital License # 2050091 Facility # 005009 ID prefix tag (Tag Number S 0522) 410 IAC 15-2. 5-6 NURSING SERVICE 410 IAC 15-1-5-1(1)(2)(A)(B)(C) **1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.** a. The hospital policy “Nutrition Interventions- Intake Support” was reviewed and updated by responsible leaders. b. As part of their consultation report, a dietitian may identify a dietary supplement they believe would benefit the patient. c. The dietitian then orders that supplement. i. The dietitian is authorized to order the supplement by hospital policy. ii. The order is entered in the hospital’s electronic health record (EHR). d. The ordered supplement appears in the EHR’s medication administration record (eMAR).	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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			e. The hospital's Food & Nutrition Department delivers needed supplements to patient care areas. f. Each patient's nurse (RN) is responsible for administering ordered supplements. g. Failure to administer the supplement produces an alert on the eMAR. h. The hospital educated and trained staff nurses, nursing assistants, nurse techs, patient dietary associates, and dietitians on the process for ordering, and/or administration of nutritional supplements, and the documentation of input and output. i. Staff nurses, nursing assistants, nurse techs, patient dietary associates, and dietitians in all inpatient nursing units were trained as of August 12th, 2022. Any staff member not trained by August 12, 2022 will be educated and trained before the beginning of their next scheduled work shift. **2. How are you going to prevent the deficiency from recurring in the future?** a. Inpatient medical records will be audited in the following manner: i. Five records per day (100 records per month) will be audited for a period of four months. The audit tool includes all patients who have an overdue task for	

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			nutritional supplements. **ii.** The audit results will be reported to nursing leadership, the hospital's Quality Committee, and the Medical Executive Committee. Failures are shared with responsible staff members. The goal is to achieve 90% compliance. Audits will continue until attainment of the 90% goal is sustained for four consecutive months. **3. Who is going to be responsible for numbers 1 and 2 above, i.e., director, supervisor, etc.?** a. The Chief Nursing Officer of nursing is ultimately responsible for the corrective action plan. **4. By what date are you going to have the deficiency corrected? Maximum correction time allowed is thirty (30) days from Notice of Noncompliance.** a. The deficiency will be corrected by August 17th, 2022. ID prefix tag (Tag Number S 0930) 410 IAC 15-1.5-6 NURSING SERVICES 410 IAC 15-1. 5-6(b)(3) **1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of**	

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			correction. a. The hospital has adopted an hourly rounding policy. b. Education and training documents were produced for use in training the emergency department staff, critical care staff, women's care staff, and medical surgical staff who conduct hourly rounding. i. Included in the training was an in-depth, one-hour PowerPoint presentation on the following: 1. The purpose of hourly rounding, including its impact on patient health and well-being; 2. Greeting patients upon entering patient rooms; 3. Employing AIDET®, a tool for putting patients at ease 4. Writing important information on the whiteboard in the patient's room; 5. Reviewing and addressing basic needs referred to as the "P's" such as pain management, toileting, positioning, possessions, etc. 6. Assessing and addressing the patient's environment regarding temperature, noise, light, etc. 7. Meeting any other patient expectations regarding personal needs. ii. Staff were also reminded of the importance of	

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			thorough and accurate documentation of patient care that is provided. b. Emergency Department staff, Critical Care staff, Women's Care staff, and Medical-Surgical staff were educated and trained on August 8th- 12th, 2022. Any staff member not trained by August 12, 2022 will be educated and trained before the beginning of their next scheduled work shift. **2. How are you going to prevent the deficiency from recurring in the future?** a. Medical records will be audited in the following manner. **i.** Ten records per month will be audited for a period of four months. The audit tool includes a review of overdue hourly rounding task list. Any performance failure will be addressed with remedial training and progressive discipline **i.** Audit results will be reported to nursing leadership, the hospital's Quality Committee, and the Medical Executive Committee. Deficiencies will be shared with the responsible staff as an opportunity for coaching and improvement. The goal is to achieve 90% compliance. Audits will continue until attainment of the 90% goal is sustained for four	

