

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

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                      |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER<br>152014                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 00<br>B. WING _____   | (X3) DATE SURVEY<br>COMPLETED<br>01/11/2024 |
|--|---|---|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><br>SELECT SPECIALTY HOSPITAL-EVANSVILLE |   | STREET ADDRESS, CITY, STATE, ZIP COD<br>400 SE 4TH ST<br>EVANSVILLE, IN 47713 |   |   |
| (X4) ID<br>PREFIX<br>TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)  | (X5)<br>COMPLETION<br>DATE                  |
| S 0000<br><br>Bldg. 00   | <p>This visit was for the investigation of a state licensure hospital complaint.</p> <p>Complaint Number: IN00408330 - State deficiency related to the allegation is cited (tag S930).</p> <p>Survey Date: 01/11/2024</p> <p>Facility Number: 009443</p> <p>QA: 1/24/2024 &amp; 1/26/2024 &amp; 2/5/2024</p>  | S 0000  |   |   |
| S 0930<br><br>Bldg. 00   | <p>410 IAC 15-1.5-6<br/>NURSING SERVICE<br/>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 complete a comprehensive nursing assessment related to PICC (Peripherally Inserted Central Catheter) line, failed to initiate a plan of care related to PICC line, and failed to provide patient care related to PICC line for 1 of 5 patients reviewed (Patient #5); nursing services failed to provide patient care related to pain management for 1 of 5 patients reviewed (Patient #5).</p> <p>Findings include:</p> <p>1. Facility policy titled, "Pain Management,</p> | S 0930  | <p>Part 1: To ensure the hospital is committed to assessing and treating pain based on the patient's stated pain goal and/or pain scores in accordance with policies P01-G, Pain Assessment and Intervention Protocol, and S05-G, Guidelines and Protocols, Clinical, the Chief Nursing Officer or designee, will provide education to all RN staff. Staff will be educated on ensuring an NRS rating greater than 3 or a CPOT score greater than or equal to 3 indicates significant pain that</p> | 03/08/2024                                  |

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

TITLE

(X6) DATE

Robyn Baehl

Chief Nursing Officer

02/22/2024

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>Assessment and Intervention Protocol", policy number P01-G, last revised 04/01/2021, indicated that an NRS rating greater than 3 or a CPOT score greater than or equal to 3 indicates significant pain that should be treated. Hospital is committed to assessing and treating pain based on the patient's stated pain goal and/or the scores mentioned, when humanly possible; if pain indicated based on NRS or CPOT pain score, patient will be assessed about every 4 hours.</p> <p>2. Facility policy titled, "Central Venous Access Devices (CVAD)", policy number C56-N-2, last revised 4/1/2022, indicated the patency of the CVAD is assessed using a 10-mL syringe to reduce the risk of catheter damage. CVAD catheters: assess at least daily. CVAD catheter site care and dressing changes are performed at established intervals.</p> <p>3. Facility policy titled, "Guidelines and Protocols, Clinical", policy number S05-G, last revised 4/1/2022, indicated document peripheral IV/central line site appearance (if transparent dressing) on initial assessment and every shift. IV Flushing: Maintain patency of vascular access devices (VAD), VADs not being used daily: SPC, midlines, and standard CVAD's every 24 hours. Pain Assessment and documentation: If pain indicated based on NRS or CPOT pain score, patient will be assessed about every 4 hours.</p> <p>4. Patient #5 nursing assessment dated 6/30/2022 at 1930 hours indicated patient rated pain 4 of 10, pain score 4-moderate pain; MR lacked documentation of pain medication administration on 6/30/2022.</p> <p>5. Patient #5 medical record (MR) lacked documentation of PICC (peripherally inserted</p> |   | <p>should be treated. If pain is indicated based on NRS or CPOT pain score, the patient will be assessed every 4 hours. Education will be completed no later than 3-8-24. As of 3-9-24, any RN that has not completed this education will do so prior to working their next scheduled shift.</p> <p>Compliance with the above plan will be monitored by the Chief Nursing Officer, or designee, by auditing 30 records per month for treatment of all patients with an NRS rating greater than 3 or a CPOT score greater than or equal to 3. This will continue until acceptable compliance has been achieved and sustained. At that time, monitoring will be part of the hospital's ongoing Quality Assurance Performance Improvement (QAPI) Plan via random audits. Findings will be reported monthly to the QAPI Team and quarterly to the Organization Improvement Committee (OIC), Medical Executive Committee (MEC) and Governing Board (GB). Staff members who are noted to be non-compliant will be subject to disciplinary action, up to and including termination, per HR policies and procedures.</p> <p>The Chief Nursing Officer is ultimately responsible for ensuring the plan of correction is implemented and that compliance</p> |   |

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|  | <p>central catheter) line initial assessment and continuous assessment, PICC line plan of care, and PICC line maintenance from 6/30/2022 through 7/3/2022.</p> <p>6. In interview on 01/11/2024 at approximately 1400 hours with A1 (Registered Nurse/Infection Control and Prevention) he/she indicated nursing personnel did not assess and document patient #5 PICC line from 6/30/2022 through 7/3/2022.</p> |   | <p>is achieved and maintained. The hospital will be in full compliance with the above date by 3-8-24.</p> <p>Part 2: To ensure the hospital completes a comprehensive nursing assessment related to PICC (Peripherally Inserted Central Catheter) lines, initiates a plan of care related to PICC lines and provides patient care related to PICC lines in accordance with policies C56-N-2, Central Venous Access Devices (CVAD), and, S05-G Guidelines and Protocols, Clinical, the Chief Nursing Officer, or designee, will provide education to all RN staff. This education will include documentation of PICC (peripherally inserted central catheter) line initial assessment and continuous assessment, PICC line plan of care and PICC line maintenance. Education will be completed no later than 3-8-24. As of 3-9-24, any RN that has not completed this education will do so prior to working their next scheduled shift.</p> <p>Compliance with the above plan will be monitored by the Chief Nursing Officer, or designee, by auditing 30 records each month to ensure all PICC lines are assessed initially and every shift, a plan of care is established and PICC line maintenance is performed at established intervals. This will continue until acceptable</p> |   |

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|  |  |   | <p>compliance has been achieved and sustained. At that time, monitoring will be part of the hospital's ongoing Quality Assurance Performance Improvement (QAPI) Plan via random audits. Findings will be reported monthly to the QAPI Team and quarterly to the Organization Improvement Committee (OIC), Medical Executive Committee (MEC) and Governing Board (GB). Staff members who are noted to be non-compliant will be subject to disciplinary action, up to and including termination, per HR policies and procedures.</p> <p>The Chief Nursing Officer is ultimately responsible for ensuring the plan of correction is implemented and that compliance is achieved and maintained.</p> <p>The hospital will be in full compliance with the above date by 3-8-24.</p> |   |