

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 10/13/2021
NAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH FLOYD		STREET ADDRESS, CITY, STATE, ZIP COD 1850 STATE ST NEW ALBANY, IN 47150		
(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	<p>This visit was for investigation of a State licensure hospital complaint.</p> <p>Complaint Number: IN00281069</p> <p>Unsubstantiated: Lack of sufficient evidence. Deficiency unrelated to the allegation is cited.</p> <p>Survey Date: 10/13/2021</p> <p>Facility Number: 005040</p> <p>QA: 10/21/2021</p>	S 0000		
S 0904 Bldg. 00	<p>410 IAC 15-1.5-6 NURSING SERVICE 410 IAC 15-1.5-6(a)(1)</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>(1) An organizational plan which delineates the responsibilities for patient care.</p> <p>Based on document review, the facility failed to follow policy and procedure for transfer of patient after monitored procedural sedation for 1 of 5 (Patient 4) medical records reviewed.</p>	S 0904	<p>During the October 13, 2021 survey, the medical records of Patient 4 were reviewed in a previous EMR system from November 2018. Since that time, Baptist Health Floyd has converted our Cath Lab</p>	01/13/2022

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>Findings include:</p> <p>1. Review of policy and procedure No: 7.1.0 titled, "Guidelines for Adult Monitored Procedural Sedation", revised 8/2016, stated Assessment and evaluation of patient will be monitored post procedural sedation until alдре score of 12 is reached, 30 minutes after last dose of sedative medication and 1 hour if reversal agent was delivered post drug. Post procedural care, monitoring and discharge vary depending on the type and amount of sedation given, procedure performed and patient admission status. Aldrete score 11 or less patient is discharged to post-anesthesia care unit (PACU).</p> <p>2. Review of Patient 4's MR indicated Procedure Log dated 11/29/2018 for Procedure Coronaries Only, that on 11/29/2018 at 0919 hours procedure complete and at 0922 hours documented total Aldrete score 10 and patient transferred to Progressive Care Unit (PCU).</p>		<p>documentation to EPIC workflow documentation as of June 2019. Our guidelines for Adult Monitored Procedural Sedation have been updated to reflect our current practice.</p> <p>1. Baptist Health Floyd updated the <i>Adult Monitored Procedural Sedation Guidelines</i> policy for Cardiac Catheterization Lab to reflect appropriate use of Aldrete score post procedure and to match the current tool in the electronic medical record. The updated policy will be presented to Medical Care Committee on 11/15/21 for review and approval. The updated policy will be presented to Medical Executive Committee on 12/13/21 for final approval.</p> <p>2. Baptist Health Floyd Cath Lab RNs and RTs will be educated regarding updated policy within 30 days of policy approval using read and sign method</p> <p>3. Post education completion, Cath Lab will complete 30 audits monthly for not less than three months with results submitted to Quality and Patient Safety Council (QPSC). At the end of three consecutive months with 100% compliance, QPSC will determine if monitoring continues or if compliance indicates periodic monitoring is appropriate. Non-compliance will be addressed individually with applicable staff</p>	

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

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			using the Just Culture algorithm. Responsible Party for POC: Director of Cardiovascular Services	