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			consecutive months. **3. Who is going to be responsible for numbers 1 and 2 above, i.e., director, supervisor, etc.?** a. The Chief Nursing Officer is ultimately responsible for the correction action plan. **4. By what date are you going to have the deficiency corrected? Maximum correction time allowed is thirty (30) days from Notice of Noncompliance.** a. The deficiency will be corrected by August 17th, 2022.	
S 0522 Bldg. 00	410 IAC 15-1.5-1 DIETETIC SERVICES 410 IAC 15-1.5-1(c)(1)(2)(A)(B)(C) (c) The dietary service shall do the following: (1) Provide for liaison with the hospital medical staff for recommendation on dietetic policies affecting patient treatment. (2) Correlate and integrate dietary care functions with those of other patient care personnel which include, but are not limited to, the following: (A) Patient nutritional assessment and intervention. (B) Recording pertinent information on the patient's chart.			

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	(C) Conferring with and sharing specialized knowledge with other members of the patient care team. Based on document review and interview, dietary services, nursing and/or the Dietician failed to ensure diets were provided in accordance with Dietician recommendations for 1 of 1 (P2) malnourished patients with a dietary consult. Findings include: 1. Review of medical record (MR) documentation for patient P2 indicated, in The Adult Nutrition Assessment by the Dietician on 11/7/18, that the patient was at high risk with a Nutrition Diagnosis of severe malnutrition. Per the Dietician notes in "Review of Nutrition Orders", Promod (nutritional supplement) was to be sent on patient meal trays. The MR lacked documentation of Promod orders having been entered into the order entry system and lacked documentation of the supplement having been provided. 2. On 6/29/22, Beginning at approximately 3:00 PM, A7, Medical/Surgical Director, verified MR findings.	S 0522	ID prefix tag (Tag Number S 0522) 410 IAC 15-2. 5-6 NURSING SERVICE 410 IAC 15-1-5-1(1)(2)(A)(B)(C) **1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.** a. The hospital policy "Nutrition Interventions- Intake Support" was reviewed and updated by responsible leaders. b. As part of their consultation report, a dietitian may identify a dietary supplement they believe would benefit the patient. c. The dietitian then orders that supplement. i. The dietitian is authorized to order the supplement by hospital policy. ii. The order is entered in the hospital's electronic health record (EHR). d. The ordered supplement appears in the EHR's medication administration record (eMAR). e. The hospital's Food & Nutrition Department delivers needed supplements to patient care areas. f. Each patient's nurse (RN) is responsible for administering	08/17/2022

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			ordered supplements. g. Failure to administer the supplement produces an alert on the eMAR. h. The hospital educated and trained staff nurses, nursing assistants, nurse techs, patient dietary associates, and dietitians on the process for ordering, and/or administration of nutritional supplements, and the documentation of input and output. i. Staff nurses, nursing assistants, nurse techs, patient dietary associates, and dietitians in all inpatient nursing units were trained as of August 12th, 2022. Any staff member not trained by August 12, 2022 will be educated and trained before the beginning of their next scheduled work shift. **2. How are you going to prevent the deficiency from recurring in the future?** a. Inpatient medical records will be audited in the following manner: i. Five records per day (100 records per month) will be audited for a period of four months. The audit tool includes all patients who have an overdue task for nutritional supplements. **ii.** The audit results will be reported to nursing leadership, the hospital's Quality Committee, and the Medical Executive	

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			Committee. Failures are shared with responsible staff members. The goal is to achieve 90% compliance. Audits will continue until attainment of the 90% goal is sustained for four consecutive months. **3. Who is going to be responsible for numbers 1 and 2 above, i.e., director, supervisor, etc.?** a. The Chief Nursing Officer of nursing is ultimately responsible for the corrective action plan. **4. By what date are you going to have the deficiency corrected? Maximum correction time allowed is thirty (30) days from Notice of Noncompliance.** a. The deficiency will be corrected by August 17th, 2022.	
S 0930 Bldg. 00	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. Based on document review and interview, nursing staff failed to supervise and evaluate care for 4 of 5 (P1, P2, P3, and P4) patients to assure care was provided in accordance with hospital policy and/or professional standards.	S 0930	ID prefix tag (Tag Number S 0930) 410 IAC 15-1.5-6 NURSING SERVICES 410 IAC 15-1. 5-6(b) (3)	08/17/2022

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	Findings include: 1. Review of hospital policies/procedures/processes and/or professional standards indicated the following: A. PolicyStat ID: 5595358, Resident Rights - Nutrition Care, Revised 1/2016 and approved 11/2018: The resident has the right to refuse prescribed treatment. The community has the responsibility to educate the resident on possible health consequences of the resident's decision. Chart a resident's refusal to allow treatment. Be sure to discuss with the resident's physician. Document the counseling, and resident and family's response and level of understanding and their decision in medical records and the care plan. B. The log/form titled Hourly Rounding, unable to determine approval date: This log is to be completed every hour from 7am to 10pm and every 2 hours from midnight to 6am. The even hours will be performed by the Nurse. The odd hours will be performed by the Nurse Aide (NA)/Tech [Technician (NT)]. Rounding include: Asking about pain, voiding/elimination, positioning, ensuring everything is within reach, environmental assessment, verify the bed/chair alarm is on, and telling the patient when someone will be back. C. Lippincott Procedures (professional standards) ©2022: Conduct hourly patient rounds around the clock to maintain patient safety. Keep these four Ps in mind during rounds: Pain; Position - Assist the patient into a comfortable position. Encourage or help the patient to adjust position to offload pressure; Personal Care - Address the patient's personal needs, including assisting with toileting and checking the skin for moisture; Possessions - Assess the patient's environment to make sure that personal items,		**1. How are you going to correct the deficiency? If already corrected, include the steps taken and the date of correction.** a. The hospital has adopted an hourly rounding policy. b. Education and training documents were produced for use in training the emergency department staff, critical care staff, women's care staff, and medical surgical staff who conduct hourly rounding. i. Included in the training was an in-depth, one-hour PowerPoint presentation on the following: 1. The purpose of hourly rounding, including its impact on patient health and well-being; 2. Greeting patients upon entering patient rooms; 3. Employing AIDET®, a tool for putting patients at ease 4. Writing important information on the whiteboard in the patient's room; 5. Reviewing and addressing basic needs referred to as the "P's" such as pain management, toileting, positioning, possessions, etc. 6. Assessing and addressing the patient's environment regarding temperature, noise, light, etc. 7. Meeting any other patient expectations regarding personal	

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	such as the call light, the television remote control, the telephone, tissues, a water container, and the trash container, are within easy reach. Document the patient encounter, including the care you provided. Document teaching provided to the patient and family. D. PolicyStat ID: 2736215, Patient Abuse Prevention, revised 11/2016: Abuse includes staff neglect or indifference to infliction of injury. Neglect is considered a form of abuse and defined as the failure to provide goods and services necessary to avoid physical harm, mental anguish or mental illness. 2. A. The MR of patient P1 lacked documentation of hourly rounding by a Registered Nurse (RN)/Licensed Practical Nurse (LPN) and/or Nursing Assistant (NA)/Nursing Technician (NT) as follows (not all inclusive): Between 11/16/18 at 0314 hours and 0915 hours. Between 11/16/18 at 1230 hours and 2025 hours. Between 11/16/18 at 2025 hours and 11/17/18 at 0830 hours. B. The MR of patient P2: Nursing documentation 11/7/18 at 0803 hours indicated the patient required assistance of 2 people for activity. Physician orders, 11/7/18, indicated the patient was ordered a regular diet. The MR lacked documentation of order changes to the diet throughout the course of hospitalization. The Adult Nutrition Assessment, 11/7/18 by the Dietician, indicated the patient was at high risk with a Nutrition Diagnosis of severe malnutrition. Per the Dietician notes in "Review of Nutrition Orders", Promod (nutritional supplement) was to be sent on patient meal trays. The MR lacked documentation of meal consumption and/or assistance with meals as follows: On 11/7/18 at 1013 hours, Feeding Assistance: "none". Feeding Tolerance: refused - intake 0%. On		needs. ii. Staff were also reminded of the importance of thorough and accurate documentation of patient care that is provided. a. Emergency Department staff, Critical Care staff, Women's Care staff, and Medical-Surgical staff were educated and trained on August 8th- 12th, 2022. Any staff member not trained by August 12, 2022 will be educated and trained before the beginning of their next scheduled work shift. **2. How are you going to prevent the deficiency from recurring in the future?** a. Medical records will be audited in the following manner. **i.** Ten records per month will be audited for a period of four months. The audit tool includes a review of overdue hourly rounding task list. Any performance failure will be addressed with remedial training and progressive discipline **i.** Audit results will be reported to nursing leadership, the hospital's Quality Committee, and the Medical Executive Committee. Deficiencies will be shared with the responsible staff as an opportunity for coaching and	

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	11/7/18 at 1254 hours, Feeding Assistance: "none". Feeding Tolerance: unable to eat - intake 0%. On 11/7/18 at 1917 hours, Feeding Assistance: "total feed". Feeding Tolerance: refused- intake 0%. On 11/8/18 at 0914 hours, Feeding Assistance: "none". Feeding Tolerance: unable to eat - intake 0%. On 11/8/18 at 1309 hours, Feeding Assistance: "none". Feeding Tolerance: unable to eat - intake 0%. On 11/8/18 at 1727 hours, Feeding Assistance: "none". Feeding Tolerance: unable to eat - intake 0%. On 11/9/18 at 1114 hours, Nutrition Prescription: NPO. Feeding Assistance: "none". Feeding Tolerance: unable to eat - intake 0%. The MR lacked documentation of patient education on possible health consequences of refusal consequences. The MR lacked documentation of hourly rounding by RN/LPN and/or NA/NT as follows (not all inclusive): Between 11/7/18 at 0246 hours and 0518 hours. Between 11/7/18 at 0803 hours and 1013 hours. Between 11/7/18 at 1254 hours and 1450 hours. C. The MR of patient P3 lacked documentation of of hourly rounding by RN/LPN and/or NA/NT as follows (not all inclusive): Between 11/1/18 at 2329 hours and 11/2/18 at 0227 hours. Between 11/2/18 at 0227 hours and 0506 hours. Between 11/2/18 at 0506 hours and 0738 hours. Between 11/2/18 at 0904 hours and 1222 hours. Between 11/2/18 at 1222 hours and 2012 hours. MR documentation indicated the patient was ordered a heart healthy diet on 11/1/18 without changes throughout stay. The MR lacked documentation meal provision and/or consumption. D. The MR of patient P4 lacked documentation of of hourly rounding by RN/LPN and/or NA/NT as follows (not all inclusive): Between 11/7/18 at 1247 hours and 1454 hours. Between 11/7/18 at		improvement. The goal is to achieve 90% compliance. Audits will continue until attainment of the 90% goal is sustained for four consecutive months. **3. Who is going to be responsible for numbers 1 and 2 above, i.e., director, supervisor, etc.?** a. The Chief Nursing Officer is ultimately responsible for the correction action plan. **4. By what date are you going to have the deficiency corrected? Maximum correction time allowed is thirty (30) days from Notice of Noncompliance.** a. The deficiency will be corrected by August 17th, 2022.	

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	1454 hours and 1915 hours. Between 11/7/18 at 1915 hours and 2331 hours. Between 11/7/18 at 2331 hours and 11/8/18 at 0524 hours. 3. The following was indicated in interview on 6/29/22: Beginning at approximately 11:45 AM, A6, Data Analyst, indicated the hospital did not have a policy for rounding. A6 indicated they follow Lippincott for nursing processes/procedures and that in 2018, nursing staff was utilizing a rounding form to document Hourly Rounding for pain assessment, voiding/elimination needs, positioning, ensuring everything was in reach, assessment of the environment and to verify bed/chair alarms were set. A6 indicated nurses and technicians/aides were to alternate assessments. Beginning at approximately 3:00 PM, A7, Medical/Surgical Director, verified MR findings.			